

*"I'm very proud  
to be a nurse."*

## ANDREA JARAMILLO

BSN, RN

**INSPIRING RADICAL  
SELF-CARE & SELF-  
WORTH AMONG  
NURSES**

HOSPICE & CLINICAL  
RESEARCH NURSE,  
EDUCATOR, FOREST  
THERAPY GUIDE



**NURSE DRUE OFFERS  
HELPFUL ADVICE FOR  
NEW NURSES TO THRIVE**

**DON'T SAY GAY— A  
NURSE'S POV**

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# WHAT'S INSIDE...

*If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses in the field, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.*



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Nurse Drue offers helpful advice for new nurses to thrive



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Don't Say Gay— A Nurse's POV



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**ANDREA JARAMILLO**

Inspiring radical self-care & self-worth among nurses

Andrea is a nurse, innovator, researcher, and forest therapy guide (!!!) among many other things, and we can't get enough. Her endless wisdom, insight, and kindness shine through in this candid, inspiring interview. Andrea is exactly who we need leading nursing into the future.

# nurse+social LEADERBOARD



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Our weekly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for last week's top 10!

*Join the  
community...*

NurseDeck is for everyone. Whether you're a student, new to the field, seasoned scrub or retired - our community involves you.

On ND Social, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

Join in at [social.nursedeck.com](https://social.nursedeck.com)

# nurse+social

## Apply to join Scrub Verified



Our community advocates are passionate nurses who share their stories with our community and their followers. There are many opportunities you will have as an advocate:

- Be a part of a community that celebrates diversity
- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
- Get free NurseDeck gear monthly
- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis

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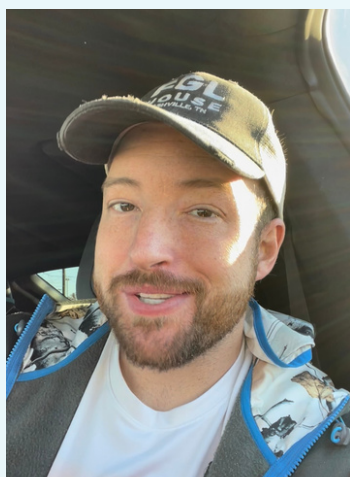
Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

Meet all requirements? Apply at [nursedeck.com/scrub-verified](https://nursedeck.com/scrub-verified).

## WE'VE GOT TWO NEW GROUPS FOR YOU...

### Interested in travel nursing?



#### **Travel Nurse Rich - Exclusive Content + Tips**

Join for travel nurse tips and stay up to date with trending Tik Tok influencer: Travel Nurse Rich.

Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside. The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse, just like him.

*All members will first receive a FREE one week trial*

**Membership Rate:**

*One-time fee of \$35*

### Always wanted to explore entrepreneurship?



#### **Nursepreneur Membership Program**

Successful businesswoman and mentor RN Kym Ali is here to help nurses live life on their terms.

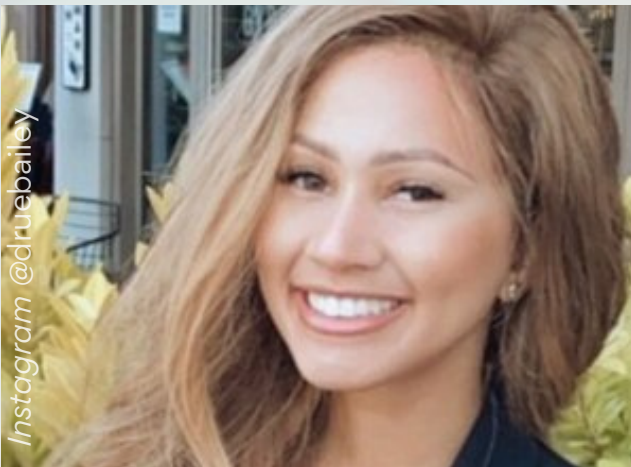
Nurses, the last two years have been challenging to say the least but, having our pay capped is the bottom line. If you are thinking about your next steps, you need to read this.

After a 16-year long nursing career, my mental and physical health took a toll on me, I had enough and threw in the towel. But that doesn't mean there isn't another path for you. I'm here to help show you step by step how to start a business and land your first client or shift careers. Imagine being sought after for your skills and expertise to help others. With my help, that is possible. You don't have to feel lost or wonder what to do with all the time, money, and education vested in nursing. I'm excited to announce a new community for nurses who want to supplement their income or replace it through entrepreneurship.

*Sign up now for \$25 a month*

# #InTheField

Nurse Drue offers helpful advice for new nurses to thrive



*Drue Bailey, a cardiac PCU & travel nurse from Miami, FL, offers self-care tips for nurses, the benefits of travel nursing, & how nurses can survive their first job with their sanity.*

**Q: TRUE or FALSE: “nurses eat their young.”** A: False. They will only "eat you" if you let them! As a new nurse you must ask questions to learn. Not only will it make you a better nurse, you will be keeping your patients safe. If a nurse on the floor ever comes across rude or intimidating, they are only putting their patients at risk!

**Q: Any self care or mental health tips for new nurses?**

A: Fitness and a healthy diet is an essential part in any great self-care regimen. Incorporating self-care as a new nurse is when it is most important! New nurses are often overwhelmed with the new responsibility and career lifestyle that it's essential to take time for oneself to rest and recharge. I incorporate meditation along with mindfulness and gratitude to help deal with the rough days at work - especially being a travel nurse when friends and family are not always around!

**Q: How did you choose your specialty? What drew you to it?**

A: Travel nursing was one of the best decisions I've ever made. It's opened the door to amazing opportunities - new friendships, amazing experiences - and has allowed me to enhance my nursing skills. I believe, whatever the circumstance, every nurse should at least try an assignment. I cannot begin to explain how my nursing care has improved. Everything from time management to communicating more effectively, I've refined.

The lifestyle initially drew me to travel nursing. Growing up in a suburb outside of Kansas City, Kansas, I knew the world had so much more to offer. I decided to leave my house and travel to all the cities I've always dreamed of living in, in hopes of finding my future home! It also helps that travel nurses get paid sometimes double what staff nurses make.

All in all, travel nursing is a great option for nurses after experience is gained in a desired specialty. I love the life it's provided for me, and I believe it's a great option for the adventurous and courageous.

A vibrant rainbow flag with horizontal stripes of red, orange, yellow, green, blue, and purple, waving against a white background. The flag is the central focus of the image.

# **Don't Say Gay- a nurse's POV**

As nurses, we are taught not to follow the Golden Rule. We know that its lesson—do unto others as you would have them do unto you—incorrectly assumes YOU as the central figure.

Your wishes, your cultural background, your outlook on life. Instead, in nursing, we strive to do unto others as they would have done unto themselves. While some may dismiss this shift as mere semantics, it underscores a HUGE aspect of nursing—culturally competent care.

Culturally competent care means the delivery of quality care that is respectful to our patients' diverse backgrounds and beliefs. It underscores our understanding that certain patient cohorts are at higher risk for healthcare disparities based on their background.

It allows us to meet our patients where they are, with compassion; it values diversity and keeps our biases in check. It begins and ends with awareness and validation of the lived experiences of others. In essence—it is believing our patients when they come to us for care, and supporting them from that place.

Once only a few paragraphs-worth of mention in nursing textbooks, cultural competence in healthcare delivery has become a much more talked about subject in the past 2 years. This shift in awareness has largely arisen because of how much more these types of healthcare disparities are called out; that, along with recognition and reconciliation efforts towards combatting institutionalized racism and implicit bias have thrust previously 'swept-under-the-rug' topics into mainstream healthcare discussions. And rightfully so.

The more we, as nurses, can advocate for our patients, the better. And the ones who need our voices the most are vulnerable populations. Populations like LGBTQIA+ folks. Access to inclusive healthcare is so important for a number of reasons, not the least of which includes access to quality mental health care.

There's work to be proud of here. Standardized nursing care for queer patients has advanced leaps and bounds in recent years—there is



now an NP fellowship training specifically for LGBTQIA+ care, for example—and centers dedicated solely to the care of queer populations have sprung up as well.

Nurses are responsible for expanding their own understanding when it comes to the needs of LGBTQIA+ patients. We must actively work to create—and maintain—an environment that is safe and welcoming and familiarize ourselves with the specific healthcare risks that members of this diverse population face, in order to screen our patients effectively.

In other words, typical nursing for atypical patients, with love, as per usual.

Centering care on a patient should not come as a new concept to you. And it is precisely the reason that nurses should be infuriated with the recent wave of anti-LGBTQIA+ laws being drafted—and passed!—around the country. One such bill—Florida's 'Don't Say Gay' bill—has been a particular grotesque headline-grabber.

The Parental Rights in Education Bill is framed as putting the decision-making about when to introduce concepts of sexual orientation and gender identity back into parent's hands. Targeting classrooms between kindergarten and 3rd grade, (but with language that polices these discussions in later grades, too), supporters say young children needn't be





exposed to such topics in an educational setting. Opposers point out that legislation like this is highly discriminative at best, and would increase the isolation and suicidality of vulnerable youth at worst.

Almost immediately, several mental health associations came out condemning the bill. In a joint statement, seven of these organizations expressed their outrage.

“Schools should be welcoming, safe and inclusive places for youth, families and staff members who identify as LGBTQ+. We want students to know that they are seen and valued just the way they are. We will all strive to continue to provide and advocate for affirming, supportive and safe spaces for students.”

In many schools across Florida (and elsewhere, nationally), students staged walk out protests in response to the bill being passed through each legislative branch. Discussions have lit up social media channels, with many rightly highlighting the negative effects sure to come from erasing the existence of whole demographics of students.

While it’s true that children go to school primarily to learn, they are not just being educated from a teacher’s prescribed curriculum. Students, even young ones, are learning social skills, emotional regulation, and emotional intelligence. They are learning about cultures different from their own.

Teachers of this age group often marvel at the natural inquisitiveness and empathy they display. Rather than limiting discussions about diverse family structures—many of whom drop their children off at the doorstep of these public institutions—they should be celebrated!

As a society, it seemed as if we were moving past tolerance towards acceptance. This, after decades of work by LGBTQIA+ advocates and allies. This, after significant shifts and progress in the ways in which healthcare access is offered to all.

The Don’t Say Gay Bill is more than two steps back. It’s a scythe clearcutting our most vulnerable from existence—our children. As nurses we’re not here for this.

I don’t know about you, but one of my favorite and most cherished parts of my job as a bedside nurse was when patients would share their own personal stories. Sometimes those stories were about their health, but most often, not. They centered on the highs of life: family, friends, challenges overcome, celebrations; but also the lows—grief, loss, times of desperation and intense suffering.

These moments always felt sacred to me. It was where I was able to connect most deeply with my patients. This deepened rapport always, always widened the channel for care. We were both better for having these conversations. It’s where the sacred work of nursing happens, in my opinion.

✎

Imagine if we were made to keep quiet.

# nurse+deck

## INTERVIEW HOST



**BREANNA KINNEY-ORR, RN**  
NURSEDECK AMBASSADOR &  
INTERVIEW HOST

Nurse Breanna hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck community.

Breanna has been a Registered Nurse for 15 years. She specializes in creating communities where nurses are supported, focusing on amplifying nurses' voices across the healthcare community. She also specializes in content creation, editing, and copywriting, with an emphasis on medical, health, and wellness topics.

*I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base.*

*I love that there are people like NurseDeck trying to shake things up because we desperately need it.*

## WANT TO HOST AN INTERVIEW?

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email [julia@nursedeck.com](mailto:julia@nursedeck.com).

# ANDREA JARAMILLO

BSN, RN

A portrait of Andrea Jaramillo, a woman with long dark hair, wearing glasses and a bright yellow sweater, smiling with her arms crossed. The background is a soft, light blue gradient.

## Inspiring *radical* self-care & self-worth among nurses

*an exclusive interview*  
By nurse<sup>+</sup>deck

*Andrea Jaramillo, BSN, RN, is a deeply experienced nurse, and has worked in multiple fields. Right now, she works in the Boston area as a hospice nurse on the multicultural team with Good Shepherd Community Care, a clinical nurse consultant with Healthero.io, and a clinical research nurse at Massachusetts General Hospital's Institute for Patient Care. She also teaches an annual workshop on Mind Maps at Harvard Medical School's Macy Institute. Searching for some healing during the pandemic, she became a certified forest therapy guide with the Association of Nature and Forest Therapy and earned a wilderness first aid certification. A champion of nursing innovation, she also earned a certificate of Nursing Innovation, Entrepreneurship, and Leadership from Drexel University.*

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NurseDeck (ND): Thank you for being here Andrea, so much good stuff to talk about but I like to start from the beginning. How did you get your start in nursing?

Andrea Jaramillo (AJ): Thank you! Nursing, for me, wasn't a thought I had when I was growing up. I didn't know any nurses. I am from Ecuador, so when I moved to the States, one of my first volunteer activities was as an interpreter at the NIH. There I really saw how nurses were amazing, and not only that but their role in research and nursing. I was so interested in how they led interactions with the patients and how they really made a difference in the lives of people. So I was like, "okay, I need to learn more about nursing," and my path just started that way so here I am now. Transitions have been like the main thing of being a nurse, I think we are experts in transitions. I used to be a labor and delivery nurse and now I'm a hospice nurse - one end or the



other end - but they are very similar in a lot of ways. I think hospice found me - I think when you feel you have a gift, you have to give it. I left the bedside for a while, and at one point I wanted to rediscover nursing for myself. For me, seeing patients was very important, so I found this job in this amazing organization I respect very much because they grow responsibly, they take care of their nurses, they have good patient-nurse ratios and are aware and vocal about it. It's a nonprofit and the first hospice organization in the Boston area. So, I found this very good place to work. I am per diem, so I have full control over when I work, how I do it, when I do it, and that really gives me a lot of strength to continue doing this work. I think a lot of times as nurses, we feel we don't have control of our time and schedules and life - this particular job gives me that. The

*Every nurse is capable of... publishing something and making our body of knowledge bigger.*

other beautiful thing is I go to patients' homes, so that was a big change, because the power dynamics are so different. You are a guest in someone's home, I wear my own clothes, I don't wear scrubs, we are very equal and conversations happen in very horizontal ways, and I'm there to really provide support and comfort. To me, that's the best job. I don't have to tell them what to do, they tell me what they need and I try my best to provide that. It's a lot of listening, a lot of wisdom comes from end-of-life. One of the things people regret a lot that I listen to is working too much, for example, not being with family as much, not traveling, just things that make me present in my practice in a way I have not been present in the past. I love it, the team is wonderful. I work on a multicultural team - that's one of the innovations of this organization - we try to match patients with a nurse who shares culture and language so the experience is very holistic. We talk about those needs with our leaders and our patients, and I think it makes a difference. In my day-to-day life, I wake up, I get a list of patients, I learn about them, see where they live, map my route, and I'll call them and let them know approximately when I'll be there. I go see my first patient, sometimes I write my note right away, sometimes I do it a little later. Sometimes I get to drink my coffee, maybe make a call, and go to the next patient, so there is a good amount of time for me to resettle and ground myself between visits - in my other nursing jobs it was very much, you didn't have time. So, if hospice is calling you, and if there is any nurse out there that thinks, "I'd give it a try." I would definitely say come, follow a nurse, talk to someone, this is a very amazing job.

ND: Tell us a little more about your role as a clinical research nurse and the work you're doing there.

AJ: We have many dimensions as humans, and caring - bedside nursing - is important to me, but also being motivated and thinking about more academic stuff is, too. How do we do this with evidence? What's our scientific methodology as nurses? From that perspective, I started working in this hospital that's really great for research and really learning the methodology. As a research nurse, there are many hats that you have to wear and many skills you develop, so if you're someone who learns fast and you want to challenge yourself and be learning new things all the time, this will be the role for you. So depending on the type of project, I might have one role or another, but I could do some administrative things like setting up the trial. Sometimes we work with sponsors who give us a protocol and we see how we can implement them in our facility, or sometimes there is a nurse scientist or a doctor who can both be principal investigators so we help them set up their project in our



happen at the bedside. Nevertheless, they are the end user and the unrecognized implementers of change. Also, Nurses are uniquely positioned to understand patient needs and have untapped potential to lead innovation!

**AIM**

- Explore the feasibility of having bedside Nurses lead the implementation of an evidence-based practice at a Labor and Delivery Unit.
- Using music for laboring patients was the evidence base practice selected for implementation

**LEADER**

**METHODS**

- PCORI Dissemination and Implementation Framework

**Evidence Assessment**

- 2010 Institute of Medicine IOM report confirmed the vital role Nurses must play as change leaders to transform healthcare
- Evidence increasingly indicates that music can support addressing many of the physical and psychological needs of obstetric patients

**Audience & Partner Engagement**

- Several stakeholders were identified as audience and partners including: patients, nurses at the bedside, healthcare providers, educators, leadership/operational managers

**Dissemination**

- To successfully disseminate the information, handouts with evidence about the benefits of music in labor were created and shared with stake holders

**Implementation**

- Nine portable speakers were donated by private sponsor and installed in all nine labor and delivery suites
- Education on the use of the speakers was conducted in one on one sessions and an informational email was sent to all Nurses and Providers
- An educational infographic was created for patient handouts and posters for labor suites

**Evaluation**

- Impact on patient outcomes including pain during labor and patient satisfaction was planned

**RECOMMENDATIONS & NEXT STEPS**

- Recommendation for Nursing leadership to facilitate and support bedside Nurses with protected time and resources to measure the impact of innovative interventions implemented at the bedside
- Patient outcome evaluation

**Reference:**  
 1. "Empowering Nurses To Innovate At The Bedside, Then Spread Their Innovations." Health Affairs Blog, November 30, 2017 DOI: 10.1371/blog1011121.831571

**BACKGROUND**

- On average, the process of diagnosis for Autism Spectrum Disorder (ASD) in pediatric patients at the Children's Hospital of Philadelphia (CHOP) takes 18 months
- Delays in diagnosis further delay treatment, including Early Intervention (EI) services
- Analysis (ABA) therapies
- BMC has implemented a pilot program to train clinical intern administrators to identify and refer children with ASD to the Autism Center for Treatment and Research (ACTR) during intake

**AIM**

- Actively examine the impact of the program on the number of children who are triaged for ASD diagnosis and the time to diagnosis

**LABOR WITH MUSIC**

facility. Then we have either medical devices, therapeutics, or quality improvement projects, or any type of change that needs data collection. We could work with that and find a way to measure outcomes and create databases to have evidence for the future. Sometimes it will be a project that I need to learn all about, maybe I've never heard of this medicine or thought about this process, so it's a lot of unknown. If that excites you, that's the job. It keeps your mind working and keeps you at the edge of the future, which is really awesome, because this was not a thing in the past but now we have the evidence and it's working, or maybe it's not working so let's not do it anymore. Every nurse is capable of bringing evidence and publishing something and making our body of knowledge bigger. You do not need a Ph.D. to do it, you do not need a master's, every nurse has the basic skills to do something. If you know you have a good mentor, they can help you grow in the right direction to really contribute to our profession, which is needed. We need to prepare ourselves to do it, and not be afraid.

ND: Nurses are born problem-solvers,

so I agree we're such a natural fit for research. We need more nurses who are forward thinking right now.

AJ: Sometimes we're overworked, so thinking of doing extra or something different, sometimes we can't even see it. If we are all in that moment - I think we all have been at some point in our careers - I think creating, carving those spaces for nurses to have the time to grow in these places makes it more sustainable. If you look at doctors and their model of care, some of them only do clinical work but some of them are able to carve out spaces where they do a little bit of research, a little bit of teaching, a little bit of clinical work and it does make it more sustainable.

ND: Switching gears a little bit, I know you work as a certified forest therapy guide - which sounds like a dream job. Tell us more about that, what it accomplishes, who it's for, and how you got into it.

AJ: So, COVID happened and I needed a space to heal. Facebook pops things up, and I found this organization called the Association of Nature and Forest Therapy Guides



COVID  
happened  
and I needed  
a space to  
heal.

and Programs, ANFT, that offers trainings and a certification. It comes from Japan: when the whole technology boom happened, they started seeing that their people were stressed, higher levels of cancer, higher levels of all these chronic diseases, so they put a lot of money into researching therapies, and one of them was nature-based therapies. There is evidence about being in nature and how it impacts our well being. There's some experiments that are so interesting that might need to be replicated, but still it's interesting. We were curious about it because, for example, they've seen saliva cortisol levels being reduced in these experiments, blood pressure levels. They have done double blind studies where they walk people in the city and walk people in the forest, and see what happens. They observed NK cell levels increase for longer times after walks - NK cells eat cancer and bad cells. All these things are still very unknown to us, and we need to research them more, but there is something that nature has a healing potential, or at least a wellness potential. If we're not healing, at least we are maintaining ourselves. From my experience, no pill will give you the same result as walking on a beautiful day in a beautiful forest. It's

my opinion for sure, but anybody that experiences it can really connect to it. In the program there are different things we call invitations, so people can do these types of exercises - it's non-judgmental, very informal, but we are not therapists, we're guides. The beauty of that is we really open doors for people to interact safely with nature. We are not there healing anything, it's just helping people interact with these natural processes, healing in community, sharing stories. It's different things, and it's the creativity of the guide, and we are guided by nature. Sometimes we catch invitations, the wind is happening and we're just observing the wind. It really makes you slow down, be present, and be with yourself.

ND: I know you lead a workshop at Harvard Medical called Mind Maps - tell us more about that.

AJ: Yes, I'm a co-teacher there, actually my husband and I teach the class together so it's really fun. It happens once a year in this big class workshop they have for medical education. You can use different software available for free online, but the concept of using the mind map is really interesting because it starts

from a central idea and grows circular. It mimics the way we learn and how our neurons work - the neuron is a circle and connects with other things so there is a lot of theory behind it. People have written about the theory behind it: how does this make you learn better? Simplify ideas, use graphs, make it fun. Our textbooks are so linear, and in a way boring. Having one image that tells the story, that I can remember and connect, is very easy and beautiful. This particular workshop is geared towards medical educators. When I was studying nursing, I learned about, for example, the heart and all the diseases of the heart. So, I'll have the picture of the heart in the center, and the different diseases and there is a methodical way of organizing the information that makes sense. So the recalling of it later on - it's very visual, you know where it is in your head. It helps a lot of students.

ND: Very cool. So, how do you think the way society views nursing has changed since the pandemic? Do you think it's affected you?

AJ: That's a good question. I think we're in constant change, which is a good thing. Are we where we want to be? Maybe not yet. Even though there are male nurses in our profession, which diversifies us, the way that nursing is viewed is very much a mirror of women in our societies. In a lot of ways we feel our worth is questioned, as nurses, by our peers and by society. Many times by our own peers, which is unfortunate. I think we all come to this profession for caring, for love and compassion, and, unfortunately, we need to heal - we're wounded healers, which sometimes makes toxic environments. Something I've worked on very hard is to really see the worth of my work, to be in these

places where we can share our voices, like we are doing today. This brings it value, this brings it pride. I am very proud of what I do, and it took me some time to feel this way. It wasn't something that I woke up and was like, "Oh, I'm a proud nurse." No. I felt the feelings, but now I see the potential. I see this strength. I see the bad things, too, I see the needs, but I see so much potential and goodness. I'm very proud to be a nurse, and that brings me the worthiness that I need to feel.

ND: That's such a good way of putting it. Do you feel that the organization you work for is mirroring your worth back? Does that help you feel pride?

AJ: Yes, and I think my family makes me feel very proud - they feel proud, I feel proud. My community - they feel proud, I feel proud. Having a voice and using it, and not being afraid, makes me proud.

ND: Tell us about whether you've experienced burnout in your career and how you've handled it. How do you prevent it now?

AJ: Burnout is not a new thing - it's been exacerbated but it's not a new thing. The first time I felt burned out was as a nursing assistant - which we don't talk about enough. If you were someone who experienced that,







having 30 patients in one night is not the way to do it, and that voice is definitely not heard. That was the first time I experienced burnout - to the point I even questioned going to nursing school because I was a nursing assistant before, but I was able to manage it. Then as a nursing student, we feel some kind of burnout, the anxiety, the loss of control, the not knowing, sometimes support and sometimes lack of support. I think that's maybe the first burnout that our profession feels. After that, your first clinicals, your first job - where you're the new person and you're excited and again you start feeling this lack of control in your life and in your schedule. You might not know exactly what type of boundaries to put up, and you're still working on your assertiveness, like

saying, "No, I cannot take another patient," or, "no, I need to eat." Basic needs. If it was one time it wouldn't be as hard, but it's a chronic process that happens on a daily basis. You don't see the end of it, so you're like, "I cannot stand this for so many more years." That's one type of burnout, the other is, "how do I grow in this career? Do I see myself doing this, the same thing, for 30? years? After two years, you're a little more adept in your work, you feel more comfortable, and you're like, "where should I go? What should I do?" Then it's finding these ladders or skills - that's how I've done it, diversified what I've learned so I can do everything I want. Those have been the burnout experiences I've had, just really unsustainable environments and the lack of real clarity on where to grow and how and when to do it. We have these very antiquated theories of nursing that once you have five years experience, you're worth something better. Each person is different and brings different experiences and grows at different rates. We need to see every individual as they are, and tailor their growth to their needs. Some people might want to be in one position for who knows why, and that's what makes them comfortable and happy - that's okay, too - support that. Some nurses never want to be a charge nurse, some nurses never want to teach anything because their heart is somewhere else, and that's okay.

ND: Right? Nursing offers you so many different opportunities. Do you have any other messages or tips for nurses that are burnt out or searching for ways to reconnect with their passion?

AJ: First of all, if there is a nurse that's burnt out, my heart goes out to you because it's one of the most

painful things we can go through. We identify with what we do a lot, for a lot of us nursing is a way of life. When we say, "I am a nurse," we assert ourselves as that. So, when your system, your everything is telling you this is not worthy, you are not worthy, that's very painful. Second of all, I want to say there are ways to help yourself. It's not easy, and systems are not yet there to allow us to do it, but if you take a chance - experimenting and carving out what you want and need - it worked out for me, it might not work for everyone. Trying things, going and doing things that you think, "oh, a nurse will be great here." Hey, if you always wanted to be a barista, and that's your dream, do it one day a week. If you want to be an artist, do art, sell your art, become that, experiment, it's okay to fail. You want to open a business? Do it. Something I learned in farming is that we cannot be summer all the time. Summer means we produce, but then winter comes and winter means we rest. So, if we follow the natural laws, and what nature is teaching us, we're doing it all wrong. We're going to burn out. If you plant and plant and

*“The trauma we experience collectively is really healed in community.”*



plant, that soil is not going to work. Nature is giving us the answer. So, I always say honor your winters - meaning our internal winter - because that's when transformation happens. This system doesn't give us the chance to do that. I think that's the way to be sustainable. Nature teaches us how to be sustained. Now, is our economic system going to allow us to do that? Maybe the system will see the benefit in the long term, but that's kind of where I think the solution should come from. Self-care and radical self-compassion.

ND: We're also really big on community and the power of community to heal. How do you think nurses can benefit from communities like NurseDeck?

AJ: Yes - so one of the things that happens when you are burnt out is you disconnect, you become numb, because you don't want to feel the pain. Part of disconnection is disconnecting from community. Our

reaction is to disconnect, not engage, go do something else, and I think the real medicine is making yourself connect, engage, and ask for support. Connecting by sharing stories - because what you feel I probably feel. The trauma we experience collectively is really healed in community but our systems tell us that we heal individually - it's your problem, it's your fault. You are sick - your decision. We live collectively: what I do is going to impact what other nurses and people do. So, why don't we heal in community? So these spaces are allowing us to do that.

ND: This has been amazing. I always feel so connected to my fellow nurses after conversations like this. Is there anything else you want to mention? Any messages for fellow nurses out there?

AJ: Thank you for making these spaces available. I think we need more of this - you're doing amazing, amazing work and I want to really encourage that more. Tell nurses to put their voices out there - we do have a voice, so use it! Write about it, paint about it, make a poem about it, sing it! Whatever way it feels right to you, that's the right way and we should be able to do it.

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Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	<a href="http://www.nursetilda.com/books">www.nursetilda.com/books</a>
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	<a href="http://xapimed.com">xapimed.com</a>
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	<a href="http://built.com">built.com</a>
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	<a href="http://sjfcommunications.com/author-shop">sjfcommunications.com/author-shop</a>



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*“When you’re a  
nurse, you know  
that every day  
you will touch a  
life or a life will  
touch yours.”  
—Unknown*

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