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THE INSIDER'S PERSPECTIVE OF NURSING
Caring.Integrity.Diversity.Excellence

"The value of nursing is being seen."

ANGEL DANIELS

DNP, MSN.ED, RN, CCM

EMBEDDING HEALTH EQUITY IN NURSING EDUCATION

TRANSFORMATIONAL NURSE LEADER, EDUCATOR, LIFELONG LEARNER

CULTIVATING THE NEXT NURSE LEADERS
LPN BEVERLY MORGAN

7 STRATEGIC WAYS TO REIGNITE YOUR PASSION FOR NURSING

Issue 35 | May 10, 2022

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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Embedding health equity in nursing education

Dr. Angel Daniels attended nursing school a little later than most, but quickly became an insatiable learner. She's contributed to the field in innumerable ways, and shapes nursing minds as a professor. What get's her up in the morning? Health equity - especially in women's health.

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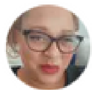
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Our weekly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing 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.

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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.

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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.

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Cultivating the next *nurse leaders*

LPN Beverly Morgan

MEET BEVERLY

Beverly Morgan, LPN, is a nurse with decades of clinical and operational management experience. She currently serves as the director of marketing and business development at BridgePoint Healthcare, which operates two long term acute care facilities in the Washington, D.C. area. She is also the founder and president of Lambda Psi Nu Nursing Sorority, which is dedicated to improve the quality of healthcare through supporting licensed practical nurses.

Tell us about your role. What do you do?
I'm multifaceted, I must admit. I'm currently the director of business development and marketing for Bridgepoint Healthcare, two long term acute care facilities here in Washington, D.C. I absolutely love my job with Bridgeport, it helps me link patients and families with quality healthcare. Long term acute care hospitals came into existence to help patients that had an extended critical care need beyond the acute care hospital. I must say, Bridgepoint does a dynamic job in making sure patients that have critical care needs are more stable before they matriculate back home to the community or a skilled nursing facility or rehab center. So that's my job Monday through Friday nine-to-five, but I'm also the owner and operator of two homecare companies, one in Prince George's County, Maryland, and one in Washington, D.C. I love that because it helps me help seniors and people that are disabled function in their homes. People's homes are their primary asset and possession, and in most cases that's where they want to live and be comfortable. Having caregivers come in allows them to maintain and sustain their dignity in their homes - that's what our care team does for them. I'm also the president of the National Association of Licensed Practical Nursing Education Foundation, which allows for us to connect licensed practical nurses with top-notch education to help them build on their skill sets in the area in which they function. We do annual conferences that offer continuing education and national certifications, such as certifications in gerontology, mental health, first aid, IV therapy, rehab, wound care, sometimes we partner with other organizations to facilitate them enhancing their skills and knowledge. The goal is for them to go back to their communities able to make a difference. On top of that, I'm the president and founder of Lambda Psi Nu nursing sorority, specifically for LPNs and run by LPNs. I stay pretty busy.

Tell us more about healthcare marketing and its impact on the healthcare system.
A lot of people don't really understand what a long term acute care hospital is and how to utilize it, and it really has a tremendous impact on the continuum of health care. To be honest with you, if an acute care hospital was to properly utilize their relationship with the LTACH, they really can minimize the length of stay in critical care to anywhere from seven to ten days, or less. That means you have to have a tremendous execution of what the plan of care is for the patient, have a great relationship with the physicians at both locations so they can share what the ultimate outcome is for this particular patient, and then have that back and forth communication - because of course the physicians in the LTACH don't want to lose sight of what's going on with their patient.

We do telehealth to keep them informed about what's going on with their patient as they matriculate to the long term acute care setting. In the midst of the pandemic when most of the patients needed respiratory and pulmonary care, critical care units were at maximum capacity, so we needed to be great partners to be able to move patients from one setting to another as expeditiously as possible. That's where we find that the bridge from the STACH to an LTACH has been helpful. The average length of stay is between 25 and 28 days or less, and we already go in with the mindset of what we're trying to ascertain or obtain for this patient and know what the next step is going to be. We help push the patient and families to the next step and keep them informed along the way, so it really does make a great impact on how we manage patients with critical care needs.

Can you tell us more about the Lambda Psi Nu sorority, its mission, and what inspired you to found such an organization?
Our mission is to help advance the skillset, knowledge, and capabilities of licensed practical nurses and licensed vocational nurses throughout the country. Licensed practical nurses are underutilized in acute care at this point, and it's that way for certain reasons. The mindset was to improve quality in acute care settings - we want quality in every setting to be honest. One of the things we do is try to build upon the skills and knowledge of licensed practical nurses. So, if they're in a particular specialty area, we give them either education, certifications, and knowledge, or support them if they want to go back and pursue advanced degrees in specific areas that will help them be a better partner on the healthcare team. We have partnerships with different colleges and organizations throughout the country, so our reach of impacting the utilization, skills, and knowledge of licensed practical nurses is broad. Currently, we have over 1,000 members and 12 chapters including one in the Bahamas, and we're bringing on 12 new chapters this year. We want to be able to make an impact in every state we serve, so we partner with national organizations such as the American Diabetes Association, the American Heart Association,

Compassionate Choices, VITAS Healthcare, and Walden University, so we can educate our nurses to be able to function in every arena. This comes at the right time because registered nurses are doing a mass exodus from healthcare, and we had a major shortage before COVID-19 that has been exacerbated as a result of the pandemic. So now, people are asking the questions: how can we get bedside nurses recruited? I've been approached by several different health care systems now looking at bringing licensed practical nurses back to the acute care setting. I am sharing with them the national standards of practice for licensed practical nurses, because when you Google what a licensed practical nurse is - some people have a really basic knowledge of what that is, however the scope of practice in each state varies but in many states is very broad. So, as long as licensed practical nurses have specialized education and training, certifications in a particular area of expertise, they can function in that capacity as long as they have oversight by a registered nurse or physician. In most healthcare settings, that's exactly how it functions. So, we are looking to bring a lot more LPNs back to the acute care setting and fill in the gap as to what is needed in health care. Currently, according to the U.S. Census Bureau, there's almost a million LPNs in this country. So for quite some time, we've

overlooked a million nurses, underutilizing their skill set, so I am a major advocate of advancing their skill set and customizing it to a particular setting. I got a call this week from a national rehabilitation organization, and they said they were looking for LPNs to come back in. I sent them the information and said, “I'll help you with recruiting, I want to be a mentor to answer any questions they have on practice and function, and keep them encouraged and motivated.” The other piece is to keep attention - I want them to exercise these opportunities, get into these settings, and really do well. There's a misconception about LPNs, and I think they feel like some of them have limited education and knowledge but in Lambda Psi Nu most of our LPNs have degrees, if not advanced degrees. So, if you choose to utilize them, you'll be surprised at the wealth of knowledge you will gain by having a licensed practical nurse in your organization. I'm excited about the movement, and I'm going to do everything in my power to make sure we're at the frontline and utilized appropriately in every setting.

How does Lambda Psi Nu make a difference by supporting nurses along their journey?

We do several things. We are a vehicle for nurses to ask key questions they may not be able to ask in their place of work. If they need resources, we connect them with resources in their geographic region so they can maximize their level of functioning. We provide them with education at our annual conferences and offer education that allows them to walk away with a new skill set. Through our partnership with our national organizations, we go back to the communities with set goals to be able to make an impact. For instance, this year's conference is going to be on diabetes navigation, so at the end of this conference nurses that attend will have a certificate on diabetes navigation. The goal is that after the conference, on a quarterly basis between 2022 and 2023, you're going to be heading out in your communities or even at your job to educate patients, families, and the community at large about diabetes, and connect them with the proper services or resources in their area. We want to be impactful, and we want to be purposeful in our mission to make a difference. Every year we look at a different area in which we can improve the skill set of nurses. The other piece is mentorship and leadership: we train and we educate the nurses about leadership, we help them understand that they are a valued part of the team. I do feel like, in many cases, LPNs have been downtrodden and looked at as less than a nurse. For instance, some people won't even reference LPNs as nurses, and we are. I find that some organizations are still trying to find other work-around avenues to have non-licensed, non-educated people employ skill sets that are already obligated by having a licensed practical nurse. I just think that through our mentorship and coaching and building up their confidence to be able to go back and demonstrate their leadership, it's been tremendous. As a result of our education and our connection with Lambda Psi Nu,

we've had several of our members get advanced degrees, we've had several of our members get promotions because they've gone back to their particular companies with a new skill set. They als have us as a resource to be able to execute the fact that they are ready, willing, and able to serve in a leadership capacity. It's been a win-win for the nurses that join, it's definitely been beneficial for them to enhance their career, and they always walk away with some new tools in their tool belt.

What's your take on the use of LPNs in alleviating the nurse staffing crisis? Any message you have for LPNs to boost their morale and encourage their nursing career?

I tell most LPNs I mentor that I want them to have a good working knowledge of the scope of their practice, and exercise it to the fullest capacity. I've been a nurse for over 30 years, and anything I was willing to do I would identify as areas of concern in the organizations where I worked and say, "can I get on this committee? Can I join this group?" So we can solve these problems, do some research, and come back with resolutions that make a difference in the impact. I've been fortunate, I am truly, truly blessed to sit in positions that in most cases a registered nurse would sit in, because people value your opinion and they know you're going to get the job done. We want them to feel confident to bring their leadership skills to the table and be a part of the team that's going to be impactful and make a change. I want them to walk away being change agents: don't just identify the problem, come with some solutions. We don't want you going around on your units complaining about what that leadership isn't doing. If you're not part of the solution, you're part of the problem. Make a difference? In regards to the overall shortage, if there are any organizations finding it tremendously difficult to provide quality care because they've been impacted by the shortage of bedside nurses, I would say to them that this is the time to reach out to licensed practical nursing schools in their area. Start an LPN internship so you can train your LPNs to be the kind of nurses you need them to be within your organization. Education is the key. You can have a clinical specialist teach these nurses how to be the nurse you need them to be in the setting that you want them to function. More importantly, if your ultimate goal is to recruit and retain registered nurses, why not train your own? Develop a relationship with a college that is going to do a Bridgepoint LPN to RN program, so all the way around it's a win-win time. It's time for LPNs to shine, stand up, stand proud, amnd go into the different areas you have a desire to function. That's one thing I absolutely love about the nursing profession: we are limitless about all the things we can do. Do you have a passion for something? Find it, educate yourself, make sure you become an expert in it, and then go out to the fields and make the world your own. Do whatever it is you decide you want to do. I just love nursing. I don't know why anybody wants to do anything different, but I've done it for years. I've made it my own as a career. I became a nurse in my 20s, so recently I was like, "what would I do differently now from before?" I don't think I would change a thing. I've been able to make a difference and an impact with every organization I've worked for. They were able to see and identify my leadership skills, and allow me to function as such. I really feel confident and blessed to say that whatever organization I've ever worked for, I felt like I've made a difference and left them better than before I got there.

7 strategic ways to reignite your passion for nursing

nurse+deck

On a scale of one to ten(1-10), 1 being the lowest and 10 being the highest, how passionate are you about the nursing profession in comparison with when you first got in? I suspect three possibilities, you are either no longer passionate, mid way lost or high spirited about it. A substantial number of nurses are only keeping on. They've lost the zeal and joy they once had. Their reason for showing up each day could only be to earn a living and meet the needs and demands of family. If this is you then read on please!

The word 'passion' is defined by the English language Oxford dictionary as a strong and barely controllable emotion or as a strong liking or desire for a thing by Merriam Webster. Having passion for what you do gives you a sincere reason and innermost meaning to do that which you do, keep at it and gain full mastery. You are passionate about something if you can do it come rain and sunshine while never or seldom thinking twice. A passionate nurse is eager, interested and seemingly glued to the profession.

Following the pandemic, more and more nurses are losing their passion. Here are top listed factors contributing to the rise:

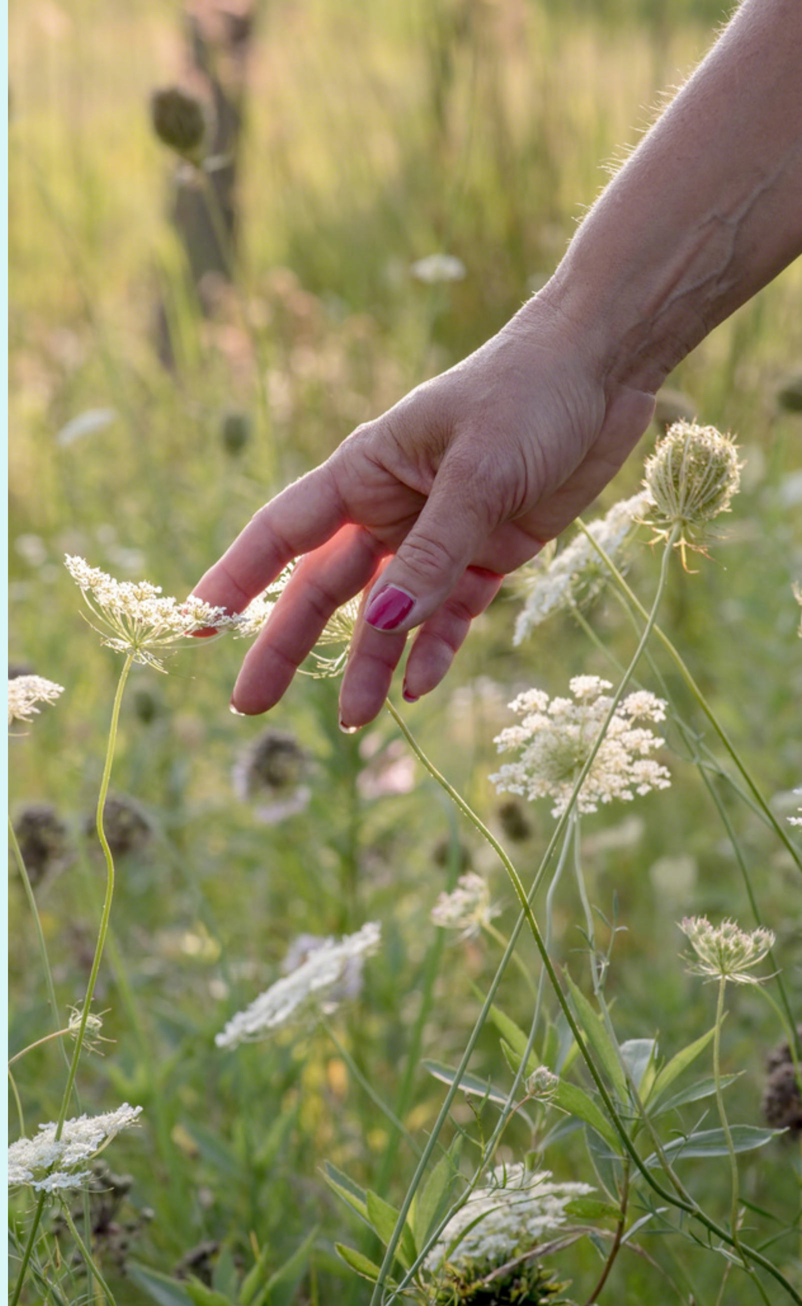
1. Burn out from long work hours
2. Staff shortages and lack of support
3. Emotional strain from patient care
4. Impaired health condition
5. Increased stress
6. Feeling stuck from boring activities
7. Non flexible work schedules

Signs you have lost your passion for nursing include:

- Constant fatigue
- Lack of enthusiasm
- Frequent outbursts
- Anxiety
- Careless service delivery
- Dissatisfaction in everything and anything
- Innumerable episodes of mind block

So, here are seven ways to reignite your passion for nursing:

Figure out what went amiss: To avoid beating around the bush and treating the wrong



diagnosis, you should figure out when and why you lost your passion. What factor led to the empty feelings you now have? Source it out and deal with it accordingly. The earlier you are able to figure this out, the closer you are to reconnecting with your passion. Visit a therapist, talk to family or a colleague to aid this process.

Reconnect with your inner being: If you were once passionate about this profession, then it is only about time that you reconsider what tickled your fancy. If you've never been passionate then I advise you take a closer look into your previous activities and find out one thing at least that made you smile. Do more of what makes you happy. Source out time to care for and nurture your mind.

Think and create impact: The more impact you create on lives, the higher your chances of growing your passion. A simple way to make an impact is helping others grow by teaching them. Teaching younger ones in the profession can help boost your enthusiasm for what you do. Impacting is one of the best ways to help others advance as much as you help yourself.

Set goals: Goal setting and eventual actualization is an interesting way to reignite your passion as a nurse. Such goals within or outside the scope of nursing helps you kick boredom far away. There's something interesting to do and a target to meet up with.

Seek mentorship: The issue of mentorship remains one large void and underestimated element of growth in the nursing profession. While some understand this concept and its importance, only few get to benefit from it. Get an experienced nurse as a mentor equals guidance, support, direction and coaching to keep you on track as you grow into an even greater professional as the best version of yourself.

Maintain the attitude of gratitude: Gratitude remains the best attitude, right up into the profession. Replacing anxiety and dissatisfaction with contentment and gratitude is the best way to live.

Take a break: If after applying all or most of these tips and nothing seems to change, then it is time to rest up.

Undeniably, passion is something that varies with time. As the days roll by, new interests are developed, making your passion drift away to something new. It is however worthwhile to know how impossible it is to succeed without passion for what you do and easiest to succeed with passion for your career. Passion moves you to work both hard and smart, moves you to be more creative and determined in actualizing success. When you are passionate, you do way more than answering the clarion call, but become charged to develop better systems and increase the productivity level of both you and your subordinates. No feeling beats that of doing something you love, getting paid for doing it while yet impacting human life.[8]

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.

ANGEL DANIELS

DNP, MSN.ED,RN, CCM

Embedding *health equity* in nursing education

an exclusive interview
By nurse deck

Dr. Angel Daniels, DNP, MSN.ed,RN, CCM, is a clinical transformation manager with broad experience in the hospital and healthcare industry. She is currently serving as the program chair at the Bon Secours Memorial College of Nursing in Virginia. She holds a doctorate of nursing practice from Chamberlain College of Nursing, with a concentration in health system leadership, and is also a certified case manager. She also has a history of diversity and inclusion work, serving as co-chair on the Virginia Nurses Association DEI Council and the AACC Diversity, Equity, & Inclusion Leadership Network. She's also held leadership roles in DNPs of Color and the Central Virginia Chapter Black Nurses Association.

NurseDeck (ND): We're so excited to chat with you today, thanks for giving us your time! Let's start at the beginning: how did you get your start in nursing?

Angel Daniels (AD): It's my pleasure, I'm excited to share my story. I'm a nurturer by nature. Ever since I was a little girl, I've been called to serve and care for others. I remember as a child I would play with my dolls, and I'd go and get my mom's sheets, cut them up - and get in trouble - to give them pretend medicine, put some bandages on them. So, early in life it was a calling for me. I grew up in the eastern part of Richmond, Virginia, where we had a lot of determinants, even then, so I've watched a lot of my family members not receive good health care, particularly my grandmother. She was sick with emphysema, and at the hospital she was in at that time, she was in the ICU, intubated, and restrained and they did not even have her sedated. She had to endure all of that while

> *Everyone should have the resources they need to be their best selves.*

conscious. She looked at me one day, and she just said, “Angel, help me.” I was barely 20 years old, and I felt helpless, but she had one nurse that came into her world and I saw this woman take care of my grandmother like she was her own family. That inspired me. I said, “I'm going to do this - become a nurse.” It was something I was meant to do and I just decided nothing was going to stop me from achieving that goal.

ND: I know you have your doctorate, can you tell us a little more about your journey to earning such a high level of education?

AD: Well, it wasn't an easy journey. I attended nursing school when I was in my 30s. I grew up the youngest of three. I dropped out of high school when I was 15 years old - I was a teen mom. I even did some time as a

cosmetologist. I struggled - I was a mother of two by the time I was 19, and then had a third child. By the time I decided to go into nursing, I had to go back and take high school courses. I hated it and it was very hard. After I got into nursing school, I still worked full time; I went to nursing school at night and on the weekends, I had clinicals, three kids at home living off two and a hours of sleep for almost two and a half years. I was dedicated to becoming a nurse, and when I graduated nursing school I went straight into the ER, but one thing about Angel, I never want to stop learning. Once I got that taste of it, it was like, “I need to know more.” I became a case manager and then a nurse navigator. I went on to get my bachelor's, earned a master's in nursing education, and still I needed more to fulfill myself and lead change, and that's when I decided to pursue my DNP degree in healthcare system management. As a nurse navigator and a clinical transformation manager, I saw so many opportunities to provide quality care to patients beyond the walls of the hospital. When we get our patients in the hospital - they don't start there, they start in their own communities, and if we can coordinate resources to help them in their own self-management of their care, by the time we get him in the hospital it's more manageable. For me, struggling to get to that level takes a lot of, why am I doing this? What does this mean for me? Not just to have alphabets behind my name, but also what am I getting out of all of this learning? How can I put that into work as a nurse, as a leader, and as an educator? How can I be a part of that innovation to keep healthcare delivery high quality as it evolves?

ND: What area of nursing are you most passionate about right now?

AD: Oh, that's such a tricky question. I am very passionate about women's health, particularly minority health. I go back to my ER days because I was blessed to have the opportunity to work in an ER serving a diverse population of underrepresented people that came to our ER more for chronic care than they did for emerging care. Women’s health has always been my passion. As a woman myself, I want to make sure we have what we need as resources to take care of our minds, our bodies, so we as women can keep thriving, but I am also really passionate about health equity. I think everyone should have the resources they need to be their best selves and have true health and well-being - not just physical but mental health as well. That is what keeps me going - that equity piece. I would love to do more work in health equity.

ND: Being a lifelong learner, working full-time, being a mom, how do you find balance?

AD: To find balance every day, I remind myself of why I do what I do. I look at what's important to me - my job is important to me, my family is important to me - and I look at how I can be that in every part of my life. I look at the immediate need - I can't worry about what happened yesterday, and I don't know what's coming tomorrow yet - but what I need to focus on and be prepared for today. If necessary, I start to look at what I need to do for tomorrow. Every day I take a good 15 minutes of quiet time for myself - that's important - because if we don't take the time to find that balance, take care of ourselves, we can't do anything else, we can't take care of others, we can't be there for our families or our patients. So care for yourself, go outside, take two minutes to breathe and clear your mind, because as women, we like to do everything for everyone, and as nurses - male, female - we want to serve others. We all want to take care of the people we care about, but we can't do that if we do not take care of ourselves. For me, that balance comes from just prioritizing what's important to me and thinking about how I can achieve that without burning myself out.

ND: Well said. You wrote about the return on investment with BSN educated nurses and ambulatory care. Can you tell us a little bit more about that?

AD: Yes, I was a co-author on that publication. What that really speaks to is the use of RNs in the ambulatory care environment. So, primary care specialties such as cardiology or endocrinology, whatever the area may be, but it's using a higher-paid workforce in an environment where normally you'd use other disciplines. We used RNs as nurse navigators, helping to navigate patients through the healthcare system, beyond the walls of the acute care setting. What that does is more population health management, more case management, more coordination of care and resources that really helps our providers manage the quality of care better and helps our patients move towards self-care. It also reduces ED-utilization hospital admissions, reduces some of the states of the chronic conditions, increases wellness visits, especially for Medicare, which is a reimbursable

> *Nurses are exhausted, and that's an understatement.*

visit. For that, the return on investment is investing in that higher workforce, letting our RNs work to the full scope of their practice and beyond to help manage our patient populations. We actually started off with one or two nurse navigators and we had so much pushback from the doctors saying, "we don't need them, we don't want these RNs in our practice, we can take that money, let's distribute it to other places." Once we put those nurses into practice though, we had physicians, like, "where's my navigator?" Because they saw the increase in compliance with our quality metrics, they saw the decrease in ED utilizations, patient adherence was going up. Patients were coming in for their visits, they were taking their medications, and we even found innovative ways to help manage these patients. One practice where I was a navigator, we had a diabetes clinic day where we would bring in all our diabetic patients and they would get clicking classes, they would see their doctors, they'd see the ophthalmologist, the podiatrist. We even made a deal with one of our local pharmacies, where we have bundled medications, to get all their diabetic medications, and they would get it for $20. In eight months, compliance improved at least 7%, so that's the return. Investing in that workforce is the return on investment. We do have a good level of licensure that we can follow algorithms and protocols just like we do in the hospital, and that also helps the physician managing the patients and ordering tests that they don't have time for, and we can do that for them.

ND: It's such a natural role for nurses to be in because we're so holistically-minded. Nurses do really well at seeing the big picture. Do you think nurses are surprised to see the extent that the scope of their practice covers?

AD: I don't think they're surprised, I think they are more fulfilled that it's happening. I know I have always wanted to do more as a nurse, but in certain disciplines or areas you work in you may find there are some limitations.

ND: As an educator, what academic challenges have you seen in nursing education during the pandemic?

AD: What I've seen, particularly at my college of nursing, is everyone adapting to learning and teaching in a different capacity. Our students

and faculty are also experiencing determinants from COVID: you have people with sick families, you have nurses who are trying to balance the shifts and demands of their schedules in the hospitals, their family, seeing loved ones sick, losing family or patients, and then trying to juggle finishing school. We have a lot of experienced educators who teach online, so an online environment was not hard, but what we had to do was adapt our didactic in person courses into online, and that took a lot of change for some of our faculty members. How do you teach basic clinical concepts online? We started doing "beyond the lecture," we started doing more recordings, we started having synchronous class time, virtual simulations - while we could not go into the clinical areas. It was a change for some faculty, but they were so dedicated that they did an amazing job adapting to that. For the students, it was hard for some learners to not have that hands-on piece, so you have to factor all of that into change. You have your auditory learners, but you have your hands-on learner and visual learner. How do you do that in an online environment? It was a struggle, but I can also say we were able to maintain at least a 95% in class to pass rate with our COVID graduates. It was a lot of hard work, but what we also saw was a lot of students had mental burnout from COVID. Depression, a lot of things, so we had a lot of resources built in. You also have students who develop relationships with their faculty members; I have a lot of students who come to me and just need to talk about personal things. A lot of students would come to me and I would share my story, even though my story wasn't during COVID it still was a time of struggle. We talk through it, and sometimes that's all people need" someone to listen and help figuring out how to manage it.

ND: Let's talk about your experience as a nurse manager, the impact of the pandemic on our nurses and on the quality of care we're able to deliver. How do you see this affecting nurse wellness overall?

AD: I think nurses are exhausted, and that's an understatement. There's a lot of mental and physical burnout, but I also see that nurses have done an amazing job of taking care of patients and maintaining that quality. I've seen innovation: nurses at some of the local hospitals found ways to record messages and put them into teddy bears and give them to patients. As nurses, that's what we do, we find innovative and creative ways to deliver that quality and compassionate care. Still striving to take care of their patients, just as if they were their loved ones, just like that one nurse that inspired me. I think it's hard, but I also think for nurses it's an opportune time: the value of nursing is being seen. I see that some health systems now are increasing pay rates and offering more bonuses, and I think it's well deserved, it just shouldn't have taken COVID to evaluate the value of a nurse. Also, we keep trying to recruit and recruit, but how can we retain the quality nurses that we have? That's a pet peeve of mine. We're

being asked to produce more nurses: we're giving them to you, but how can we retain them? Not just new nurses, but these quality nurses that have been in practice for years? What can we do to keep them and show them they mean so much to us? That we need them? I think the staffing shortage is going to get worse, to be honest, because people I know either use COVID to say, “hey, this is why I became a nurse,” or “I don't know, I'm starting to rethink if nursing is for me.” I'm truly concerned about the burnout, the demand and shifts that some nurses have to work. It’s a cause for concern, and it goes back to finding that piece of self-care, but I would also say to nurses: you have to find that area that makes you happy, whatever that may be, and truly value what you're doing.

ND: It's a delicate balance between encouraging nurses to advocate for themselves, and at the same time it’s like, “don't don't leave us entirely, just take a break.” Where do you see the future of healthcare from a nursing perspective?

AD: I talked about how the nursing shortage is inevitable. As our patients continue to grow older, as they continue to be sicker, healthcare delivery is going to keep evolving to manage those patient populations. As nurses, we continue to evolve with them, and I do feel like the future is really going to look at health equity, my passion. I think we need more diversity, equity, and inclusion, in nursing, even in nursing education, which is another area I'm passionate about. We need a more diverse workforce because our patient populations want to see nurses that look like them, that can relate to them. It's a big struggle there - ensuring more diversity and inclusion in nursing education. I don't know the answer to that piece, but I do know we need to make a change. There needs to be more dedication to not just recruitment but retention of all nurse faculty, to creating an environment of inclusion, being heard, being very explicit in our language and what we mean in the statements we have to draw attention to our health care workforce in our patient populations. Overall for nursing, we'd like to continue to thrive. We are a population of lifelong learners, and we also are agents of change.

ND: As someone who designs curriculum, do feel like the nursing curriculum is taking a more comprehensive look at diversity, inclusion, and health equity than it has before?

AD: I think that now it's just starting to happen. I'm hearing more conversations, and I'm a part of more communities that are really looking at diversity, equity, and inclusion in nursing education. When I first started full time as a nurse educator, I was asked to revise the population health course, not just the cultural competence piece but every patient population, the needs beyond taking care of our patients at the bedside, and social determinants. That was a big thing I introduced in my course: what are social determinants of health? All of these factors play a role in how patients take care of themselves, because if you have patients who have to choose between paying their electric bill or their rent and buying medications, they're going to pay their bills. Or, if they have to buy food, or they live somewhere in a food desert or somewhere they can't afford to get healthier options. If I have $20, I guess I have to go to Wendy's and get the dollar menu for all six of my family members! It's also incorporating more service learning opportunities, where they can go to more diverse community settings and

We are a population of lifelong learners, and we also are agents of change.

learn more about patient populations. I remember taking a group of students to a hospital I'd worked in with a very diverse population setting. When we got there, one of my students said, "is it okay to park here? I don't feel like I'm safe." They were scared to be at this hospital, and they were scared to work with the patient population. That area had many African American patients. However, upon leaving that clinical experience and going back a few times, they loved it. They said, "I love feeling like I'm able to help this patient, I love understanding these issues more specifically," because they had bias. Truth be told, we all have a bias. If you're human, you have a bias, but with implicit bias they had biases they did not know about until they came to that hospital and started working. They had the impression that people who didn't take care of themselves or people who went to the ER for some kind of minor injury were just lazy or using a system, and they learned that was not the case. I also do feel like

NCLEX has not caught up with population health and diversity yet. There's still a lot of epidemiology focus, community focus, but our population health management focus has not caught up. I think schools are looking at that, we're looking at holistic admission processes, trying to attract more diverse student populations. We then track those diverse student populations - our male populations, our minority or underrepresented populations. We want to have a more diverse faculty as well. My college just developed a DEI task force to look at implementing more DEI programs: how can we be more diverse and inclusive overall? A lot of that starts with having some difficult conversations. We can go through these learning modules of what DEI is and how we should treat someone, but there's the implicit bias, there's micro and macro aggression happening in nursing education institutions - I have experienced that myself - and now it's time for change.

ND: It makes me think of when we were speaking of the nurse navigator roles before. You said awareness is great, and talking about it is great, but unless you actually enact some kind of policy shifts and changes, the communities you're trying to serve are still going to be waiting around.

AD: Through this holistic admissions process, we've become more diverse, but I've even heard statements from faculty: “well, now we'll just let anybody in,” and that's not a fair statement because if you're just looking at bringing everybody in with a 4.0, is that going to be your best nurse? I applied to nursing school three times - I was denied the first two times but I kept applying. After I got into nursing school it was a

struggle, because I was a little bit behind the bar - I was a high school dropout, I had to get my GED, so that means I had to over study to keep up, I had to look up words in a dictionary to make sure I understood them. I remember writing my first paper and the instructor called me out in front of the classroom about how bad my writing was. I remember leaving that class and I just cried. One of the nurse faculty, she was one of the few Black nursing instructors there, said, “they just think we can't do it, but you need to not give up. You need to go to that teacher and ask her to show you what you need to do differently there. I want you to write that paper over and every time you have a question you ask - make that extra effort. I've also found that if you're not a nurse for the right reason, you’re not going to love it, you're not going to invest in it. I don't discount anyone with that academic achievement, but I guess my point is that not every person coming in with a higher grade average is going to make the best nurse. Nursing is just not about academics, it's about applying everything you learn in a real-world setting. When you get into that

hospital it's an eye-opening experience, and you have to apply that learning, and also some creativity and innovation yourself in caring for that patient.

ND: Let's talk about community. How could NurseDeck, and communities you're part of, be better advocates and bring nurses together?

AD: These communities are exceptional because it allows us to have a voice, it allows us to have a place where we can meet people just like us, support each other, educate each other, because every day is an opportunity to teach and learn. I get inspired because I see nurses excelling as leaders and entrepreneurs, and I think, "okay, Angel, what do you want to do next?" I do think having a community of that support, that collegiality that brings us together is why I love DNPs of Color and NurseDeck, because it's a place for us to shine and have our voices heard, and to just share our experiences. At the DNPs of Color conference, I was in awe of all the different types of nurses I met through that conference - the different roles they play, and all of the nurses in the community I didn't know existed. I'm learning so much from so many different communities and platforms, and it's remarkable to have the support and strength of these communities available to us.

ND: Anything else you want to mention?

AD: I want nurses to know they are this army of caregivers and leaders and mentors. We are a strong group of heroes, and I'm proud to be a part of that group.

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