

*"You need to
give yourself
grace."*

ANNA MOATS- GIBSON

MSN, RN

**INTRODUCING
VIRTUAL REALITY TO
NURSE EDUCATION**

POSTPARTUM NURSE,
BREATHWORK
FACILITATOR, VR
ADVOCATE

THE IMPORTANCE
OF INCLUDING
MEMORY CARE IN
NURSING CLINICAL
EDUCATION
**RN SCHEKESIA
MEADOUGH**



THE GENDER BREAKDOWN IN NURSING

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.



Page 5

The importance of including memory care in nursing clinical education

RN Schekesia Meadough



Page 12

ANNA MOATS-GIBSON

Introducing virtual reality to nurse education

Anna Moats-Gibson is a nurse's nurse. From her work in education to her side hustle - teaching nurses about breathwork to prevent nurse burnout - Anna supports other nurses. As an educator, she's helped usher in a new age of tech in nurse learning with virtual reality lectures and clinicals. Get ready to read about the new age of nursing in this exciting feature!



Page 8

The gender breakdown in nursing

LEADERBOARD



Christina Aylo...
97



Rachel Grace
88



Carolyn Harmon...
47



Katrina Buchholz
26



Mariah Edgington
24



Ottamissiah Mo...
22



Hailey rey
22



Elizabeth DeCaro
21



Jennifer Rodri...
19



Sarah Denis
14

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!

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Schekesia
Meadough
MSN-Ed, RN, CDP

**The importance of
including memory care in
nursing clinical education**



MEET SCHEKESIA

Schekesia Meadough, MSN-Ed., BSN, RN, CDP, is a Chief Nurse Executive that has served in nursing care and leadership roles for over two decades. She started her nursing career as an emergency room/trauma nurse at the Memorial Hermann Texas Medical Center. Since that time, she's held various jobs involving diverse levels of nursing care throughout her professional career. In her most recent position, Schekesia led strategic planning efforts to expand clinical education and quality programs in addition to ensuring compliance with applicable state regulations. She has also served as the Vice President of Health and Wellness with the LaSalle Group.

How did you get started in nursing? What drives you?

Well, I got started in nursing when I was in high school. I started as a certified nursing assistant working with the geriatric population. I knew then that I wanted to further my education and be a nurse and work with that population. Once I completed nursing school - it's funny - I started as a level one trauma ER pediatric nurse in emergency medicine. At that time, I thought, "okay, I'm going to be an ER nurse for the rest of my life. I'm going to work in pediatrics." But then I started picking up shifts through an agency and worked in med-surg as well as some long-term acute care and various ERs. I then returned to my initial love of working with the geriatric population. I knew then this was the area of nursing I wanted to focus on.

You started your own LLC as a nurse consultant, which correlates with senior living and those with memory problems. Tell us more about your day-to-day life and what it looks like as a nurse entrepreneur.

Sure. I've been working with this population for quite some time. I was a nurse surveyor here in the state of Texas. I surveyed skilled nursing, assisted living, and memory care facilities. I wanted to impact this particular population and field of nursing significantly, so I started working with a free-standing memory care organization based here in Texas that operated in 9 different states. My passion is

memory care. I have a personal story involving the matter: my husband's grandmother was diagnosed with Alzheimer's. When she was diagnosed, I didn't know much about the disease. It's a devastating disease; as many know, it's the most common form of dementia, and many Americans are impacted by it. I did more research, and once I began employment with the organization, I acquired more education, became a certified dementia practitioner, and continued researching further. We talked about how I started my nursing career - at this point, I am working on my doctoral degree in nursing. My focus is on the pharmacological and nonpharmacological impacts on the dementia population, particularly those suffering from anxiety and agitation, how that can be disruptive in their care and day-to-day activities, and how nonpharmacological approaches can help with that area. That's been a focus of mine here for the last couple of years.

Can you tell us more about a successful strategic plan you've led for clinical education and quality programs and how it contributes to the healthcare industry?

As I mentioned earlier, I have a passion for this. I've worked for several organizations where I led clinical initiatives and operations for multi-state, and multi-community assisted living programs and memory care facilities. That drove me to form my LLC. My business is called Superior Inclusive Nurse Consulting,

and through my consultant company, I recently helped an organization roll out a memory care program. It's an all-encompassing initiative. When working with those living in memory care and some form of dementia, you must include all persons involved. That means the caregiver, the administrator, those working in dietary services, and anyone encountering the resident. I wanted to ensure everyone understood that everyone would participate in this unique training when we rolled out this initiative. That training includes the basic approaches to how you would interact with someone living with dementia, how you would de-escalate a situation if there's agitation or aggression with a resident, the day-to-day operations of their ADLs, and providing them with a purpose in their lives. It's crucial for those living with dementia to have purposeful living, so their environment should be just that. One that's conducive to living in; they should be able to move about freely, interact freely, and carry out their day-to-day activities. So, my training is all-inclusive. It tells you from A to Z how you will interact and how you would provide care for this resident living with this cognitive disorder.

As a nurse, educator, and successful public speaker, what knowledge would you like to share with our nurses?

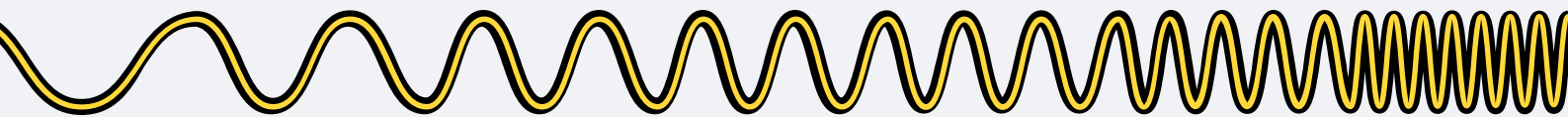
Well, I would say, never give up on your dream. If there's something that you feel passionate about, go for it. I walked you through my journey as a CNA and ER nurse that I thought I would be for the rest of my life. So again, my passion lies with the geriatric population, particularly those impacted by dementia and Alzheimer's, and I am very passionate about educating. I think putting all of those together by forming my own LLC in consulting was a big step for me, and I am so glad I did it. I would say to any nurse out there, if you feel passionate about something and want to make a difference, and it's not working where you are, step out on faith and go for it.

Going forward, what do you want the future of nursing clinical education to look like?



I want the future of clinical nursing education to encompass everything. We know there's a staffing shortage, and there's a crisis right now we're faced with nationwide, even globally. I would like to see different approaches to clinical education. When I went through nursing school, I remember going through the acute care setting, including long-term acute care settings, but you know what we didn't cover as much? The population with dementia, Alzheimer's, and cognitive disorders. So, as a new graduate nurse in the ER, I didn't know how to interact with someone with dementia. I think clinical education should consider this population. I do think it's a population that's underserved. It is a devastating disease process, and it's certainly one that should have an area in nursing education.

THE GENDER BREAKDOWN IN NURSING



If you are a male nurse or nursing student, perhaps you've made this astute observation: you are often the lone male amongst many, many females. From the time of Florence Nightingale until present day, nursing has been long dominated by women. However, times are changing, and nursing is changing along with it.

For the past few years, efforts to promote diversity, equity, and inclusion have become more commonplace; yet, much of these talks focus on race rather than gender disparities. We know representation matters—not just to buoy the connection and trust that nurses build within their communities, but also to encourage a diverse group of newbie nurses to join the field with us. Improving gender diversity, therefore, should be an important part of increasing inclusion.

The male nurse's presence—a breakdown of factors

In general, there are more men in nursing than ever before. In the past 50 years, the percentage of male nurses has increased from 2% to 12%, with a 3% jump just in the past several years. While the upward trend is encouraging, the rate of men entering the nursing profession is still quite slow. The biggest barriers to men becoming nurses are multifactorial.

Representation — As mentioned before, the role of a nurse is stereotypically depicted as female. Many guys don't consider nursing as a viable career option for this reason alone. While nurses who currently work in the field know there are many options besides hospital bedside care, the image of "nurse" promoted in nursing school brochures, in text-books, and in pop-culture remains decidedly female.

Rigid gender roles — While the definition of gender norms is slowly becoming more fluid, care-taking roles are generally thought of as lacking masculinity. What is actually true, however, is that nursing today is a science, plain and simple. Identifying as someone proficient at critical thinking, organization, and collaboration is far more important to be a



good nurse, rather than what gender one identifies as.

Promoting gender diversity

Addressing stereotypes lies at the heart of inclusion; the responsibility to make this shift falls on us all. From guidance counselors who steer high-school age males away from considering nursing roles to professors who discourage male nursing students from observing and participating in certain clinical experiences—like labor and delivery, for example—checking our own biases by examining their root cause is essential to changing this behavior.

One way young men interested in healthcare may discover nursing is by bringing nurses before them while they're still actively exploring their post-high-school options. Encouraging nurses from diverse gender backgrounds to discuss how broad of a field nursing really is by talking about their experiences as part of a minority group is one way to achieve that reach. The more detailed, the better!

For example, rather than saying, "I take care of patients during surgery," a male operative nurse could paint a picture of monitoring a patient's vitals and blood gasses, collaborating



with the surgeon and anesthesia team, and showcasing the range of surgical instruments that need to be organized and made ready for use. Focusing on the science and teamwork of patient care would help to dispel some of the myths of a nurse who young men may otherwise view as a pillow-fluffer.

Making space for gender fluidity

Now is the time to step into the “ya’ll know it’s 2022, right?” portion of this blog. Which is to say, no discussion of the gender breakdown in nursing would be complete without mentioning the advancement of society’s understanding (and acceptance) of gender construction on the whole.

Younger generations tend to view the existence of both gender fluidity and gender nonconformity as common knowledge; but nursing is currently dominated by white, older women, many of whom may still have to Google the term ‘non-binary’ to get an accurate idea of what that term legitimately means (apart from whatever political sphere they ascribe to).

(For the purposes of accuracy, non-binary as defined by the National Center for Transgender Equality describes “people who don’t identify with any gender. Some people’s gender changes over time....”).

Our understanding of gender constructs are thankfully—albeit slowly—changing. Those who live authentically in their transgender, non-binary, and gender-fluid skin are valid challenges to the way gender identity has traditionally been cultured within our society. Which is to say—male OR female. The spectrum of gender invites us all to consider: is gender something that is on you, or in you? First person accounts are just one effective way that these experiences are distilled down for us all to relate to—and that includes the non-binary nurse experience.

As stated above, representation matters. We have the honor of taking care of all patients from varied backgrounds. Not only do we owe our patients the dignity of culturally competent care, we owe that same level of inclusion to our nursing colleagues, no matter their gender. Anyone paying attention to current events today can see the misguided political plays for power disguised as restrictions on LGBTQIA+ folks. We’ve taken on those subjects before, in case you need a refresher.

Just as we stand up for and beside these vulnerable populations when they present to us as patients needing our advocacy, so do we also have the same opportunity to promote inclusion and acceptance for the gender-spectrum nurses working alongside us.

From the future nurses who are now graduating to the seasoned nurses with decades of experience, we all need to shoulder the responsibility when it comes to advocating, supporting, and including a range of genders in healthcare.

There’s a reason the acronym LGBTQIA+ is ever-expanding, and gender-questioning folks often report feeling invisible. We, as caretakers of the human race, see firsthand how differently each one of us experiences the world. It’s time for the nursing profession to reflect that diversity as well.

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.

ANNA MOATS-GIBSON

A portrait of Anna Moats-Gibson, a woman with long brown hair, wearing red-rimmed glasses and a black top. She is smiling and looking towards the camera. The background is a light-colored wall with a brick pattern on the right side.

Introducing *virtual reality* to nurse education

an exclusive interview

Anna Moats-Gibson MSN, RN, is a postpartum nurse and nurse educator from Des Moines, Iowa. Having worked in and around nurses since high school, Anna went into postpartum nursing after she graduated and hasn't left since. She almost walked away from bedside nursing in 2020, and found breathwork initially as a way to heal her own burnout. Anna has been a postpartum nurse for over nine years, and is currently working to help prevent and heal burnout in other nurses through trauma-informed breathwork.

Breanna Kinney-Orr (BKO): We're proud to feature the voice of Anna Moats-Gibson. Anna, thank you for joining us today. Let's start from the beginning. Tell us what got you started in nursing and what continues your passion there?

Anna Moats-Gibson (AMS): Thank you for having me. I began as a nursing aide when I was in high school, and it just grew from there. I love taking care of patients, and my main focus for anything is education and empowerment. Nursing is a good place to be able to share those passions. I graduated and immediately went into postpartum nursing. That's just where my heart is, because I get to teach moms and dads how to take care of their babies and things change every day.

BKO: I just feel like all of the postpartum nurses I've ever had are like angels, they just have such a great niche they're in. It's so unusual you've stayed in the same field for so long. For nurses, most are like "I did a little of this and then I moved here,"



but it's really cool that you've stuck with postpartum this whole time. You found your groove. Tell us about your passions in nursing. What keeps you motivated in the current climate that we're in?

AMG: Absolutely, yes. I'm really passionate about empowering the patient themselves. It's one thing to take care of the patient and make sure they're well enough to go home, but it's another thing to help them thrive when they're at home. I can only do so much, but while they're in the hospital, my focus is to get them better and to help them have the best setup when they go home. Education is one of the main things I focus on, and giving them as many resources as they need.

BKO: Exactly. I feel like that was a big message. Like, "You're probably not

Nurses are being respected, so now is our time to influence the healthcare community and to influence society.

going to remember all that I'm telling you, so here are the eight other places where you can also find it." You work as a nursing instructor currently. Tell us a little bit about some of the challenges you went through as a result of the pandemic.

AMG: I would say the main thing is the clinical setting. Obviously, everyone kind of knows: all clinicals basically had to be converted to virtual clinicals when the pandemic started, and that was really difficult on staff. They had to figure out how to run a virtual clinical for students because they don't get their hands-on experience. For the students, it's hard on them now because they're finally graduated, and they're getting into the nursing profession and may need a little bit more support than what they would have if they were in clinicals. We have to keep all of those things in mind. I think the whole healthcare profession is actually doing a really good job trying to support that system and make things work, and trying new things all the time to support that. I also saw a lot of exhaustion in staff, even now when we're back in clinicals. It's exhausting trying to teach a new student things when you're so short staffed.

BKO: That's a steep learning curve for everybody, in the sense of converting learning models over to simulation and then still being able to pep talk the students, like, "you could do this on a real person, too!" I give the students so much credit right now. I can tell it's a lot for them. I'm glad you mentioned instructors, too, because everybody feels the strain of it. Talk to us about a major innovation, invention, or modality shift that's helped support the quality of nursing education. I know you have your hand in the virtual reality world, which we'll get into more.

AMG: I think just the force of change that had to happen with COVID - there's some really, really cool simulation experiences that are online. I would say that's the main thing we actually were kind of forced to use. Thank goodness we were, because now it's just going to be included in nursing education. You mentioned virtual reality - that's kind of where education is going. It's something where you actually put on a headset and you're just immersed in the experience. It's not even education. It's literally experiencing what you're going to experience on the floor as a nurse. There are, of course, some barriers, but it's the safest way that nursing students can learn. They can make mistakes, learn from it, and debrief. I would say it is the most innovative way we can change nursing education, and it's actually not a new way. It's not a new idea. It's been here for a while. It's just trying to maneuver it into nursing education.

BKO: Very cool. I mean, I'm thinking back to when I was in nursing school, and the simulation models - the instructor would have her booklet, and they might throw you bulleted curveballs like, "Oh, the blood pressure just dropped now: what are you going to do?" But you're able to develop way more critical thinking skills based on little things that pop up in a virtual reality format versus your instructor and all your classmates watching you. Can you walk us through one of the simulations? Are you in a patient's room? What is it like, going through it as a student for the first time?

AMG: The possibilities are endless. When you're just starting out in virtual reality, though, you have to keep in mind that you're going to get a little bit sick. You're not used to



walking into the virtual reality space. They can start out in a classroom, just sitting down and actually just watching a lecture. Maybe you're talking about cardiology, and you actually are speaking about specific parts of the heart. So then, your instructor takes you actually inside the heart. I mean, you can look at a picture of a heart in the book, but to actually be standing in the middle of a heart, it's like a totally different experience. The instructor can pretty much craft the type of simulation. You may need to start an IV, so you literally use your little hand pieces, you start the IV, and you feel the vibration of if you get in the vein.

BKO: Amazing. I'm thinking of a classroom situation. So you're talking about putting the headset on for your entire lecture. There's an avatar teacher at the front, and from start to finish, you're in virtual reality mode.

AMG: Yes.

BKO: Cool. Oh my gosh. People can do this at home.

AMG: Yes. You can have a student sitting next to you from across the world.

BKO: Oh my god, that is so cool. Was it hard for the instructors to acclimate to using these different technology tools that are available?

AMG: That's the barrier we're coming up against right now.

BKO: I feel like my 15-month old knows how to do things on my phone. We don't even really give it to him, it's just their brains from such an earlier age. Their fingers have this muscle memory of how to do all of this stuff. That's a struggle for people that don't learn nursing that way themselves. Let's talk a little bit about current working conditions for nurses. I love that you have one foot in the real world of bedside care still, and then also teaching our nurses that are coming in. How have the working conditions been for you? What do you think about the evolution of the pandemic and the changing opinion of society on nursing and how that's impacted the care we deliver?

AMG: It's not a secret that we are short staffed, but a lot of us nurses want to give our patients the time they deserve. That's where it's a very big challenge for us, because we want to give the best care to every single patient. When we are short-staffed, it's difficult to do that, but we don't want to show it. That's where I think the exhaustion heightens, because we don't want to show that to our patients. Society has always trusted nurses, but I think

they are respecting us more now. As a nurse, we need to take that boost. Like, what can we do now? Nurses are being respected, so now is our time to influence the healthcare community and to influence society.

BKO: I couldn't agree more. I think more and more nurses, with the help of social media and different news channels, understand that concept and feel the change coming, but change is uncomfortable. There's that whole aspect of it, too, that is coming off of a pandemic, where there's profound exhaustion, and then being like, "one more thing: we need help with overhauling the healthcare system real quick, then we'll be done and we can all take a big breath of air," which segues into my next question for you. It's about breathwork. I know it's its own genre, so I'd love to hear more about that and how you use it to help nurses.

AMG: Breathwork is a healing modality we all have access to. Breath has brought us to where we are today. It's so natural, our brain doesn't have to think about

*You need
to give
yourself
grace.*

breathing. It's just something that happens in our body, but when we take that breath and actually focus on it, there's a whole new meaning. It's an out-of-body experience that actually takes you deeper inside your body and you actually can heal the cells of your body. Every single cell of your body needs oxygen. If you focus your attention on sending the oxygen to your cells, you're going to switch the stress hormone. A lot of times, as nurses and healthcare professionals, we are in such heightened stress right now that we're in this fight-or-flight response. Most of the time when we're at work, we bring it home with us, too. How can we switch that and go back into our calm, reflective state of mind? Because when we're there, we can think more clearly. We make better choices. We take better care of ourselves. It just switches our whole frame of mind. It's just two or three minutes. That's all you need.

BKO: Right. I love that. Are there apps that can walk you through it if you're new to it? How do I do this? Who can teach me? Are there people that can walk them through how to get started on it?

AMG: Absolutely. The first thing I'd





recommend is just finding a song when you're listening to the radio on the car ride home or on the way to work. When you're listening to a song, you figure out "Okay, this is the one song that I'm going to breathe to." You breathe through your nose and out your mouth and just keep going through your nose and out your mouth and go with the rhythm. You could go slower, you could go faster. I wouldn't go super fast while you're driving by any means. Just pay attention to your breath. I work with nurses to help them calm their nervous systems. I am beginning to start with some group breathwork sessions. So, if anyone's interested in that, you can definitely get in contact with me and we can chat about that. But yeah, we'll do group group sessions every couple days to just help get your nervous system back into that calm state.

BKO: I love that. It's like a tool you can bring with you. That's great. I love that aspect of it. You just tap into it. Do you have any messages to keep morale up? If you're feeling like

you're googling other career options every night, or you feel like you're headed out the door?

AMG: First of all, you need to care for yourself. That's hard. It's hard when we're trying to give the best care to every single patient. Take two minutes and go get a bite of food and then do 30 minutes of breath work, and then come back and chart and guarantee that your mind is going to have a little bit more clarity and you're actually going to be more efficient. That's number one, is taking care of yourself. That doesn't mean you have to take a bubble bath every night after work. You just have to find those little tiny things you can do as you're working to continue to keep your morale up. That's number one. I would also say you need to give yourself grace. We're all going through a very, very hard time. It's okay if you're not the most cheery, happy person. Maybe you can't be that person, but what you are there to do is your job and you know the best way to do that. So just give yourself grace and give your

coworkers grace because everyone's going through this.

BKO: I love that message. It's so important. Do you feel like nurses are taking self care more seriously now than we did five or ten years ago?

AMG: I think it's spoken about a lot more, but I don't know if it's practiced enough.

BKO: Right. I know you mentioned education as something that you love about being a postpartum nurse. We all hear the sayings like, "it takes a village to raise a child," that you're not meant to do this alone, in that sense of community. We're huge on community at NurseDeck. What are your thoughts on community – the ones you've gone to, or the student nursing community? How can it help nurses, especially now?

AMG: I think it's more important now than ever before to have that support and the camaraderie and the understanding that we're all going through the same thing. Regardless of where we're at in the industry, whether we're a homecare nurse, or a postpartum nurse, or a nursing instructor, we're all going through this. So instead of just trying to get through it on our own, let's lift each other up and share our experiences, so that we can all collaborate and have bigger and better ideas. We can make a bigger impact. So absolutely, NurseDeck is amazing for that.

BKO: I know you dabble in healthcare marketing. Can you tell us how you got interested in that, and how you learned about it? Can you walk us through how that happened for you?

AMG: Yeah, it's kind of good timing. Basically, I was burned out from nursing, so I wanted to leave the



nursing profession. I wanted to find something I could do from home with my kids. I always loved writing. So I began writing some nursing educational pieces for different companies. I enjoyed doing that. And then I thought, "well, I have a business." So I learned some marketing tactics and opened my business, but it felt like I couldn't find the right client for some reason or another. Then I found breathwork. So, through working with my marketing business, I was like, "okay, I've got to take care of myself if I want my business to thrive," and that's where I found breathwork. I was actually in just like a coaching clinic type situation; there was a breakout session and it was breathwork. I literally did 15 minutes of breathwork, and I had to go to work that night,

and my whole mindset for nursing just switched. I was like, “oh my gosh, I feel so much lighter. I'm happy to go to work. I'm having fun talking with my coworkers. What did I do?”

BKO: I love how just staying open and being curious and following things that interest you can lead you to unexpected places. With nursing, you can insert your knowledge into so many different places. It's one of the greatest things about the profession.

AMG: Yes. My word for 2022 is surrender. Just surrendering to anything that's possible. Who knows what it's going to be, you know? It's just letting things come and really listening to your body. Listening to what your heart tells you is a hard thing for nurses to do, because we've been trained in the structured mind.

BKO: Yes. Exactly. I love that your word is surrender. Is there anything else you want to highlight? I feel like we've covered some great areas. We'll definitely let interested nurses know how they can find you and learn more about the work that you do.

AS: The main thing is, I want to thank all of the nurses and healthcare professionals who have worked their butts off during these times. It's a lot and every single person has trauma because of it. Even before that, we all had trauma. So, how can we not push it away, but integrate it and learn from it, and accept what we just went through, and accept everything that we're going through every shift? Every shift, there's a challenge, so instead of getting frustrated, angry, or closed down, how can we actually just integrate that and learn from it? And feel it? That's the main thing.

Instead of blocking it off by building a whole big shield and armor around us, let's stop and feel it, and let our body understand what we just went through.

8





Nurse Product Directory

NAME	Product	Learn More
Lorna Brown, LPN	Career Coaching Services	lbcareercoaching.services
Richard Darnell	Travel Nurse Rich - Private Membership Group	social.nursedeck.com/group/travel-nurse-rich-private-membership
Melissa Sherman, RN	Magical School Nurse Designs	www.magicalschoolnurse.org
Netra Norris, RN	Mental Savvy Nurse Program	netranorrisemprise.com
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	revitalizelife.teachable.com
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Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	www.kymali.com social.nursedeck.com/group/kym-alis-membership-program
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	nursekeith.com
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	theresabrownrn.com
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop



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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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