

# nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

*"My biggest  
passion is the  
need."*

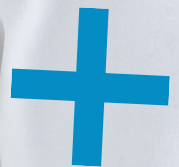
## ALISIA GRANVILLE

MSN, CCRN

**LEVERAGING STRONG  
LEADERSHIP TO  
TRANSFORM  
HEALTHCARE**

TRANSFORMATIONAL  
LEADER, EXPERIENCED  
NURSE MANAGER

Alisia Granville, RN



NURSE HAILEE CALLS FOR  
PROVIDERS TO REMEMBER EACH  
PATIENT IS A HUMAN BEING  
DESERVING RESPECT & EMPATHY

ABORTION BANS — AN ATTACK  
ON HEALTHCARE RIGHTS



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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 Hailee calls for providers to remember each patient is a human being deserving respect & empathy



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Abortion bans — an attack on healthcare rights



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## **Alisia Granville**

Leveraging strong leadership to transform healthcare

This experienced staff RN and nurse manager is working to train transformational leaders where they're needed most: in nursing. She's all about community and connection, and her perspective is refreshing and motivating - whether or not you want to move into leadership.

# 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)

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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.

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 Hailee calls for providers to remember each patient is a human being deserving respect & empathy



*Hailee French RN, a cardiac nurse in Ames, Iowa, says that the best way to make patients feel the care you're providing is to show them respect and empathy.*

diabetes, kidney function issues, respiratory, wounds, mental illness, etc. Each person we care for is unique in their illness or diagnosis. We have no idea what has led them to this point, which leads me to what I'm super passionate about: educating health care workers to remember each patient is human. Humans are not perfect. There are events in our lives we may or may not have control over and it's not our place as nurses to judge, especially if we're only seeing them now and not where they came from.

**Q: TRUE or FALSE: “nurses eat their young.”**

Specifically I've never had to deal with this. However, I've heard of peers dealing with this issue. I would say 9/10 nurses now do not “eat their young” and want to help create and educate their teammates or future teammates.

**Q. What does cultural competence mean for healthcare providers?**

Ensuring that you are culturally aware of other cultures, your feelings and including certain cultural needs in your patient's care.

**Q: What current events in the nursing field are you most passionate about?**

As nurses we deal with a wide variety of the population. Patients with heart disease,

Many times nurses care for patients who are admitted for alcohol withdrawal or drug detox. It's hard to not get frustrated and judge a book by its cover, especially when they are repeatedly admitted for such issues. This is what I like to bring up: this person was not always like this. Something happened in their life that caused them enough pain to end up in this situation, so step back and view the person from that standpoint. Be empathetic. These people were not born alcoholics or drug users. If you're able to step back and view the patient this way, provide them with dignity and empathy, they are more likely to feel the care you provide on a deeper level. ☺



# Abortion bans -



*an attack on  
healthcare rights*

Let's get right into it: for those of you seeking to answer the age-old question: "Does abortion equal murder?" Well, this is not your blog.

Though it is an altogether lively and fascinating topic to debate, it is best left to ponder in the academic halls of morality, philosophy, and religion; in other words, far from the actual people such conclusions may affect. Not within the scope of this blog, certainly.

What we will answer is a far-more-relevant-to-nursing question— "What are the key facts that support access to safe and legal abortion as a pillar of reproductive health and freedom?" Because the good news is, when circular debates with all their nefarious rancor and virulent rhetoric swirl us about like Dorothy in the tornado, we have one true thing we can safely anchor to: science.

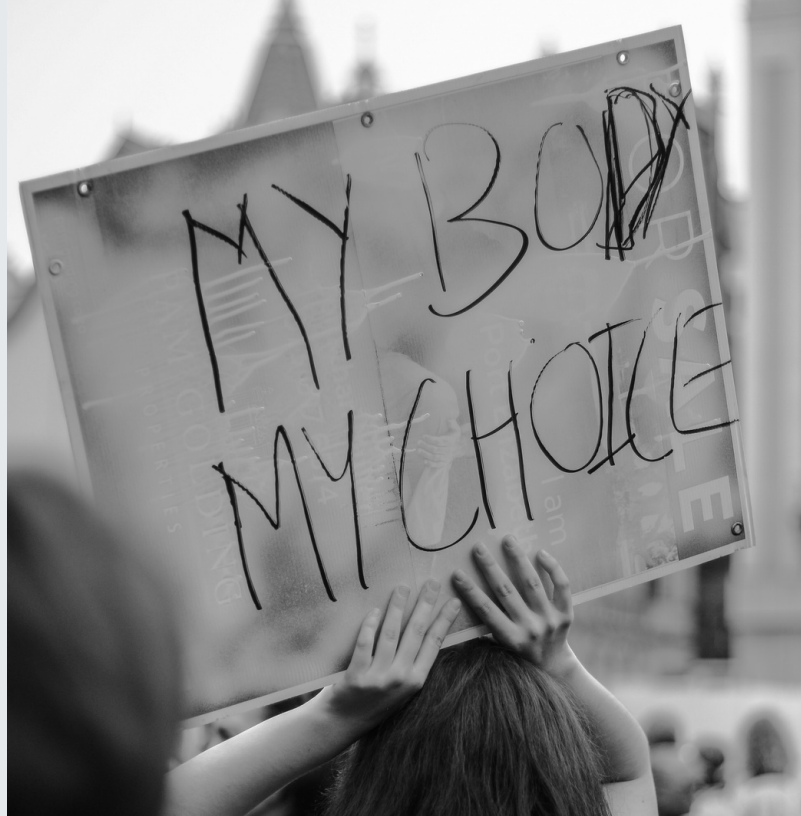
### **Roe v. Wade — the backstory**

No matter your personal opinions about abortion, the fact remains that abortion access is an essential part of reproductive freedom. Legally, even.

For a long time now, the courts have agreed with this statement, based on a Supreme Court case from 50 years ago. Finding herself with an unwanted pregnancy she wished to terminate, it was then that "Jane Roe" (name changed for privacy) challenged Texas' abortion ban in a case that eventually made its way to the Supreme Court of the United States (SCOTUS). The case of *Roe v. Wade* was decided in January of 1972, when it officially declared that the constitutional right to privacy was "broad enough to encompass a woman's decision whether or not to terminate her pregnancy."

However, a recent document leak indicates the Supreme Court is poised to overturn that landmark decision within the next few months. Instead of *Roe* being the law of the entire land, the SCOTUS intends to hand the decision-making over abortion's messy boundaries back to state-control.

Why the fuss?



Well, if you've been paying any sort of attention to the news in the past few years, you know that messy tide is turning. Currently, there are 21 states ready to pounce on the reversal of *Roe* in order to either severely limit abortion access or ban it outright.

### **Abortion as seen through a nursing lens**

As health professionals who also happen to be members of society at large, it can be tempting to yield to our personal beliefs when it comes to abortion. And yet, no matter where our beliefs stem from, as nurses, we are both bound and buoyed by the evidence-based care we swore to provide to our patients. Full stop.

The key phrase here, of course, is evidence-based. We must hold each other accountable in our steadfastness here. We cannot allow ourselves to practice on hunches, personal beliefs, or hidden agendas. (Our implicit biases are definitely a major hindrance when it comes to equitable healthcare delivery, but that's a post for another time.)

What we can do is follow the science.

So, to begin, in a nursing context, let's review what we know about abortion and what happens when access to safe and/or legal abortion is removed.





### Abortion 101

- In its simplest terms, abortion is a medical procedure that terminates a pregnancy.
- Globally, 25% of pregnancies are aborted yearly.
- In counties where abortion is outlawed, approximately 37 out of 1,000 women have abortions.
- In countries where abortion is legal, approximately 34 out of 1,000 women have abortions.
- In countries with abortion bans, 25 million women seek out unsafe abortions per year.
- Unsafe abortions are the third leading cause of death for women globally (and almost every maternal death from abortion is preventable).
- Recognizing that access to safe abortions is a public health issue, 50+ countries have eased their abortion bans in the past 25 years.
- Child-bearing people of color will be most negatively affected by abortion limits, as they have the poorest outcomes in almost every aspect of reproductive health already.

The bottom line is this — as nurses, we must advocate for what is *best for our patients*. The one's whose bodies are on the line, should access to abortion be severely restricted or banned. The smattering of facts and stats above is only the tip of the abortion-ban-ramification iceberg.

### Follow the science

Who doesn't love a good crystal ball reading, a tidy prediction of things to come? Unfortunately, we needn't surmise about the future of reproductive health and freedom to assess the potential damage these impending abortion bans will inflict. We must only look at what already is.

Trust in healthcare has already been waning in recent decades. This, exacerbated by the politicizing of every aspect of a global pandemic, has eroded the public's tolerance for building rapport with healthcare providers—even nurses, long heralded as the United States' most trusted profession. The result of this relationship breakdown will be a slippery slope towards a chilling effect between care providers and their patients. For example, a woman experiencing complications with an illegal pregnancy termination may further delay follow-up care for fear of being criminally prosecuted. The same can be said for a provider, in their reluctance to be associated with this kind of care.

Punitive repercussions tied to any aspect of health care delivery is a recipe for suffering. As nurses, we owe it to our patients to stay informed, raise awareness, and most importantly — VOTE.

Public opinion with regards to abortion access has been overwhelmingly positive for more than two decades. This has not magically changed recently. You must then ask yourself why the push now for abortion bans? Science does not support its use as life-preserving, on any level. Which begs the question—when freedoms are stripped away, who benefits?

The answer to this question may lead you—once again—back to the Halls of Great Debates. Luckily, we don't need to question ourselves when we follow the science. <sup>3</sup>

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## 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).



# ALISIA GRANVILLE

MSN, CCRN

## Leveraging *strong leadership* to transform healthcare

an exclusive interview  
By nurse+deck

Alisia Granville, RN

*Alisia Granville, MSN, CCRN, is an established professional nurse with extensive clinical and administrative practice. She worked as a nurse and nurse manager for over a decade and earned her master's in healthcare systems management and nursing leadership from Loyola University New Orleans. Alisia is a leader at heart and in practice, and founded THE nursemanagerCOACH in 2021 to support and provide resources and connections for nurse managers and leaders throughout the field. She is an effective transformational leader, who inspires and promotes professional development of nursing leaders and nursing excellence. She's produced high performing medical units and nursing teams throughout her years of nursing service.*

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NurseDeck (ND): Alisia, thank you so much for joining us. I always like to start at the beginning. Can you share with us how you got started in nursing?

Alisia Granville (AG): Yes, so it's an interesting story. I'm from the south originally - Birmingham, Alabama. I went to a Southern Baptist Church, and they have this committee called the Church Nurses Guild with ladies that wear crisp white uniforms, hats, stockings and white nursing shoes, and they are in place for people who get a little bit too excited during the service. They'll come and offer you a fan - it's quite amazing to watch. They sit together, and it is so uniform. They're there to help. I'm sure their role has expanded, but as a child, this is all I saw. I saw them just going to the rescue when people got too excited or too hot. They would help them, and if ladies were to pass out or have some kind of syncopal episode, they would put a blanket over their legs to show dignity. It was

*If you're trying to solve all of healthcare's problems, you're going to be in a constant state of stress and anxiety.*



very pristine. So, I saw that growing up, but my father was the other influence. At the time, he was married to a nurse, and he introduced me to that profession and had her speak to me - she was a NICU nurse. They even went so far as to adopt one of the children she was taking care of - one of the babies got left in a nursery and my father and his wife adopted the baby. The compassion was just amazing. So, the seed was planted but I wasn't quite sure where I was going to go, but my childhood friend decided to major in nursing. We didn't go to the same college, but that was the last piece of inertia that I needed. So, I got into nursing.

ND: What is your biggest passion right now? And how do you use that to keep yourself motivated?



AG: My biggest passion is the need. There's always a need in healthcare, and it keeps you wanting to help. I'm a natural helper, I want to help and do things, so the need and nurses are the heart of the hospital. Without good leadership, without good nurses, the system, the patients, and the community will suffer. So to me, that's my passion.

ND: Well said. As a nurse who develops other nurses to come up as leaders, how do you continue to grow yourself as a leader?

AG: I'm very active in national and local nursing organizations. I attend meetings, I go to conferences, I'm the health policy officer for my chapter. I'll actually be going to D.C. to meet the congressmen and the senators to discuss the disparities nurses have identified as priorities. I read and subscribe to many nursing journals and magazines, and places like NurseDeck. Also, just multiple news, media outlets. I read everything - that's my morning ritual, to keep my ear to what's going on. I have a very big network and I utilize them. We're always chatting via text via email, we send articles back and forth, we stay current. I'm currently working in healthcare, so that keeps me abreast of news. I work for an organization that is always keeping us informed on anything that's coming out - so I do a lot.

ND: We get a lot of nurses that are curious about organizations but aren't sure how to join or which ones to join or what they'll get out of it, so that is such a great example. You're so plugged in, and it sounds like something that energizes you.

AG: Yes - and social media is really entertaining, but if you dig deeper and you're looking to actively listen

or get those cues on what is happening in the social realm of nursing, it's very important as well.

ND: I agree. I know you've had a lot of experience working in environments that need an overhaul and transformation. Can you give us an example of how you've inspired change within a team or organization?

AG: Yes, so I've transformed individuals, organizations, and teams. I'm very proud of the work I've been able to do. I can say one of my shining moments - I was given a job at a very large organization, and it was the trust of the leader who recognized my talent and pulled me in. I was given the job, but then it came with, "here is a program that needs to be developed" that had 15 outdated policies, he only has eight people, and there is no direction. Then he says, "don't embarrass me." So I just took that autonomy and the trust that the leader gave me as a novice nurse leader - I hadn't even done this job - to oversee a team of eight leaders. These leaders were repositioned within the organization, as they do sometimes when they're restructuring leadership, and placed on a team to become the rapid response team. All of them were my senior, they had more experience than me, and here I am this new, young, whippersnapper coming in, but I had a vision, which is key. I had the tenacity, the endurance, and the desire to see this through. I was able to develop that team - I grew the team from eight to 21 nurses and expanded the actual scope of the team. I took the risk of getting people that wouldn't be your ideal candidates, and leveraging them, teaching them the vision. You don't need to manage everyone, if you have a clear vision they will get on



board. That team at that one facility grew to 21. Not only that, during the acquisition process, the hospitals are playing Monopoly just buying up all these other little places, I was able to expand that team to every campus. We grew our rapid response team - we had a unique name that we called it - it was known throughout the organization, known throughout the island, what we were doing. We used research, innovation, technology, and partnered with some of the smartest physicians to really elevate our advanced resuscitation processes to help prevent rapid response, as well as the recovery if someone has suffered cardiopulmonary arrest. It was quite an experience.

ND: Let's talk about nurses from a societal perspective. We've been going through a pandemic, a huge politicization of nursing with vaccine mandates and such, and nurses are

becoming more vocal when it comes to legislation and policy. How do you think society's opinion of nursing has changed? Have you been impacted by that at all in your own work?

AG: I still feel like we're heroes in the eyes of a lot of people, I don't know that it has changed. It's changed for some, but according to the recent U.S. study in the workforce we are still the most trusted profession. I think the public has a lot of sympathy for nurses, for the understanding of what we do. I feel we have good support and people listen to us, but it's more out of sympathy. I don't think that a lot of society has interacted with healthcare in the same way. Many have never even made it past the emergency department or past an urgent care setting, so the understanding of what really happens in healthcare is very limited because they have limited insight. They're going on emotion, so if there's a good commercial that shows us working hard, they feel that emotion. I don't know if people interacting with healthcare on a regular basis are well enough to speak up and say, "this is what really happens." I think the insight is very limited, but I do feel like we still have a very good image.

ND: I agree. So, talk to us about teams dealing with a stressful situation, whether a department reorganization or any crisis. How do you support teams through that?


AG: I listen. That's one of the biggest things I feel like we do - we listen. They just want to be heard. Often team members understand their leaders may not be able to fix the problem, because they're an employee as well, but if you listen to them and ask, "what can I do right now?" If there's something that you can do, then do that, but listen to



them and then ask what you can do to help. I also try to help them focus on the things they can control because this healthcare monster can eat you, it's so big. If you're trying to solve all of healthcare's problems, you're going to be in a constant state of stress and anxiety, so focus on the things we can control.

ND: That's so true. Talk to us about future challenges, whether facing healthcare organizations or even someone working as a nurse manager. What challenges do you think are coming up for people that work more on the administrative side of healthcare?

AG: There's going to be more and more of a constant in nursing, and that's always staffing. I remember back in school, "nursing 2020" was a constant theme in learning back then but I didn't really think about it because it was talking about all of the boomers leaving the industry. We've been talking about it for ages, this isn't breaking news. So it's actually here, in addition to a pandemic that is probably never going to go away, in addition to people realizing they may not want to do this anymore and changing fields completely. I think that is one of the biggest things, and what we can do to prepare them for the future is expand our education or the education of the leaders and even the nurses on the business side of healthcare. It's more of a business so if you learn how to partner with the organization, you won't feel like you're a victim all the time. Like, "I am a partner and I am partnering with you as a nurse in this business." Unfortunately, that's the way nursing has become so we have to empower ourselves with that business knowledge and also technology. The opportunities that technology has - I don't want us to be on the receiving



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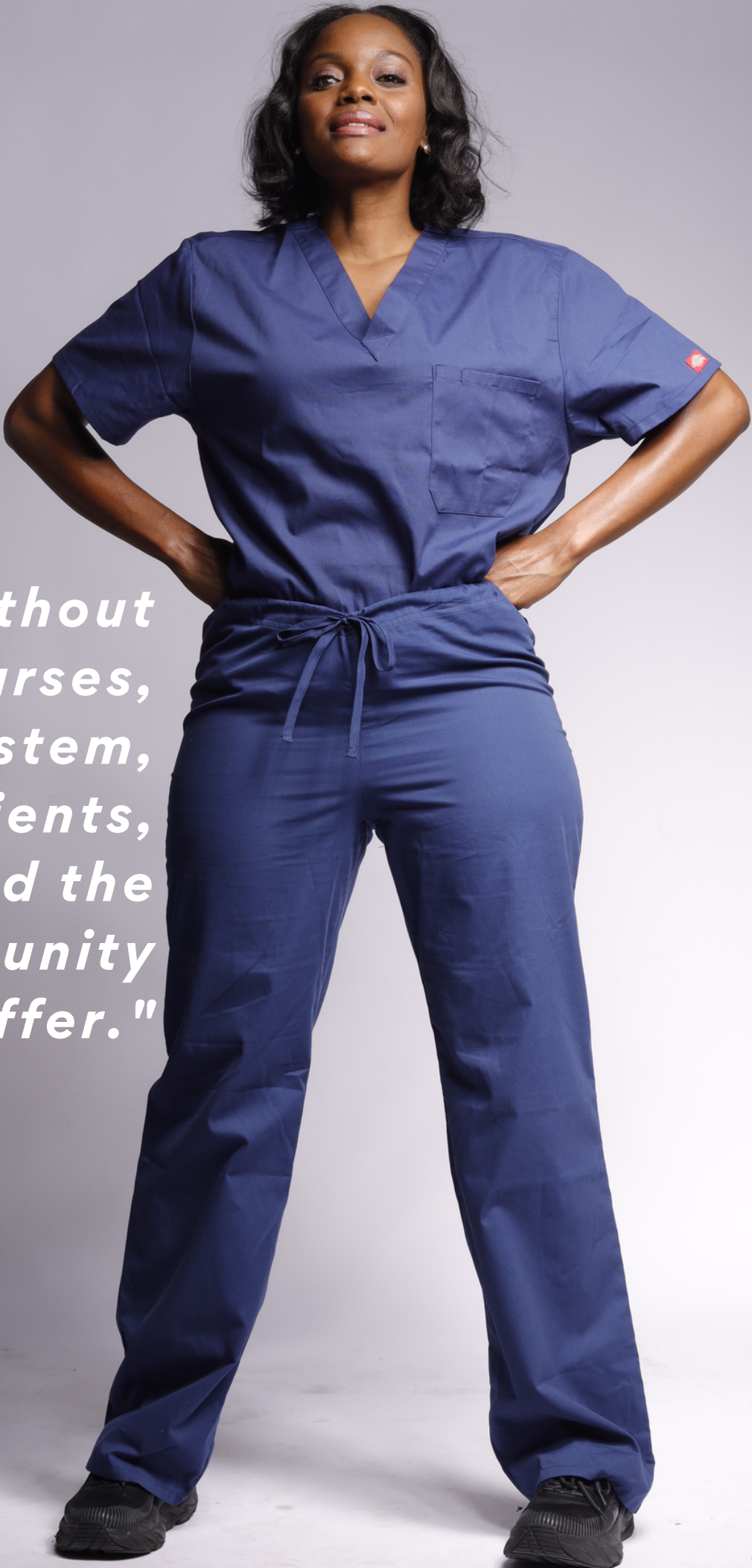
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end of it all, I want us to be the creators because we know what works and what doesn't. We're hacking all day, so I think those things can be a way to prepare for the future. It's teaching the disease process and how to care for sick people, but also preparing us for the business aspect of nursing, technology, and how we get ahead.

ND: Right, nurses are problem solvers by nature, that's such a foundational principle of our profession.

AG: So, for guiding those opportunities when you see it. When I see my team come up with these amazing hacks, I let them know, "do you know that there's a nursing hackathon coming? You should enter, and let me help you!" They're so bogged down with their job, they don't know what else is out there, but your leadership should be recognizing this talent and saying, "let me help you get this off the ground."

ND: Absolutely. So, I think we can both agree that burnout is widespread. What can nurses do to help combat it? I think a lot of nurses love being a nurse, but they hate working as a nurse right now.

A woman with dark, wavy hair is standing in a confident pose with her hands on her hips. She is wearing a matching set of blue scrubs, including a short-sleeved V-neck top and long pants with a drawstring waist. She is also wearing black sneakers. The background is a plain, light-colored wall.

*"Without  
good nurses,  
the system,  
the patients,  
and the  
community  
will suffer."*



AG: I think one thing for the public to consider is that nurses don't get to leave the pandemic at the hospital. It's at home, it's everywhere we go, we don't get a break. So that in itself is a constant stressor, and a lot of times we don't even see the signs of burnout. Recognizing the signs is key to being able to work towards not becoming burnt out. You have to begin to recognize those signs, and then begin to do things you like to do, things that make you happy, and not feel guilty about it. I understand the difficulty of not being able to leave it at the hospital, it's at your home, it's at the grocery store, it's everywhere, so you have to create environments of peace. I've picked up meditation - I didn't do that when I first started as a nurse, I didn't do self care, I just went and worked seven shifts straight to go on my vacation. All of those things have been shifted, so we have to be creative about tackling burnout and my tip is recognizing it first. There's little subtle signs and there's "I hate my job" - which is a big red flag. Always remember your why and set goals for yourself, as well. We can say that, "during this time, I know that I'm on this job because I need to obtain the tools to be able to get to another job, or obtain the resources to get the house that I want or the car." Bring an outside source of why or whatever your why is. For burnout, I definitely think recognizing it really goes back to your why and finding some ways to relieve stress.

ND: Exactly. So, obviously COVID-19 was a big fat spotlight thrown on every little crack already present in nursing. What are some of the biggest changes you think healthcare needs?

AG: Leadership. The way that we assign our leaders - that mentality has to change. I don't know if you

remember the days when someone was just a good nurse, and they're promoted to charge nurse, or they're promoted nurse manager. Now you're in charge because you were a good nurse, that does not translate to great leadership. It's a trickle down effect, because now you have a big workforce that has had this subpar leadership for generations, and this subpar leadership is still in place 30, 40 years later. How are you still in the same position? You cannot tell me that you are as in touch with what's going on with these new people - it's hard, I need to keep up. It's not a one-size-fits-all - we must be more innovative in our leadership when it comes to healthcare. I don't even know how CEOs are chosen - who are these people in charge of the way we're operating and caring for our public? So leadership in healthcare needs a complete overhaul, and they can definitely start with nursing. I am willing to align myself with any organization that is willing to be bold and innovative enough to say, "hey, we need a leadership overhaul, and let's see what that looks like." I also think more technology is important to remove some of the tasking from nurses so they can get back to thinking about disease processes and prevention. We have the skill and the understanding to do that, but we're tasking so let's leverage technology to do those things.

ND: That's a great point. I think many nurses, especially older nurses, hear "technology" and it's just something else to learn. There are so many aspects of technology that can streamline our jobs, though, freeing up our time for big-picture thinking because we're the ones who spend the most time with our patients.

AG: There are so many things that can help make our job easier. There

also needs to be more transparency and connection between the C-suite and frontline teams - that gap needs to be closed. If you speak to the average nurse at the bedside, they have no idea who their chief nursing officer is and sometimes don't even know who their managers are. It's sad! So when things are going wrong - they're protesting, they're upset - why hasn't anyone recognized the understanding on both ends? Even C-suite - I don't know when the last time you've been a patient through the emergency department or patient on a unit in your hospital, and to be honest you're not getting the raw experience.

ND: Exactly right. Let's talk about community. We love bringing people together and the magic that happens when people are with people who can truly understand them. We see a lot of healing. What are your thoughts on community?

AG: It's strength in numbers and feeling like you're not alone. I'm not a unique person that thinks leadership needs an overhaul, and I would ask anyone that feels the same way that I feel to join me. Join places like NurseDeck to find your community that's talking about the things you care about. It's so important to not feel alone because again, with the work that we do, it's not really celebrated for you to be weak or have questions or concerns. We don't work in that kind of environment. Some hospitals say, "this is a speak up culture," but if you're speaking up and you're not getting anywhere, you begin to retreat and you don't speak up anymore. Having that community is important, even if it's trauma sharing and venting, but hopefully the healing will happen. You'll find the resources you need, and you'll get the support that you aren't getting somewhere else. It's so

important to join communities - like you've set up, like I'm trying to set up - because if you're not getting the support from your employer, you have to be proactive about getting it other ways. You are not alone, we're all here, NurseDeck is here, THEnursemanagerCOACH is here to support you. I feel supported - I love your community - it's just great. I didn't have anything like this when I was at the bedside, but as a leader I can point new nurses to a community they can join. Having a lot of different things in one place where you don't have to scatter is great. New nurses can get on there and see "someone's having the same problem as me" or "someone feels the same way" or "someone's in a position that I want to be in." The community is so important to help uplift each other and hold each other down.

ND: I agree. Tell us a little bit more about THEnursemanagerCOACH.

AG: The goal is to create a community where nurse leaders feel comfortable learning. It bridges that gap when you've been thrown into a position and you're not quite sure what to do next. I will give you resources, tools, tips, share my experience, connect you with a network of other nurse leaders that can help support you throughout your journey. Nurse manager coaches - we are stamping out those bad leaders, weak leaders, leaders that don't want to see change. I'm a transformational leader, so if you work with me I want to see you transform to the next level. That's what it's all about: community, empowerment, confidence, and resource sharing. It's connecting nurse managers across the nation across the world to say, "Oh, this is what we did and it worked for me." We're creating resources, a community space where they can go



and say, “today I'm struggling with this, let's see what THEnursemanagerCOACH has to offer, if there's any tips or resources I can use there. I also do one-on-one coaching and interview prep, because I noticed a lot of nurses aren't preparing appropriately for interviews, and a lot of people aren't prepared for a panel interview. As nurse leaders, we are interviewing with C-suite, we're interviewing with physicians, we're interviewing with a lot of multi-disciplines, and how do you prepare for those and put your best foot forward? If there's an immediate need and immediate problem you just can't find a solution to, I can offer real-time help, too.

ND: You're doing such great work. I love that there are people out there like you, because nurses need them.

AG: They really do, and it's not just me. I am looking, I'm building what I can build, but the community is the key. Community is important - you guys have this vision for NurseDeck, but it's the community that really helps it grow. There's a lot of great things happening in nursing if we can empower our team to see this profession as such a beautiful one. It's so multifaceted, there are so many pros. I understand that we are part of a system, but we're the only ones that are going to be able to change that. We're going to do it, I'm excited, it's happening right now, and you'll see me as a part of that leadership overhaul. 🙌

**Connect with Alisia**

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Instagram: [@thenursemanagercoach](https://www.instagram.com/thenursemanagercoach) & [@alisiagraville](https://www.instagram.com/alisiagraville)

Twitter: [@nursemgrcoach](https://twitter.com/nursemgrcoach)



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## *Nurse Product Directory*

<b>NAME</b>	<b>Product</b>	<b>Learn More</b>
Lorna Brown, LPN	Career Coaching Services	<a href="http://lbcareercoaching.services">lbcareercoaching.services</a>
Richard Darnell	Travel Nurse Rich - Private Membership Group	<a href="http://social.nursedeck.com/group/travel-nurse-rich-private-membership">social.nursedeck.com/group/travel-nurse-rich-private-membership</a>
Melissa Sherman, RN	Magical School Nurse Designs	<a href="http://www.magicalschoolnurse.org">www.magicalschoolnurse.org</a>
Netra Norris, RN	Mental Savvy Nurse Program	<a href="http://netranorrisemprise.com">netranorrisemprise.com</a>
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	<a href="http://revitalizelife.teachable.com">revitalizelife.teachable.com</a>
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	<a href="http://thecorporatennurse.co">thecorporatennurse.co</a>
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	<a href="http://www.kymali.com">www.kymali.com</a> <a href="http://social.nursedeck.com/group/kym-alis-membership-program">social.nursedeck.com/group/kym-alis-membership-program</a>
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	<a href="http://nursekeith.com">nursekeith.com</a>
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	<a href="http://theresabrownrn.com">theresabrownrn.com</a>
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	<a href="http://kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students">kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students</a>
Janet Celli, RN BSN	CPR Associates of America	<a href="http://cprassociates.org">cprassociates.org</a>
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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## MEET THE NURSEDECK TEAM

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Where nurses share stories, resources  
& guides to help inspire and motivate.

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