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

"I do think we need to become more organized."

DAIHNIA DUNKLEY

PH.D., RN

THE SYSTEMIC CHANGE NEEDED TO KEEP NURSES IN THE PROFESSION

NURSE LEADER, CONSULTANT, COMMUNITY BUILDER, EDUCATOR

THE PUZZLE PATCH: RAISING COMMUNITY AWARENESS OF ASD

LPN NORMA CORLETTO

WHAT RIGHTS HAVE UNIONS WON FOR NURSES? WHAT ARE THEY WINNING NOW?

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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.

Dr. Daihnia Dunkley - affectionately, Dr. D - shared her "why's" for what keeps her motivated as a nurse leader and educator. From years as an RN to nursing faculty at Yale, she has so much nursing knowledge to pass on. She gets into burnout, diversity, and entrepreneurship, and more in this compelling interview.

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Our monthly 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 April's top 10!

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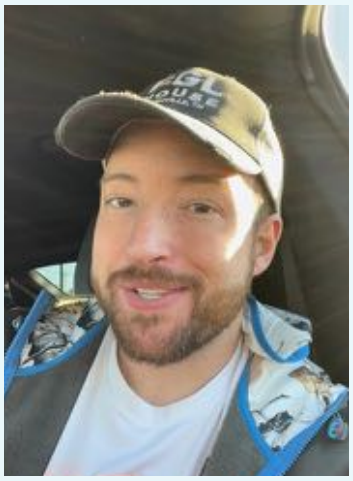

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Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending 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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The puzzle patch: Raising community awarness of ASD

MEET NORMA & BRIAN

LPN Norma Corletto has been working at PIH Health Urgent Cares in California since 2019, most recently serving as a medical practice manager. Her husband, Brian Corletto, serves as a police lieutenant with the Whittier Police Department in California. They work together to educate their communities about autism spectrum disorder, and in 2022 created a police patch as one means of raising awareness. Email Norma.Corletto@PIHHealth.org if you want to bring this to your community.

Norma, tell us about your current role.
Norma Corletto (NC): I am currently the medical practice manager for PIH Health, a nonprofit hospital. I run all six of our urgent care clinics, and I've been doing it for almost four years now.

How did you get started in nursing? What inspired you?
NC: It was actually a really sad story. I was 21, nine months pregnant, and two weeks from my due date. I had what's called placenta previa, and the baby sadly passed away. During my very tragic situation, I had a nurse in the hospital who was nine months pregnant herself, and she stayed with me the whole time, even overtime, just to make sure I was okay. She had a very caring and genuine personality, and the fact that she was nine months pregnant meant she was really able to put herself in my shoes and give me hope. I thought, "I want to be able to do that for somebody someday." Fast forward, and I was finishing my nursing rotation - it was actually my last day of OB rotation - and something exactly the same happened. I thought, "this is exactly what I was meant to do. I was meant to be a nurse." I asked my instructor if it was okay to stay and speak to the mom who was going through the same thing that happened to me, and the instructor was so taken aback. They normally don't let that happen, but she said, "yeah, of course, if that's something you're passionate about," and I haven't looked back since! It's something I've always wanted to do, and I love what I do.

Can you tell us about autism spectrum disorder, or ASD? What is it like to parent an autistic child?
Brian Corletto (BC): ASD is a behavioral disorder. It is not a mental disorder, it's a wide spectrum of different behaviors that really originate from some type of sensory processing disorder. We all have five senses, and those on the spectrum - their senses are augmented in some way. Your sight, sound, taste, touch, everything is either just too much or too little. So, you'll see behaviors when, for example, certain sounds are too loud and those on the spectrum may cover their ears. Certain smells are too strong, so they're covering their nose. We use our five senses to interact with the world, and when they're augmented, they will impact our behavior. ASD is very wide, and it's been studied by many people, but if I could simplify the whole thing, essentially that's what ASD is. Being a parent of a child on the spectrum, in our particular case, has had its challenges.

NC: I noticed our son Dylan was very different. When I say different, I mean he was banging his head on the walls when he was angry, he was jumping from the couch to the floor on his knees, he was flapping his little hands a lot.

He was humming 80% of the day - and this was very, very early on. The light really bothered him and sounds startled him. It was just something different from how you see a neurotypical child behave. I thought then, maybe we need to get him diagnosed. I knew of what's called the regional center, and you can self-refer over there. It's a difficult road, but thankfully we have been able to go up and down the hill gracefully. Quite honestly, Dylan has been doing all the heavy lifting, we just help push him up there. He's really done it all. He's the one that's helped us be more aware and able to bring that awareness to the rest of the community.

When did you start noticing those behaviors in Dylan?

BC: It was about a year-to-18 months when it really manifested. Dylan was walking on his tippy toes, and that *is* a sign but I didn't think anything weird about it. Another one was he would get all of his toys and line them up in a straight line all facing the same direction. But he had them in front of the television, so for me his guys were watching TV. Certain noises would bother him: the blender, the hairdryer, the washing machine or outside when the gardeners were mowing the lawn. With things like that, I thought, "those are loud, they'd bug me too" so now, we're 0 for three. With the humming, I thought "kids will be kids," but the one I couldn't explain was the lack of eye contact. That one was a tough one because there's no other explanation for that. If we were talking, he was just not looking. He's answering your questions, but he's just not making eye contact, he would just keep looking away. I couldn't explain that one, so that started this journey for us. I took it the hardest because, for me, I thought, "not my son, not our son," but that's what started our journey. That's where I thought, "there's something to that one. I don't have an excuse or explanation for that one. All right. Let's go seek some professional input."

NC: I kept getting a lot of pushback from everybody. I was getting pushback from my mom and dad, from Brian's mom and dad, and from Brian. They all said, "he's a little boy. All boys are different. Boys are different." Something in my heart of hearts - not because I was a nurse, not clinically because I know the signs of autism, it was not that - it was the mom inside of me that knew there was something different. I just had that gut feeling. I said, "with or without you, I'm going to take him to get evaluated." The least they can do is tell me, "no, you're crazy." I'll take it.

So can you tell us about the autism awareness campaign you started? What drove you to develop this project?

NC: This is something we have been wanting to start for a long time now. We didn't really know where to begin, we just knew we wanted to do something, we wanted to bring awareness to the community. We wanted the community to know there were parents out there in their position that wanted to help. Thankfully, we're in roles where we are able to get the message out to that community. My

husband is a lieutenant for the Whittier Police Department, and he's in a wonderful position to advocate and get the message out there. Thankfully, his chief was all for it, so we decided to start with little buttons or bracelets. A year later, which is this year, we created a patch, and it's something that's become really popular. We're really excited about it.

BC: Autism awareness has been going on nationally now for many years, and there are several societies of parents, stakeholders, and those impacted by the disorder. So, April is autism awareness month, and my wife and I were thinking, "how can we localize it to our communities, specifically our two cities." Very few police departments do autism awareness, though many do support it and it's growing. My particular police department didn't have it, and I thought it was a wonderful way to segue into that, build awareness around it, and do training, so officers understand what someone on the spectrum would look like and what things we could do to help bring calm to the situation. Norma spread awareness at the hospital, as well, and it's been very successful. We're very proud.

What does the puzzle piece on the patch symbolize?

BC: So, there's different puzzle pieces. If this represents the entire spectrum as we understand it, as we learn and grow we understand another piece of that puzzle. The goal is that hopefully, one day, we can put the whole puzzle together and figure this out.

NC: Lately, I know there's been discussion of the community not liking the puzzle piece anymore. They changed it to the infinity sign, but there are still a lot of people in the community who identify with the puzzle piece. That's something they feel comfortable with. With autism, it's really hard dealing with change. I personally asked our son, "honey, do you want the puzzle piece or the infinity sign?" And he really liked the puzzle piece. I know some people will say, "this is not the way it is anymore," but our son likes the puzzle piece. So, we kept it.

Is there any message you'd like to share for those parenting autistic kids?

BC: I want to say that according to the CDCs last statistics, 1 in 44 children are diagnosed with ASD yearly. I think these numbers are from around 2019, before the pandemic, but that's astronomical. I remember when our son was diagnosed, it was around 2018, and the statistics were 1 in 89 kids. I remember when the doctor told me that I said, "okay, 1 in 89 million? Or 1 in 89,000? Right?" And they said, "no, 1 in 89." Now it's even higher, so odds are there's someone in your family, someone you know, or a loved one that's impacted by this. For me, the message would be that awareness is important. Education is important. We all have to work together.

NC: I think for me, I would just like everyone and parents to know you're not alone. Thank you for everything you do. We completely know how hard it is, and no matter what people say to you, or how people look at you, we know what's going on. There are other people that have the same feelings you do. Not everybody feels negatively about it. We're here to help in any way we can, and hopefully bring awareness every year.


What rights have unions won for nurses?
What are they winning now?
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Unions have been around for more than a century. Only more recently, has unionizing the healthcare industry regained public interest. The COVID-19 Pandemic and with it all of the nursing and healthcare issues that have risen to the surface have renewed and energized interest in nursing unions. There are many pros and cons to nursing unions and what gains they make for nursing, as well as mixed opinions on how unions benefit the nursing profession.

Nursing unions give nurses the right to advocate collectively so that we can focus on what we do best, which is caring for our patients. Some are exclusive to organizations, and some represent the nursing industry. Many unions fight for fair contracts, higher wages, offer job security, safer working conditions, improved benefits, provide collective bargaining, and all while protecting the rights of the nurse. Unions use their leverage to negotiate enforceable contracts and are successful through strength in numbers. They also have specific processes to address grievances and complaints which can protect you from retaliation and facilitate improved outcomes. Some unions offer educational grants, as well as group benefits and discounts. Another key benefit of unions is that many provide legal representation for members. This can be instrumental should the nurse face litigation or disciplinary actions where legal representation would be present to be sure they are treated fairly. There are also nursing unions that lobby on a government level to provide improved legislature on policies that affect the nursing work environment and practice.

There are many benefits to joining a nursing union, however, it may not be the best decision for everyone. There are membership dues that are a requirement that reduces pay and these funds can be used for political purposes within the union in any way the leaders see fit. Senior union members often get preferential treatment which can cause feelings of inequality to arise among members. Sometimes disputes must go through a mandatory mediation process, which can create a bigger problem than what was initially being escalated. Nursing unions can also make it more difficult to fire or terminate a nurse for bad behavior or incompetence, which can be very concerning. Mandatory striking, often without pay, is also a requirement in most unions. Nurses can experience retaliation from their colleagues should they refuse to strike.

The COVID-19 pandemic has identified root problems that are not new to the nursing profession but have been amplified by the pandemic, many of which have now gained public attention. The pandemic has refueled the purpose of unions and added additional grievances to the lengthy list of issues that unions fight for. For these reasons, there has been a renewed interest in establishing and maintaining nursing unions. Unions can not only benefit nurses but also the healthcare system by facilitating much-needed change. Some studies have found that unionized organizations have increased productivity for the employer with improved training, less turnover, up to 20% higher pay scales, and a lengthier stay in the workforce. Many studies have also found that unionized organizations have better patient outcomes. However, broader study results tend to be inconclusive or contradictory. Various studies over the years have tried to determine a correlation between nurses' unions and higher job satisfaction, better patient outcomes, improved safety, and working conditions, yet results remain conflicting.

Nursing unions have and continue to fight for the rights of nurses, but also have a price. They can be incredibly resourceful and beneficial, but there are also downsides to consider and weigh when choosing your options. Research on this topic is controversial as well as evidenced by the conflicting data, but one most nurses should look into and especially when deciding if it's the right fit for you and to help you make an informed decision.

From Nurse Columnist
Carolyn Harmon, RN

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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.

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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.

DAIHNIA DUNKLEY

PH.D., RN

The systemic change needed to keep nurses in the profession

an exclusive interview
By nurse-deck

Dr. Daihnia Dunkley, Ph.D., RN, is an experienced nurse leader and healthcare services professional with a demonstrated history of working in the hospital & health care industry. She founded The League of Extraordinary Black Nurses (LEBN), a nonprofit nursing organization whose mission is to cultivate, nurture, and inspire current and future Black nurses, to improve the representation of Black nurses in positions of leadership, and to advocate for equitable and quality healthcare for people of color. She's also the founder and principal consultant of Daihnia's Joy, LLC., a consulting company with the aim of driving positive change in healthcare, empowering expectant mothers, and inspiring nursing professionals to achieve their goals. Find her at www.iamdoctord.com and on Instagram and Facebook as @iamdoctord.

Breanna Kinney-Orr (BKO): We're so happy to have you here with us, let's jump right in at the beginning. How did you get your start in nursing?

Daihnia Dunkley (DD): It's a pleasure to be here, and I love telling this story. My mom was a nurse - we immigrated here from Jamaica when I was a child - and she was a school teacher back then, when we were in Jamaica. When we came here, she decided nursing was ultimately what she'd always dreamed of doing professionally, and she went for it. She was my first inspiration in terms of the field of nursing. I wanted to be an OBGYN; I wanted to be a doctor and I always wanted to work with moms and babies. So, somewhere along my high school journey, my mom said to me, "if you want to go into healthcare, that's great, I love that for you, but what if you hate it? You have no hands-on experience." There was an opportunity for me to take part in an LPN program while I was in high school, so she thought I could see if I liked it. She said, "you can major in pre-med when you go to college, but at least this will give you a start and get a feel for healthcare." I took her advice, I did it, and when I went to college, I still wasn't sure, but I decided to go with nursing. I fell in love, and here I am today 22 years later.

"Self advocacy comes from a place of empowerment

BKO: Tell us what you're passionate about. What keeps you motivated as a nurse?

DD: Oh, there's so much. I always talk about my why's, and I have a few why's. One is I'm deeply committed to increasing diversity in the profession of nursing, in general, but based on my background and my areas of research focus, I really want to improve diversity in positions of leadership. My other "why" is - my background in nursing was in maternal child health. That love for

working with moms and babies never left even though I switched gears from being a physician to a nurse. My whole career at the bedside was spent working in that arena. As my career went on, and I started to learn more about the disparities in maternal child health, particularly for Black women, I developed an advocacy arm to my “why’s.” I felt that if you're going to be someone who's worked in that field, you also have to raise your voice to fix some of the issues, or at the very least raise awareness. Those are the two things that drive me the most in nursing, but there's so much other stuff that I'm leaving out.

BKO: Well tell us about the organization you founded, the League of Extraordinary Black Nurses. Tell us the story behind it and what work you do there.

DD: The League of Extraordinary Black Nurses was birthed out of my doctoral dissertation journey. My topic was focused on the lived experience of being Black and female when becoming a nurse executive. The reason I pursued that topic is I was on that trajectory. I started off on the assistant nurse manager level, worked my way up to manager, assistant director, and finally director of a woman and children's service line. Next step, naturally, on that pathway was probably going to be a CNO or something. Along that journey, when I was doing my data collection, my interviews with these amazing women who allowed me to tell their stories, something lit a spark in me. One of the recurrent themes was about the lack of mentorship and opportunities for development to become a better leader, and the lack of representation. There were so many obstacles but they somehow found the resources that they needed or went looking for them, and were able to achieve success as nurse executives. I thought, there's such a need for more mentorship programming and supportive resources. There aren't too many national professional organizations for nurses that are specific to minority nurses and nurses of color, so I wanted to create another. I know of the National Black Nurses Association, they do amazing things, but it's about increasing the number of resources. I decided to start this organization, and we're still in our baby phases, but the three guiding principles are leadership, mentorship and scholarship. We have supportive workshops we offer periodically; last year, we did about eight workshops throughout the year. We have a mentoring program called Nurtureship, so those are some of the things we provide to our followers.

BKO: I love the intention behind mentorship programs because I think any nurse lucky enough to actually have a mentor as you're learning is so fortunate, but it seems like something you lucked into, as opposed to something really intentional you can seek out for yourself.

DD: I'd say many people share that sentiment. A lot of times, it's just by happenstance that you find a nurse who is mature or more experienced, and you latch on. Those are great, too, but seeking out someone who is willing to pour into you and talk about actual goals, what you want out of the relationship, and how they can help you in your career is so crucial.

BKO: Agreed. Tell us about the other organization you founded, Daihnia’s Joy, which is a consulting firm. Can you tell us a little bit about its mission and the vision?


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DD: Daihnia's Joy is all about a few of those "why's" I talked about earlier. One is creating spaces for organizations to work on their diversity, equity, and inclusion plans. The other is to work with individual nursing professionals with a coaching arm to help them develop as leaders. The third is I create different educational resources for birthing people. One of the resources I have is an advocacy guide for Black pregnant women to know what questions to ask when they're going to see their providers, how to select a provider, what are some of the clinical things they need to look out for to have a safe pregnancy and birthing experience. Self advocacy comes from a place of empowerment, right? Being empowered means having all the knowledge you need, right and feeling confident when you need to ask your questions so you're not second guessing yourself. That's what that guide aims to do. I also consult with organizations that work with pregnant women to answer any questions they have to help guide them through the pregnancy and birth experiences.

BKO: I know one of the the offshoots of your consulting business is the Seacole Effect, which is a nurse leader residency program. It sounds amazing. Can you tell me a little bit more about that program and what it does?

DD: The effect is named after Mary Seacole, who is historically one of the trailblazers in the nursing profession. She was around at the same time as Florence Nightingale, and she was a nurse though not professionally trained at that time. There were no official training programs the way we know it today, but she had been trained through her family and in traditional medicinal practices and had traveled all around the Caribbean and South America doing her work. She volunteered to participate as a nurse in the Crimean War - the same war Florence Nightingale is associated with as a leader. She was denied for - we can only assume for many reasons - but she decided to start her own thing because she believed in her purpose. She created a hospital for wounded soldiers, so she's recognized for her efforts at that point. I named it the Seacole Effect because I thought, "what is this thing she possesses that didn't discourage her when she was told no?" She continued anyway, and found a different path to still fulfill her purpose, and I bottled that up as the Seacole Effect. That's where the name came from, but the program is actually informed by my doctoral research about becoming a nurse executive as a minority. The whole curriculum is centered around the results of that study and lived experiences - my own and those of other colleagues I've worked with along my journey to create it. It's a different program in that it's not teaching you specific leadership competencies, as you would be familiar with in other leadership development programs, but it speaks to the individual and intersectionality of when they're in their role as nurse leaders. What are some of the unique challenges they may face or are already facing? How do they then navigate those spaces where they may be underrepresented? We do cover leadership competencies within that, but the focus of the program is to talk about how to be a leader when you're maybe one of few or the only one. What that looks like, how to create relationships, how to network, how to build your professional profile - because these are the things from my research that

these executives said, “nobody taught me these things, I learned as I went.” That's why this program really fills in the gaps to complement other professional development programs they may encounter. It may be the only because I know many organizations don't offer their leaders any kind of real support and development other than maybe a one or two day orientation or shadowing another leader. It’s not very formalized and intentional. This may be the only program they have access to, and I wanted to really create something special.

BKO: Right - I don’t know if relief is the right word but it’s a validation of, “I’m looking for answers, these are the things I’m facing, and we do have different experiences, so how can we channel our differences into giving us an added edge as opposed to something we have to constantly try to overcome?”

DD: That’s the word, you hit the nail right on the head. That's the word that keeps coming up. I'm really excited about what's to come, because I just changed the formatting to become more of a group coaching format. I was offering it as a three-hour masterclass, but I realized quickly there's so much to cover that people were left wanting more. Now it’s over a longer period of time, with more support and follow up than before.

BKO: It sounds incredible. I hope people are taking notes. Can you speak a little bit about some of the obstacles you had to overcome when you were making your own nursing journey?

DD: I would have to say my entry into the profession was a good one. I was able to work with a diverse group of nurses at the bedside and in every organization I was a part of. I realize that many don't have that story, I started to realize that some of it was also organization specific. The hospitals I worked at were diverse, but I'd hear stories from other colleagues when I met people at conferences and I'd start to see not every hospital is this diverse. So that's an issue, because many of these hospitals were private hospitals, and their nursing staff was very homogeneous in terms of racial and cultural representation. The hospitals I worked at, to be quite frank, were more of the public hospitals, state-owned or city-owned, and that's where you would see the diverse representation. I don't have any scientific studies to back that up, this is strictly anecdotal, but I have been validated by my peers. As I went into leadership, that's where I started to see some of the disparities. I'd be the only one in the room or the microaggressions, statements would be made that made me think, “hmm, that didn't feel good.” It was things like that, comments about hair, and

professionalism, those things came into play. Those were my own personal experiences in the field. Now, in academia, I definitely see it more on the side of being one of very few in these spaces, and that's something that absolutely needs to improve as well.

BKO: Talk to us a little bit about what you're seeing as challenges that all nurses are facing right now as a result of the pandemic or just things the pandemic has brought to light that have existed for many years. Where do you see that?

DD: I think many nurses are at a crossroads. If they're not dealing with the physical burnout of being at the bedside, folks are wondering what else there is. Should I leave the profession altogether? What other avenues could I explore that would offer me more flexibility or allow me to pursue other passions? Many people are trying to figure out what's next, because I think going back to what we considered normal is probably off the table. Many things are going to need to change in terms of how we support nurses, how we configure workflows, how we configure scheduling and flexibility for families, how we talk about safe staffing, what that's going to look like - there's just so much. Unfortunately, some have already given up on the profession. For those of us who are still sticking through it, particularly on the inpatient side where we're seeing spikes in patient overload with the pandemic, we're hanging on by thread. If we're going to keep them in the profession things really need to change, and we need to give nurses a true voice to state what they want and value. Not just Nurses Week gifts - we have to really consider true systemic changes that are going to entice people to stay because there are so many options now. Many nurses I know are going into entrepreneurship, because they can't take the bureaucracy and the undervaluing of their professional contributions. Nursing is the largest part of the healthcare workforce, so in order for everything to continue - if every nurse left, it would collapse. It's time to start listening to the people who represent the largest part of the workforce, but I do think we need to become more organized. I'm looking at the professional organizations we're a part of that are supposed to represent us, they also need to become one voice and truly represent what we are saying we need as nurses in every aspect, bedside to leadership to academia to public health. If you're a nurse, and you're represented by one of these organizations, there needs to be some kind of congruence among them and one voice to start to lobby for our needs. I think we're a little far away from that, but certainly there are rumblings. Folks are tired and they're really voicing their concerns, and that's where it starts. We're not expecting change to happen immediately, but the rumblings are a positive sign to me of change that is long overdue.

BKO: It used to be that nurses would just, if they were upset at one place or feeling like it wasn't the right environment for them, jump to a different hospital or different facility. Then it became, "well, I'm just going to add a couple letters after my name and go after my masters and see what that might be like," but it all starts with the dissatisfaction at the bedside which is brought on by being part of this enormous system that is just not functioning well.

DD: I want to dispel the myth that nurses are just doing this for the

money. I don't think anybody comes into this profession truly wanting to be a nurse because of financial gain. There's so much that goes into caring for an individual. I know that true nurses are doing this because they care about people, but in caring for people there are certain resources and things you need to do your job effectively - just like any other job - and when those things are not being provided to you, you're going to be burned out. All we want is to be heard, to have the right staffing ratios, to have the resources and equipment that we need to take care of people. We're in the business of caring, but there are some things interfering with our ability to do that.

BKO: There's just such a profound feeling of helplessness right now. Nurses want to do a good job but they don't have the resources available or the influx of patients is so great that no matter how long and how hard and how fast you work, and how many pee breaks you skipped, you'll never be able to keep up with the demand that's there. For the nurses feeling the most burnout at the bedside, and have been at the bedside this whole time, what is the best way to cope with that?

DD: Honestly, I don't have a well packaged answer. It depends on the individual and what they're dealing with, not just in their professional but personal lives as well. I think you have to create priorities to start, and from those priorities you have to create boundaries. If you know the priority is to be there for your children, then you have to create boundaries for that: “I can't work this shift,” “I need this shift,” “I can't come in for overtime.” Whatever your priority is, you can start to create boundaries around that. I think boundaries are really important. We talk about leadership as well, the whole thing about leadership being a 24/7 responsibility. Who wants to do that? That’s unrealistic, and the hospital doesn’t close. We cannot be responsible for something 24/7, so creating those boundaries, taking

your personal time, that's really critical. Do things outside of work that bring you joy, and you joy. For me, I love to travel, and that might not be feasible for somebody else but it's about getting out of the workspace and finding small things - or maybe large things - that bring you joy, in addition to creating priorities and boundaries. Those are the realistic things I think could help someone with burnout - and also not being afraid to explore other other areas in nursing. We need folks at the bedside, and I'm not saying there should be a mass exodus because that's the meat and the heart of nursing. But, if you've been in your career for a long time, there are so many things you can do as a nurse which is what makes our profession so unique and amazing. So don't feel stuck, and if you want to continue at the bedside, the organization you're currently at is not the only place to do it. There are other places who are getting it right.

BKO: Hospitals are really seeing that boiled down to a fine point right now with all the agency nurses coming in, and the bonuses and all the headlines that we see with hospitals being like, "don't leave."

DD: I'm not telling anybody to quit their job, but don't continue to stay someplace where you're not valued, where you're not respected, where you're not supported. There are places that are getting it right, or at least you can see an effort that they're trying to get it right. We tend to stay at places because of loyalty, and perhaps because with longevity comes more security in terms of your retirement, but any place you go is going to have a retirement plan.

BKO: Can you tell us about a time you were able to identify when you were going through burnout, how you handled it, and how you prevented it in the future?

DD: I prioritize myself. I stopped thinking about what would be the next rung on the ladder professionally, and started to think about what I am truly truly passionate about. What's the next step that's going to allow me to explore those things and truly be happy in what I do? I reached a turning point when it was no longer about what my next title was going to be, it was what do I want to be doing that's going to bring me the most joy. For me right now, that is a combination of being in academia full time and working with my two organizations. I am so happy. Professionally, those are the things that are a great match for me right now. I get the freedom that academia brings to pursue some of these other passions. I would not go back and change it. I did have a little bit of guilt when I left the inpatient setting because it was right before we shut down. I did go through a little bit of guilt, because when you think of a nurse, or the true essence of being a nurse, you think of being in the thick of patient care, but we all have a role to play. Who's going to

> *We have to really consider true systemic changes.*

develop the next round to supplement folks who have left? That's where I come in, and that's just as important as being at the bedside. So, I got over that and I am truly enjoying what I'm doing now. That may look different for other people, but really do some introspection to find out what that looks like - you'll find such a sense of freedom once you do.

BKO: I can relate to what you're saying. What do you think are the biggest healthcare cracks in the foundation COVID shined a light on?

DD: I think staffing had a lot to do with it. Folks were already operating with bare-bones minimal staffing or sometimes unsafe situations across the nation. The other thing is not giving nursing enough of a piece of the pie when it comes to decision-making. In hospital leadership - this is backed up by many studies I've read and also my own - the title of CNO,

"You have to do what you need to do to keep you whole.

or chief nurse executive, is sometimes included, but not really in terms of the true decision making that goes on in the hospital, and it is time for that to change. We represent the biggest part of the workforce, so why would the C-suite and other members who don't have a true role in hands-on patient care, be given more of the respect and be listened to more than the folks that are actually providing the care? It doesn't make sense to me. I'm just going to be quite frank: there are many places who would probably be happy with excluding the chief nurse from being in the C-suite role, but I think that's dangerous and irresponsible. It's time to truly include the voice of nursing and respect the voice of nursing because entire systems are crumbling and imploding because you don't have the right infrastructure set up for your nursing staff.

BKO: I think nurses need to feel like they're being heard in the C-suite and the areas of the hospital that nurses rely on.

DD: I probably would get in trouble for saying what I said, but uncomfortable conversations is how change starts. There was a huge push when I was in nursing leadership to improve nursing engagement and shared governance and giving nurses a voice. That was great, but when it came down to it, it was the folks at the top making the decisions and sometimes they weren't factoring in what they should.

BKO: Let's talk a little bit about community. How do you think our community can help nurses or other communities you've been a part of? The groups you formed are great examples of community and how community can specifically support nurses right now.

DD: Organizations that represent nursing really do need to get to the point where they're gathering data from the folks who are on the ground. It can no longer be a rat race for who can produce the first paper or the first position statement. It's really about centering the true voices of the folks who need to be heard, doing a thorough needs assessment and coming together. All of us together represent the different sections of nursing, whereas one organization can't possibly represent the whole voice, so if we all kind of come together we'll have a better database of what nurses are truly saying and come up with an action plan that represents the majority of voices. That is really key. Communities give nurses a sense of belonging and validation but we sometimes tend to work in silos. Right now is the time to galvanize and come together from our unique communities and try to find commonalities that will help turn this thing around.

BKO: I totally agree with you. To end, I want to give you the floor. Anything else you'd like to mention, or do you have a message for nurses today?

DD: I would just encourage other nurses who are considering what to do next: you're not alone, we hear you, it's rough out there and you're dealing with a lot. So first, I want to stop and validate your experience and the sense of overwhelm. Thank you for being on the frontline in any aspect, whether that's at the bedside and leadership in academia. We all have our roles to play, but remember to prioritize yourself, remember to take care of yourself. There's a saying that you can't pour from an empty cup, so you have to take care of yourself first. The airlines have it right: mask on first before you put someone else's on. Prioritize yourself, prioritize those things that are the most important to you, and try to find joy in the smallest of things. Step away from it for a while if you need to, and come back refreshed. You have to do what you need to do to keep you whole, and the rest will fall into place.

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