

nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

DANIELLE McCAMEY

DNP, APRN, ACNP-BC, FCCP

**THE DNP MODELING
COLLABORATIVE
LEADERSHIP & CREATING
DEDICATED SPACE FOR
DNP'S OF COLOR**

LEADER, CLINICIAN,
MENTOR, EDUCATOR

NURSE JEN SHARES HOW
RECOGNIZING BIAS
IMPROVES PATIENT CARE

TRAVEL NURSE SALARY
CAPS, YOU SAY?

READ ABOUT

Leading to prioritize mental health
The perks of professional organizations
Building a community for POC DNP'S

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 #InTheField, 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 Jen shares how recognizing bias improves patient care



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DANIELLE McCAMEY

The DNP modeling collaborative leadership & creating dedicated space for DNP's of color

Dr. McCamey is an inspiration in countless ways. Besides bringing a down-to-earth, nonhierarchical energy to leadership, she founded DNP's of Color, a first-of-its-kind space for people of color with advanced nursing degrees. We know - cool doesn't even begin to cut it.

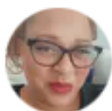
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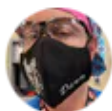
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Our weekly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing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

*Join the
community...*

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

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

Join in at social.nursedeck.com

nurse+deck Social

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

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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.

All members will first receive a FREE one week trial

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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 Jen shares how recognizing bias improves patient care



Instagram @JennyRzRN

Eastern Pennsylvania cardiac ICU nurse Jen Rodriguez, BSN, CCRN, explains how acknowledging your biases can help recognize opportunities to improve your patient care.

Q: TRUE or FALSE “Nurses eat their young.”

Oof. This one I've sadly seen so many times be very, very true. I work in Intensive Care (cardiac ICU to be specific) and so often, that's where a lot of egos can work. I've seen ICU nurses be awful to non-ICU nurses when called to codes and rapid responses, I've heard ICU nurses talk down about other specialties, and I've seen lots of preferential treatment of ICU nurses by many providers. This is actually a huge part of why I started speaking out. From my perspective, I have lots of knowledge to share, and hope that others will share their knowledge with me. We can all learn from each other and are all valuable in our own ways, and I'm trying to reduce the stigma of ICU nurses being bullies one interaction at a time!

Q: What does cultural competence mean for healthcare providers?

I think this is a hot button for any professional, but especially relevant when it comes to health care professionals. The systematic disparities when it comes to racial and cultural inequality contribute in a huge way to a person's health. This goes for racial inequality, socioeconomic differences, cultural beliefs, gender and sexuality, among many many others. Being aware of your own biases as a professional is SO important, because you can acknowledge your bias and recognize opportunities for you to improve upon your patient care. Personally, I've always tried to be very liberal and inclusive when it comes to others' differences, because every race, ethnicity, culture, religion, gender, sexuality, and so much more brings its own special attributes to the world. But I think the most important thing for many providers is to recognize their own biases (we all have them!) and then be aware of how they may affect the care they provide, and work diligently to minimize their effects.

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

YES! Please take a moment to recognize just how far you've already come in this profession. From the first application to nursing school to landing that highly coveted prestigious job, there have been so many stepping stones, so many challenges that you've already made it through. Sometimes it can seem like your goals are so far away but you've already come so far, and you deserve to give yourself some credit for how amazing your journey has ALREADY been! ■



Travel

nurse

salary

caps

...you say?

The thing about being a hero is that you're not well compensated.

Selflessness and altruism being the defining character traits of heroes, that is. But, unlike your typical martyr, the nurses who have collectively been cast as heroes over the past 2+ years can't be expected to keep calm and carry on forever; for one, we never asked for that title, and for two, selflessly giving, giving, giving, as it turns out, is not sustainable. And now, the rumble of capping travel nursing salaries has left a lot of nurses feeling some kind of way.

In a word: "BYEEEEEE."

Taxi'ing

If you're a bedside nurse currently working, well...anywhere, right now, undoubtedly you've worked alongside a traveler. This is largely due to the fact that the nursing shortage—already having reached crisis proportions when the COVID-19 pandemic arrived at our doorstep—is now entirely out of control.

Hospitals need nurses to operate. That's demand. Travel nurse agencies provide nurses on an urgent basis. That's supply. And even the most casual economist knows this equation: when demand exceeds supply, costs increase to meet the need. Free Market 101.

The controversy now is that hospitals are crying foul over "price gouging." Simply put, in their eyes, they are stuck between a rock and a hard place and nursing agencies know it. Claims that agencies are keeping large portions of jacked-up traveler compensation rates do deserve to be investigated. But, the real problem? Hospital staffing systems have been stuck in a "just enough to get by" mode for quiiiiiiite some time.

Nurses are sick of it.

Take off

One of the interesting things about the evolution of a pandemic is its ability to shine a spotlight on areas that were quietly failing prior to its onset. Case in point: staffing shortages are not a new phenomenon in nursing. In fact, many nurses cite unsafe staffing as the primary reason they have left their most recent positions, or the field entirely.

Nurses are willing to put up with a lot, mostly because we prioritize a solidified urgency to provide care to those in need over our own well-being. At certain times of the year—say "regular" flu season—when patient census levels would peak, hospitals would meet this demand of their services by supplying travelers to fill staffing gaps.

Staff nurses would work with the knowledge that the traveler working beside them was making more per hour. Most staff nurses didn't give this a second thought. They understand that travelers make sacrifices in traveling away from their established mailing address lives; furthermore, staff nurses appreciate that the traveler is willing to go at a moment's notice, thus making the life of the staff nurse better in real time. To pay them more for these hardships seems fair.

Then along came social media, and travel nurse influencers, with their sexy pictures of salt flat-roaming jeeps, jet wings over sunsets, and—inexplicably—amazing chill feline traveling companions. Suddenly this role seemed a helluva lot more glamorous than your standard bedside role at the hospital down the street. Consequently, the travel nurse industry had already begun to entice young and unattached nurses away from their long-term hospital positions in order to serve their hashtag wanderlust long before COVID.

In-flight

If we already thought travel nurses were



cool, their status was elevated to off-the-charts sainthood when COVID first hit like a sledgehammer in places like Washington state and NYC. In they came, bravely facing the viral trajectory unknowns, and with ridiculously non-existent PPE at that. And staff nurses were beyond grateful. Even the public's attention shone with absolute gratitude from quarantine lockdowns; remember all those photos of nurses on planes that people shared from early 2020 days? Wouldn't you have done anything to support them? Wouldn't we all?

Well, it seems the gratitude is up.

Those are the same travel nurses that are now being accused of "price gouging." Being greedy, essentially. Or maybe that judgement is reserved only for those travelers who weren't part of the early COVID-gap-filler squads. While some may only see the traveler newbies as opportunists who have now realized that they can make an entire year's salary in a few months as a traveler, consider the fact that many only leave their staff roles when denied any sort of livable wage increase.

To the outsiders who sing out—"But you signed up for this!"—we chorus back, "Thousands of nurses are now being paid what they are worth, and it's about time!"

Unfortunately, this has come as a shock to the hospital administrator. It's not easy to

rework a budget in times of crisis, especially when most hospitals are run for-profit. It must be soooooo hard for the hospital C-suites to realize they, in fact, cannot run their hospitals in the current pay structure without nurses. (Our hearts break for them, just not our backs.)

Thus, an idea was put forth. Cap traveler nurse salaries! Aha! Surely that will usher in a return to our previous system of shift-to-shift scrambling....ahem...staffing.

But, it's too late. And also, who said change wasn't messy?

Landing

Here's where we're at. Nurses have begun to realize the power they hold. While we still feel a desperate loyalty to our patients and each other, most of us realize that the tide is shifting. What was dredged up in the surf at high tide may not be what goes back out to sea at low. And while that will be supremely uncomfortable for the Powers That Be, it might be the only way forward.

Hospitals cannot run without nurses. Long-term care facilities cannot run without nurses. Homecare, and ambulatory care, and urgent care, and, and, and CANNOT RUN WITHOUT NURSES.

We know our worth.

We are transforming knowledge into action. We are connecting action and power.

To us, "cut off our salaries to save your system" sounds a lot like "cut off your nose to spite your face."

And just in case you haven't logged on to social media in a while, nurses are having one, overwhelmingly large response to that idea (and it may have an impact on that whole supply/demand thang).

POOF.

■

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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.

A close-up portrait of Dr. Danielle McCamey, a Black woman with shoulder-length dark hair, smiling warmly. She is wearing a white lab coat and a stethoscope around her neck. Her hands are clasped in front of her, and she is wearing a watch on her left wrist. The background is a soft, out-of-focus grey.

DANIELLE McCAMEY

DNP, APRN, ACNP-BC, FCCP

The

DNP

modeling

collaborative

leadership

& creating
dedicated
space for

DNPs of color

By nurse+deck

Dr. Danielle McCamey got her BS in nursing from the University of Virginia, and started her nursing career at Georgetown University Hospital. Shortly afterwards, she obtained her MS from Georgetown University, specializing in acute care advanced practice, and went on to earn a doctorate in nursing practice from Georgetown University, where her dissertation focused on integration of palliative care screening of neurosurgical patients on admissions. She has over 16 years of critical care nursing experience and nearly a decade as an acute nurse practitioner. Currently, she works as the Chief Advanced Practice Provider of the Preanesthesia Testing Department and Senior Advanced Practice Provider in the Surgical Intensive Care Unit. In 2019, she was inducted as a fellow in the American College of Chest Physicians. Danielle is the founder, CEO and president of DNPs of Color, Inc., and was inspired to create DNPs of Color because she wanted to create a space, a community for DOCs to elevate themselves, the nursing profession and communities through the richness of our diversity.

NurseDeck (ND): Welcome to NurseDeck! We're so excited to chat with you. We'll be talking about advanced practice nursing, palliative care, and the incredible community you founded, DNPs of Color - thanks so much for being here.

Danielle McCamey (DM): Thanks for the invitation to be here! Really appreciate it.

ND: We always like to start at the beginning because nurses always have a great story of how they got started in nursing. So, what led you to nursing?

DM: My story begins with my mom being my inspiration for delving into the nursing profession. She did home health nursing, and she would take me along her patient route, and the patients enjoyed seeing her little daughter being toted around. I would have my little nurse purse, but actual medical bag with my plastic stethoscope, and I'm listening to the heart and lungs so they would humor me. Most of the time, my mom set



me up in a little corner with my coloring books and crayons, and even though it looked like I was coloring, I was actually intently watching her care for these folks and seeing how much of an impact she had on their recovery, and just made their day so much more brighter. When I expressed to her, "I want to do what you do, I want to be like you," she encouraged me. Throughout my life, she continued to expose me to different aspects of healthcare by encouraging me to volunteer. Everyone has to do the obligatory candy striper stuff, and I'm learning how to do first aid and I dabbled in some EMT work when I was in college. I just always kind of kept a finger on the care of people throughout their health care continuum.

ND: I love it. I know you're a member of various boards, and one of the

I love being amongst the folks I'm leading, so that there's not ever any doubt on my capabilities.

ones that jumped out to me was you're a fellow for the American College of Physicians, which is unusual to see for someone with a nursing background. Can you explain what that means?

DM: Absolutely. Most professional organizations have a distinction or designation called fellow, which is basically recognition that you've demonstrated a certain level of excellence, dedication, knowledge, and expertise within the field the organization represents. The FCCP is the fellow of the American College of Chest Physicians, which is a physician-oriented organization that focuses on chest medicine, so lung disease, chest disease, etc. Critical care is how I got involved, working with colleagues within the surgical critical care service. We had a lot of individuals that were members of CHEST, and I got plugged in early in my career and had the opportunity to join committees, present at different annual conferences, and slowly make my way, elevating my voice within that organization. CHEST is unique, because they make space for nurses, nurse practitioners, or therapists; they're very intentional about making space and offering opportunities to elevate in that space. I've been a member of CHEST for a long time, and throughout have made some headway in creating space. I had the opportunity to be voted in as the vice chair of the National Pride of Care steering committee, and I'm now chair of that committee. With FCCP, it just signifies that you've given a certain level of commitment to the organization and also to, in this instance, chest medicine. There's an application process, there's lots of behind the scenes things that you have to fulfill in order to be considered. I want to encourage nurses out there to look in your respective nursing organization to

see if they have a fellowship opportunity for you to apply to, because it sets you apart and it shows that you have a level of commitment to that profession.

ND: Anywhere we can amplify nurses' voices at the table is so important right now. It's just a matter of going out there and trying to find those opportunities, because they exist. But, I think people sometimes see the "College of Physicians" and think, "that's not for me."

DM: That was my impression, too. Once I finally got an opportunity to get in, I was like, "oh, okay, it's comfortable here. I can make some waves here."

ND: Talk a little about being a part of professional organizations in general. Outside of the very busy working lives most nurses have right now, why add one more thing to your plate with a professional organization?





DM: I didn't realize the value of professional organizations, until like yesterday years old. When you're in school, you join at the student rate and you get all the emails. Now that I've evolved in my career, and I've had the opportunity to experience different aspects of healthcare from being a bedside nurse to being advanced practice to being a CEO of a nonprofit that involves diversifying healthcare professionals, you see the different levels in which you need to be represented. A lot of nursing organizations help give us that voice because they have a membership that supports the mission, the vision, and whatever values that organization is committed to. It's a lot of money, but it's also an investment in yourself as a professional and also in our professions' success as a whole. At the end of the day, it's worth the investment, you just have to pick and choose the one that represents your clinical practice and your own personal mission.

ND: I know you enjoy being a mentor to nurses. Can you speak of who you are as a leader and what's important to you as a leader?

DM: I've always had some leadership aspects of myself throughout my life, and the leadership style I ascribe to is one that's authentic. If I'm having a good day, if I'm having a bad day, we're going to talk about it. I love empowering others. So I love seeing people's potential and tapping into it, just giving them the tools and the confidence and the encouragement to unlock it for themselves so that they can either lead or find their path within their mission and purpose. I love being connected. I love being authentic. I love being amongst the folks I'm leading, so that there's not ever any doubt on my capabilities: I can put someone on a bedpan with the best, I can lead teams and create projects, policies, and procedures. I like to keep the hierarchy flat so everyone has a shared voice and feels validated in their experience as we move forward. It's really important to me for it to be collaborative.

ND: I love that. So, tell us about the organization you created - it sounds incredible. What inspired you to create it? What needs do you see that it fills?

DM: Yes! So the DNPs of Color is a

501(c)3 nursing nonprofit organization. Our mission is to serve DNPs of color through networking, mentorship, and advocacy, and to increase diversity in doctoral studies, clinical practice, and leadership. That's a mouthful, but the overall vision is to simply diversify nursing in the doctorate of nursing practice realm. DNPs of Color is my passion, and I created it during my own doctoral experience. I went to a predominately white institution and I was, at the time, the only black woman in my cohort. I came with the lived experience of being a Black woman in America, and then you add on the layer of growing up in a single-parent-family household, and then you add on the layer of being the first in your family getting your doctorate, and what does that mean? All the different layers of pressure that you put on yourself to be successful, to prove yourself in that space, that you're worthy of being in that space. I really wanted a community that had similar lived experiences so we can share and encourage each other. I couldn't really find the specific niche of nurses of color getting their DNP, so I created a Facebook group just for

*We are
literally the
foundation
of health,
wellness,
...medicine.*

the sake of venting and supporting each other, and then it grew beyond my expectations. So many people came with similar experiences, a similar desire for community. I'm not saying my institution didn't offer me any support - I had a wonderful experience during my doctoral studies - but I just had a different lived experience that I needed additional support with. Fast forward to today, we've been operational since May 2020 and our community has grown to nearly 1,800 folks in our private Facebook and LinkedIn community. We just hosted our first virtual conference back in October, which was a huge hit. I was only expecting 60 people and we had over 200 people registered, which was absolutely amazing. We had the keynote done by Dr. Kenya Beard, which was phenomenal. Seeing the energy around the conference validated the need for a space for this group of nursing professionals. A lot of the feedback we got from the conference was that it was a safe space: they felt validated, they felt seen, and they were inspired, because they saw other DNPs of color presenting and sharing their professional stories. They finally felt like they belonged in a professional space that elevated and represented their voice and experience.

ND: Your whole being just lit up. It speaks to the power of being with people that truly understand the path you're walking in life. Why do you think it's so important for nurses of color, in particular, to pursue advanced practice degrees?

DM: We've all gotten a wake up call, since the murder of George Floyd, about the importance of diversifying everything. Healthcare, because that's where we are. There's countless literature that supports how diversifying healthcare professions helps improve patient outcomes,

especially those from communities of color, because we can speak to the lived experience, but there's also a certain level of rapport that patients feel when they see folks that represent their community. It's important we make a concerted effort, that we're intentional and deliberate about committing to diversity, equity, inclusion, and anti-racism in nursing and beyond in healthcare, because it directly impacts our patients. That's why we're in this space, why we came to this business, is to care for folks in their needs, help them get better, and support them throughout the continuum of life. So, committing to diversifying nursing is so important and getting advanced degrees helps us get different seats at different tables. You have an advanced degree, you begin to infiltrate the provider realm, those that are creating the assessments and the plans that are treating the patients. Our focus is having your doctorate and when you have your terminal degree, that's the highest level of education you can get within your particular specialty. So again, another layer of seats. So now you're sitting with executives, and those that make policies and the procedures that influence the structures at play that formulate the insurance policies, that formulate the care we can give as providers, to influence the nurses at the bedside. Getting the advanced degrees elevates our voice and gets us at different seats at different tables to bring that diversity of thought, the diversity of just being from that community.

ND: Absolutely. I think that's such a common venting point of bedside nurses is that the people making the decisions affecting us are hundreds of floors above and they don't give a crap about what we're doing. To know you have actual people that you trust and have relationships with



advocating on your behalf - that's how healthcare will be changed. COVID-19, in particular, shone a big light on the inequities and disparities in medicine. How can nurses best advocate for their patients of color? And what challenges do you think are the biggest to overcome now that we have generated some awareness? What can we do about it?

DM: That's a layered question. At our conference, we had a panel discussion about what we can start doing, and the point I made at that particular discussion was first, working with yourself: doing a lot of reflection on your own perspectives and how you practice nursing, and looking at where implicit bias, racism, health inequities, or inequities period that you've adopted as your own norm. You can start working on changing that so you can get a broader, more inclusive perspective on how you care for patients, how you see patients, how you can check your biases. So, when a patient presents to you with high blood pressure, and they didn't fill their medications and they belong to a community of color, you can understand the structure that got them to that place, empathize, and have a broader perspective of what things that person had to go through to just to get to your clinical doorstep. So begin with self, and then if you see something, say something. The events of 2020 allowed more opportunity to have conversations about race and racism, and how it's ingrained in our system and structure. People are feeling a little bit more confident and empowered to call out any inequities or racist behaviors.

ND: Absolutely, well said. Let's switch gears a bit and talk about palliative care, specifically with intensive care patients in neurology

units. Tell us about the roadblocks that still exist for patients and practitioners when it comes to utilizing a branch of medicine that could help so much.

DM: Yes! I hear the pain in your voice when you talk about roadblocks because that's legit. When I was in the midst of my dissertation, the huge thing was just education. We literally took it down to just defining palliative care and expanding their viewpoint on it. We can work together for the same goal of increasing positive patient outcomes, and patient and family satisfaction, and making sure they don't have to suffer through critical illness, whether it be terminal or temporary, when we're just only addressing one thing. There's so much richness having palliative care could bring. For my specialty, critical care, that is such an untapped resource. In my institution, they were able to create a palliative care team that focused on intensive care, which was super helpful, and continuous education about the impact. Hearing patients and families report back saying, "having the palliative care team helped me to communicate this" or "I was able to get this" - the barrier still exists because of the stigma associated.

ND: I can only imagine in such an intense environment as intensive care, and then layering that in in a way that people can still be receptive to it, that's a huge challenge, but it's such a necessary one to overcome. Talking a little bit about burnout in nurses, we've gone beyond burnout to like the moral injury level. Nurses are exhausted on spiritual, emotional, mental and physical - all the levels. Can you talk a little bit about the community you created, or the feeling of community in general, whether it's through virtual sites like ours or like belly-to-belly



When people say they need a mental health break, they literally mean a mental health break.

communities, in helping to revive us or keep us in the profession?

DM: We, as humans, are communal beings at baseline. One of the benefits that came out of 2020 was showing how limitless we can be in our abilities to connect, and having the virtual platforms to create different spaces for people to decompress and just be where they are. That heat helped create an expanded way, especially within nursing, to communicate to help heal ourselves. Another thing that came out of 2020 is the recognition around the importance of mental health and balance. I think that has really shaken a lot of professions - speaking specifically to nursing, to really start focusing on care of the nurse. The Future of Nursing 2020-2030 specifically mentioned focusing on the well being and care of the nurse, and our mental health, and mind, body and soul, which I think is huge. For so long, we've always been the giver, the caregiver, the giver, giver, giver, and no one really took the time to say, "okay, let's check on the caregiver to see if they're alright." It's changing that cultural lens that we've always had to reflect on being more intentional about self-care and mindfulness. What does that

mean for each individual? It's important to allow people to have that space. We used to joke, "I'm going to take a mental health day tomorrow," but it's truly starting to embrace that. I want you to show up as your best self, and I tell my staff that I lead now, "if you're not well, mind, body or soul, you're no good to us, and you're no good to yourself, and, most importantly, you're no good to the patients."

ND: Now, I think people say they need a mental health day, do you feel like ears are perking up in a different way than they did even three or four years ago?

DM: Definitely, more so now than ever before. Because when people say they need a mental health break, they literally mean a mental health break. Having leaders and colleagues that foster an environment to support folks to share that before people get to a breaking point is very important.

ND: I couldn't agree more. This is a big question, but tell us about the future of nursing. How do you see nurses shaping healthcare in the future?

DM: Referencing 2020 again - if folks

didn't realize the importance of the nurse then, then I don't know where they were living. As nurses, I feel like we are grasping hold of the opportunity of getting everyone's attention. We are literally the foundation of health, wellness, health care, medicine, whatever you want to call it, so I hope we feel empowered to truly capitalize on this moment when everyone's looking at us. A lot of folks are being innovative with starting their own clinical practices. and doing more collaborative work and partnering with different organizations to expand the lens and how we impact nursing and nursing practice medicine. I hope we use this time to be innovative and creative, and really change nursing into something different, with some traditional elements. Something that can be a life force to project this toward what we always saw is the ultimate goal, which is health equity for everyone.

ND: Absolutely. Tell me how a site like NurseDeck can support BIPOC patients and nurses practitioners going forward? What are the best ways that we can do that?

DM: NurseDeck is another example of creating a community for nursing. It's a wonderful platform, where nurses can come to share stories, good, bad, ugly, wonderful, trials, triumph. But this, this is the voice that folks need to see, to hear about the things that we encounter as nurses, that can be served as a source of inspiration, motivation, and encouragement. A community like NurseDeck is important. I'll speak to my own experience identifying as a Black woman in America, the main thing was just finding spaces that validated my existence, because a lot of times, I don't feel validated or I'm invisible.

NurseDeck has an opportunity to create space for a diversity of thought, a diverse group of folks, whatever that looks like, and in helping people feel seen in their own respective lived experiences and how they want to express it.

ND: Thank you so much for your time and sharing so many wonderful ideas today. Is there anything else you'd like to share?

DM: Thank you so much for this opportunity, I really appreciate it. I usually like to close with just a word of encouragement. Don't let your current circumstances define you, but use it as an opportunity to refine you. Ensure that it's aligned with your own mission, passion, and vision for your life, and stay committed to that. ■



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