

nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

DAWN JONES

RN, NC-BC

**THE NURSE THINKING
DIFFERENTLY ABOUT
WELLNESS**

HOLISTIC NURSE COACH,
EXPERIENCED CLINICAL
NURSE

READ ABOUT

Self-esteem vs. self-care

Seeing this moment as a call to change

Why nursing is a calling before a job

NURSE STEPHANIE'S
VIEW ON THE CULTURE
OF NURSING

WHAT IS A LABOR &
DELIVERY NURSE, AND
HOW TO BECOME ONE?

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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DAWN JONES

The nurse thinking differently about wellness

From refocusing on self-esteem instead of self-care, to calling on the collective power of nurses to change healthcare - Dawn Jones gave one emotional interview. We're so honored she shared her vulnerable and authentic self, and showed us all how important true wellness work is for nurses.



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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

Apply to join Scrub Verified



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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- The opportunity to work with us on a long-term basis

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Entry qualifications:

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- #InTheField submission
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- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

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We've got **TWO** new groups for you on **ndSocial**

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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 Stephanie's view on the culture of nursing



Stephanie Kaminstein, a cardiothoracic surgery nurse based in Raleigh, NC, shares her goals for the future and her thoughts on nursing culture.

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

A: I feel very lucky to say that in my experience this has been false. I just started as a nurse this summer and everyone on my unit has been so kind and welcoming to me. They're always willing to help me and answer questions as I have them and I feel very supported as a new nurse. Unfortunately, I don't know that this is the case everywhere, but I'm hopeful that there is a shift happening where more experienced nurses are kinder to newer nurses.

Q: Any self care or mental health tips for new nurses?

A: Try to leave work at work- nursing is a 24 hour job and you're only working for 12 of those hours so there will always be things left to be done at the end of your shift. I always try to have one thing to look forward to when I get home after each shift to help me unwind and not focus on the day that I had. I think it's easier said than done to leave work at work, but it's important for your mental health.

Q: Ideally, where do you see yourself in 5 years?

A: Ideally I'd love to be starting to pursue an advanced degree in nursing in some capacity. I want to make sure I have a solid few years of RN experience behind me before returning to school but I'd love to work as a nurse practitioner and be continuing my education beyond my BSN. ■



What is a
*labor &
delivery*
nurse...

...and how do I become one?

The beauty in nursing is the opportunities to choose a specialty. After graduation, some nurses know right away where they want to specialize and some do not... some do not!

You may not find your dream job immediately after graduation and that's ok. Take time to build your skills and find your passion.

One specialty that is available for nurses to explore is labor and delivery. Giving birth is one of the most common medical experiences today. The field of healthcare will always need labor and delivery nurses.

Yes, you can get paid to work with those cute babies... but that's not all they do.

What is a labor & delivery nurse?

As a labor and delivery nurse (L&D) you provide patient care before birth, during birth, and after birth. Giving birth can be physically and emotionally taxing on mom, baby, and the rest of the family. L&D nurses are there to provide support and reassurance during this time.

You will work side by side with an obstetrician doctor (OB) or obstetrician/gynecologist (OB/GYN) in the delivery or operating room to help deliver the baby. Although delivery nurses work closely with the doctors, the L&D nurse will spend the most time with the patient.

Throughout the process of labor and giving birth, the labor and delivery nurse has a wide variety of tasks to ensure a safe delivery and healthy baby, such as:

- Monitor vitals of mom and newborn
- Measure and track contractions
- Assess mother and anticipate needs
- Administer medications and other support
- Communicate with the doctor to provide current information



The role of the labor and delivery nurse is essential from start to finish. The nurse becomes the trusted line of communication between patient and doctor. The family will look to you to answer questions and provide guidance.

Labor and delivery nurses must always be prepared. Nurses work very hard to keep their patients safe but you must be prepared for the worst. L&D nurses need to be educated and prepared to provide the best possible care in any situation.

If you think labor and delivery is the right place for you, here are 3 steps you can take to become a labor and delivery nurse.

1. Become a registered nurse

This one may seem obvious, but it's your first step to working in the labor and delivery areas. Attend an accredited nursing school and obtain your Registered Nursing license.



2. Pass The NCLEX

After graduating from nursing school, you must pass the NCLEX. This exam is provided nationwide and must be passed in order to obtain your nursing license.

3. Apply For L&D Jobs

Once you have graduated nursing school and passed the NCLEX you can start looking for your dream job! Take this opportunity to research different facilities and what continuing education they may provide to help you specialize in your specific nursing area.

Most L&D nurses will work in hospitals but more birth centers are popping up.

Labor and delivery can be a fast paced area or it can play the waiting game. Remember.. babies come on their own time! A great L&D nurse should be able to remain calm and stay positive.

This field of nursing can be extremely rewarding but can also be some of the most difficult times for a family. During these difficult times, staying calm and reassuring the family will help make the process go as smoothly as possible.

An article from RegisteredNursing emphasizes the importance of uniqueness. Each birthing story will be different. Nurses need to remember that and focus on the end goal.. bringing new life into this world! ▀

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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.

DAWN JONES

RN, NC-BC

An exclusive interview: **The nurse thinking differently about wellness**

By NurseDeck

Dawn Jones is a board certified holistic nurse coach with an extensive clinical back bedside background in neonatal intensive care, pediatrics, dialysis, and as a transplant team coordinator. She founded her coaching business What the Actual Health (WTAhealth.com) in May 2021, and now works with nurses to practice love and self-compassion and feel empowered to be an expert on their needs and choices. Through coaching principles and healing modalities, she supports healing in the body, mind, emotion, spirit, and environment. She believes that health promotion and holistic wellness starts with the nurse, so we need healthcare professionals who engage in healthy lifestyles to model health and wellness at work, home, and in the community.

NurseDeck (ND): Dawn, we are so happy to have you today. I'm excited to chat about your work as a holistic nurse coach. Let's start at the beginning: how did you get your start in nursing?

Dawn Jones (DJ): I went to Bloomsburg University in Pennsylvania straight out of high school. Over the years, my mom would write down my friends and my classes in a little book. It had a "what do you want to be when you grow up" question, and in first grade, I apparently said a mom and a nurse. I really feel like nursing is not a job that we do, it's a thing that we are, and apparently I knew that at six years old. As I've gone through my wellness journey, I've really tapped into my spiritual wellness, and I was allowed to see at a very young age that my soul's mission was going to be to care for people. It comes from this breakdown that happened to me, but it was really happening for me so it could happen through me to help others to see that we can't be afraid of the breakdown. The breakdown is



where the magic happens. We all see it at different levels, but if we don't recognize the mental, emotional, spiritual, financial disease that we have, we're not able to connect the dots, and then we wind up with the physical manifestation of disease that we probably could have addressed along the way. Eighty percent of chronic illnesses can be reversed through lifestyle change. So coaching, for me, has bridged that gap between where nurses are now and what I knew 26 years ago, when I graduated from nursing school, that this is not sustainable. Again, it's not a job, it's who I am. When I graduated in 1995, there were no nursing jobs available in hospitals - there was a huge influx of nurses - so I worked in a nursing home. Because I had my BSN at 22 years old, they immediately wanted to make me the nurse manager of a nursing home, which I was absolutely not qualified

We are a noble profession, but to what end? That's how we got here.

to do. One of the major organizational issues in nursing is we just move senior nurses into these positions, but these leadership positions require a lot more than just seniority in the nursing role. I think that's a lot of the disconnect happening right now with nursing, as well. We lived in Philadelphia, but my husband had lived in Utah for a little bit. I found a NICU position in the University of Utah hospital, applied over the phone, got accepted, and my husband and I moved to Utah. We lived there for eight years and I was at the NICU the entire time. It was the love of my life. I still talk about being inspired by those less than one pound humans - resilience like nothing you've ever seen. A lot of our population is female, though many male, too, but what I never knew is that if you have a male preemie and a female preemie with the same issue, the female preemie will likely survive and the male preemie might die. That just shows how badass women are - it just goes to tell you we are the superior race. We wound up coming back to Pennsylvania and I worked in the NICU at the University of Pennsylvania for five years. Then I was working straight nights for probably 16 years, so it was time for me to find a job with some day shifts.

I think that we need to kind of reframe what's happening to us, and recognize that this is a call to change, this is a reckoning that's happening in nursing right now. We're not being called to leave the profession, we're being called to transform our profession so we can live in our integrity without the moral injury that comes from, "your asking me to do too much, I literally can't do this, and by you asking me to do this, I may be performing harm on someone, and how am I supposed to go home and move on knowing that I have this duty to take care of other

people." We innovate, we're resilient as hell, but we've been innovative and resilient and made this broken system look like it's working for far too long.

ND: Right, that's the whole hero analogy.

DJ: We're the reason it continues to stay afloat, but you continue to beat the worker and the workers finally said, "we're standing up." I give huge props to Gen Z: they want balance, and I applaud them. We wanted balance a long time ago but we had these boomers telling us like, "you've got to suck it up" and "you've got to win." We got stuck in the mindset that we actually had to work harder, and not take a look at self compassion.

I eventually went on to a dialysis then pediatric home health. Then I had a neighbor who needed a kidney, so I



2nd GRADE



Name Dawn Farrell
(STUDENT'S OWN HANDWRITING)
Age 8 Weight 70 Height _____
Name of School St. Peters

Teacher's Name S. Mary Dorman #2
New Friends Jennifer Trach, Karloyn Stelm, Dina Janson, Denise Pins, Helene Fanelle #1, Maureen Croford, Beck #1
Favorite Activity playing
Pets _____
Awards _____
Promotion Date June 4, 1980
When I grow up I want to be mother & nurse



donated my kidney to my neighbor. She was a nurse, our kids were the same age, and she'd be tethered to her peritoneal dialysis machine all night. As a nurse, I didn't have to dummy it down, I knew I didn't need to, and if it was a match, then that's grace. I have to trust that I have this mission, and I'm going to be taken care of. After the donation, I went on to see how I could help others that were struggling with kidney disease. It really has to do with a lot of lifestyle design changes that could help these people before they got to that point. Then I moved on to go onto organ transplant to help in a different way. It's not a nursing position, but the amount of time we got to spend with the families who had just lost a loved one before we went on to organ donation. There was a disconnect there for me, I wasn't able to hold space for the people because once we got a yes, and it was a very heartfelt yes, they also knew that the clock was ticking. I always felt a disconnect there. Then, in March of 2020, I got COVID and wound up really sick. Everyone in my family got COVID in; my husband was very air hungry and a little bit

delirious at times, but I was taking care of everyone else, as a good nurse, and not thinking about my own health. I was walking around the house, making sure everyone was breathing all night long, and wound up the one who had to go to the hospital. The most unfortunate thing was I was so disempowered by my healthcare provider, because she told me, "you need to go back to work because they need you out there. They need nurses." I just knew that going back - walking into the fire - was not the way it was going to work. I needed to start to take care of my own health first, 26 years into nursing, for the first time ever I was asking for help. Finally, I told her that wasn't going to happen and that I was dealing with some mental illness, and she told me I was faking. I wound up in an intensive outpatient therapy for what was diagnosed as PTSD and spent six months, three days a week trying to get my life back in order because I was broken. I felt helpless. I felt hopeless. It's a very dark place. I can imagine what's going on right now - I've talked to several nurses who have survived suicide attempts in this time, because we're not

encouraged to seek mental well-care. You can be physically ill or physically well, but you can't be mentally well and mentally ill, and that's the paradox. The stigma says mental illness is a weakness. So many nurses I've talked to in this transformation that I'm trying to build for them say, "listen, how dare I complain? How dare I not count my blessings? Because I watch all of this but I have all of this," but that doesn't mean we're not suffering. To a fault, nurses will put everyone else first. I want to ask every professional I know: would you be willing to sit at your desk for 12 hours with no meal and no bathroom break three days a week? And then continue to go back week after week before you would stand up and say, "this is BS, I'm not doing this anymore"? Well, we've done it for 100 years.

ND: Right, and by the way your job pressures include a list of tasks you're never going to come close to finishing and there will be angry people peering at you all day wondering why you can't be better.

DJ: Exactly, but thank God for nurses. We empower each other. We speak

How can we trust that anyone else is going to show up for ourselves if we don't show up for ourselves?

to each other in a way that says, "this sucks, what do you need?" You have to really understand how much we care about everybody. I showed up for my colleagues. I showed up at work so my colleagues weren't screwed on their shift. I picked up extra shifts because my nurse colleagues needed me. That was just the job.

People are going to die, but the caring people are getting right now is not authentic, vulnerable nursing care. Nursing care says, "I can care for you because I know how to care for me." But we forget we're in the room, and that's a major disconnect, this lack of self compassion. There's a lot of people suffering right now, and my colleagues are likely suffering, too, so how would I talk to my colleague in this moment to let her know that she can keep doing it? Those are the words I have to say to myself. "Dawn, you're doing a good job. You're doing the best that you can. Going faster is not necessarily what's going to be the best for this patient." In my soul's contract, I was gifted intuition, which most nurses are, and when you rush us and tell us how it's going to be and wag your finger and say, "we only have so much staff," we're not able to work to the best of our ability." The reckoning that's coming in nursing, it has everything to do with our language. It has to do with wellness as a skill. The more we empower wellness as a skill for ourselves, the more we're able to empower wellness for our patients. Guess what happens when we empower wellness for our patients? They stop showing up at the hospital because they start getting well, because they are empowered to take care of themselves. We have this inner knowing about what's right or wrong, this holistic way of knowing. Exhausted as I was healing from PTSD, I heard a voice that said, "you

need to help nurses, you need to be the beginning of the change we need to see in nursing.”

ND: I wanted to ask you about that. At what point did that next path reveal itself to you?

DJ: It's in the breakdown: they say the biggest strengths come from the biggest struggles. If we're not struggling, we don't understand what growth looks like, because if everybody's fine, there's nothing to aim for. It's not about goals. I think there's a misconception of how I work with my clients: we make agreements versus expectations. There's a lot of expectation from work, but in my work let's agree we're going to give our best, we're going to show up authentically, and if I'm coming in too hot for you I agree to back off, you just have to agree you're going to tell me so. In these agreements, I give my clients permission to say, “I need more” or “I need less.” We don't realize what we need until we hear ourselves say it for the first time. If you're working beside a nurse who is lit up from the inside, because they feel seen, heard, and empowered, you can't help but notice something's different. Delight draws light, and as nurses we all have that light. We wouldn't be able to be these caregivers if we didn't have that light, but they just pile on so many other things that it's just a little bit of a dim light. Once we start to uncover, to remember we are in the room, and we deserve as much as everyone else that we give to deserves, and it's not just about nursing, it's about home.

ND: I love that. So how did you become a certified nursing coach? How do nurses do that, and what advice do you have for nurses interested in the same field?

DJ: So nurse coaching is pretty new.



Nurse coaches - we use our standards of practice of nursing assessment, diagnosis, evaluation. The beauty of nurse coaching is we are able to show up as a nurse with a little bit of cred - because we're the most trusted profession - but we learn the ability to hold space. In nurse coaching, we really hold space for our clients. I don't have the answers for my clients, my clients have the answers for themselves. I'm able to use those skills and help you find the answer with powerful questions. I also help with more holistic treatments like meditation, mindfulness, I do a lot with self compassion. I do a lot of the inner work that comes from the ability to get quiet. Once we start to cultivate that inner landscape, we have a chance to look outside of us and say, "here's what I'm willing to do and not willing to do." There are a lot of schools for coaching, but I think it's really important to do your research. The American Holistic Nurses Association Credentialing Corps only lets you sit for the holistic nurse coach board certification if you use a credentialed entity that they already have listed. When I went through the program, we're basically coached, and that's how we learn, which I always loved. I learned best out in the field. So as I was being coached through the curriculum, I was learning so much about myself. I think our calling is more of an idea of insight, intuition. For nurses, it's very woo-woo, and we'll be happy to tell you that's not going to happen. It'll be, "no, I'm going home and I'm going to pop on Netflix and eat a pizza." That's fine, until we wind up being not the example of what well-care looks like. Wellness is a skill, and we're seeing more nurses winding up sicker, more fatigued, and we don't know how to get out of it, because we're not taught that we're in the room.

ND: Right. Many forms of relaxation or rest are forms of detachment, like TV or eating, but it's not restorative. Restorative is energizing and you can't energize while you're detaching, unless you're in a deep sleep.

DJ: Right, we're numb at work, we're numb out or work, we're just numb. That's not the gift of being who we are, that's not the job we do. We're also super strong, we've got a ton of stamina, our bladders could hold a billion liters. We have these other gifts we're not willing to look at. I don't know how else to say it: nurses are badass. We watch each other just slowly deteriorate, because that's what nurses do - nurses are so awesome that they will give it all to fault. During COVID, people aren't even coming home to their families because they feel committed to the job, it really is noble. We are a noble profession, but to what end? That's how we got here.

ND: Yep, we've lived a series of, "two more weeks, two more weeks, it's got to be ending soon, two more weeks, and now it's like, "who knows?" I love that there's people out there like you out there.

DJ: There's a nurse I spoke to recently who had tried to commit suicide in 2021. She was unsuccessful, and seeing that as a gift until she found out the Board of Nursing in her state will never allow her to have a license again because of her mental health issues. There's so many levels of professional identity breakdown in nursing. As a professional entity, a lot of people don't know that when they charge for nursing, they charge for the hospital bed and a byline under the bed is nursing. We really are working for the hospital, but as a professional entity - 4 million strong - how are we not



We are not superheroes, we are humans and we are doing the best that we can.

organizing as a collective group, to say, “you know what? We want to do better.” What's happening is they're starting to transition into nurse-led hospitals. We don't need a doctor to allow us to practice, there's nurse practitioners that can practice under their own license and do so very well. If you ask someone who goes to a doctor's office, and if they have a nurse practitioner, would they rather see the doctor or the nurse practitioner? Dare I say 100% of the time they'll say, “I want the nurse practitioner.” So, this is going to be radical, it's going to be ballsy, it's going to be saying, “no,” and not walking away but saying, “I want to have a conversation with you about what I'm willing to take and what I'm not willing to take anymore.” The boomers are retiring - they've had enough - and the up-and-comers all want work-life balance. Part of this has to start at the nursing school level, I think training self-compassion and mindfulness is really important. I just did a mindful self-compassion course for health care providers, and the exercise was very simple: think of a time when you screwed up and write down the words you would say to yourself, then think of a time your friend screwed up and write down all the words you said to them at the

time. Why? The beatdown is not motivational. We're doing it to ourselves, we're getting it from our managers and administrators, and now we're getting it from the general public.

ND: So true, and that's such a simple exercise that illustrates that point perfectly.

DJ: Enough's enough. When I coach, I practice self-compassion to heal and engage the whole person. When I'm talking to my clients, I ask, “what does your mental wellness look like? What does your emotional wellness look like? Where are you practicing wellness?” All of these areas of wellness are plates spinning on sticks, you have to touch all of them every once in a while. If you don't, one gets wobbly, and you go over to that one, and then over here, you forget about this one, so now plates are falling and you're feeling out of control. If we're taught to touch some of these things every once in a while - have a good cry, allow yourself to get quiet for nine or ten minutes. Insight Timer, one of my favorite meditation apps ever - we can keep it as simple as we want or make it as complicated as we want. It's not about doing mindfulness

correctly, it's about just sitting and recognizing that in that moment, you're safe and you have everything you need. There's so much we can learn, and there's so much new nurses, specifically, know about, like the vagus nerve. If you do simple techniques, like tip your head back, look your eyes backwards, and then swallow a couple times, you improve your vagal tone. Continue to swallow until you either yawn or need to take a breath, and it just gives you a little bit of a sense of ease. These are techniques that, if we're taught, we could easily pass on to someone else.

ND: I'm hanging onto every word, because this is on the level most nurses don't get to when we talk about self care. Those little things you're saying are so helpful, because they're really not hard to practice or add to a busy schedule, but you have to know what they are and how to do them correctly.

DJ: I challenge "self-care." I think for nurses, it's important for us to reframe it as self-esteem. When we esteem ourselves, we don't betray ourselves. When we say we're going to do something, we do it. If we say we're going to go for a walk or lay down and take a nap after work, but everybody else comes before us and we don't take that nap and then we show up at work. In those tiny moments of self betrayal we don't esteem ourselves. How can we trust that anyone else is going to show up for ourselves if we don't show up for ourselves? When we sit down and let each other know - it's okay, that we've been doing this for so long, but now that you know, it's hard to un-know. Nurses who've held so many hands in dying - you can't unsee that, so now we're drinking ourselves to sleep and waking up with nightmares. We eventually are going to have to process that, and if

we don't allow ourselves to process it, it's going to come out in another way. We just need to stay for a second and say, "this isn't going to kill me." That's the beauty of having a coach to walk you through, because once you scratch the surface, you're really opening yourself up to some stuff you may not expect. If you have a professional to walk you through it, you're able to process it in smaller chunks and get some techniques to help you, that you can pass on to your family. I think putting ourselves in timeouts is an incredible skill. So, I'm going to put myself in timeout, and go to the downstairs bathroom and lock the door.

ND: It models for your kids that you don't have it all together, and it's not that great to pretend you do because no one does.

DJ: As we mentor and precept younger nurses, can you imagine if an older, more experienced nurse had the right language to be able to walk someone through mental and emotional disease? We can help them to do it better because we're learning from our mistakes. The options right now are "I need to resign, I need to figure out a new career path, I need to just quit nursing," but it's an existential crisis for a nurse. Because it's not what we do, it's who we are.

ND: There's a lot of nurses that need to change and want to change, but maybe it's not necessarily the external situation they're in, it's the internal situation they're in. So, you've touched on that you've helped coach some nurses through difficulties they've had during the pandemic. Can you speak a little bit more about that?

DJ: I can remember a notable conversation I had with a nurse. The husband was now working from

home, the kids are on and off at home, because someone's got COVID or the school or whatever. She was a per diem nurse, she would work about eight hours a week, but her last schedule she worked 108 hours, because she said, "Dawn, I have nowhere to breathe. I can't go home and breathe. I can't go to work and breathe. But actually I would rather just be at work, because it's a lot less emotionally charged for me, because I can just do the job." It's a really tough world to live in right now, it's confusing. We're all human beings in this life, and what I've learned in my journey is that I'm not a human being waiting for a spiritual experience, I'm a spiritual being just waking up to my human experience. In the space of realizing what this humaneness looks like, my spiritual person says that only love is real, and if we could find a way to love each other better, then we could probably solve a lot of problems in our community. The divisiveness of it is really hard, and we take it from out there into our workplace. The nurse community is so important, so how are we practicing our wellness? How can we share our wellness with each other as nurses, so that we can start to build some professional accountability that says when nurses are struggling they go towards each other and not away from the profession. We know that we can rely on each other, and I think an already informed decision about what's next for nursing is a coming together of our community so we can build professional accountability that says, "I want to be a nurse, I want to be a nurse because they know how to love each other. They love each other back to life every single day."

ND: That's it. The potential is there, and that's the foundation of it, it's

just getting from left to right. It just takes the right environment to be able to feel vulnerable and show your deepest, darkest wounds and try to help each other heal.

DJ: You can not be authentic, if you are not vulnerable. We are not superheroes, we are humans and we are doing the best that we can. ■



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