

*"This is
what a
community
is all about."*

DEBORAH ONUMAJURU

RN, RM, BNSC

**PRESSING FOR
ACCESSIBLE MATERNAL
CARE IN NIGERIA**

NURSE MENTOR,
MATERNAL HEALTH
ADVOCATE, MIDWIFE, &
BUSINESS OWNER

PLUS:

THE NEED TO
TRAIN NURSES IN
ENTREPRENEURSHIP
RN PAMELA J. NYE



**THE CONTINUED TOLL OF GUN
VIOLENCE ON NURSING**

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses in the field, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.



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DEBORAH ONUMAJURU
Pressing for accessible maternal care in Nigeria

This nurse is all about creating community and sharing knowledge. Deborah is a maternal nurse from Nigeria leading the way in nursing communication. She is the founder of The Budding Nurse, a social community for nursing students created with the goal of helping each nursing student reach their full potential. On the side, she runs a business creating nutritious foods for mothers with new babies. Learn how she does it all in this week's feature!

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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

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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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- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
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- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis

How it works:

Entry qualifications:

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- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- 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

Meet all requirements? Apply at nursedeck.com/scrub-verified.



Pamela
Jane Nye
MS, RN, CNS-BC, CNRN,
SCRN, ENLS

The need to train nurses in *entrepreneurship*



MEET PAMELA

Pamela Jane Nye, MS, RN, CNS-BC, CNRN, SCRN, ENLS, is a nurse entrepreneur and educator. She is an Associate Professor to the UCLA School of Nursing Nurse Practitioner/Clinical Nurse Specialist Dual Role Program and owns two businesses, Neuroscience Nursing and Operation Scrubs. Her mission is to educate the public on the value and role of nurses. She is a scientist at heart with a rich background in nursing research. She is a mentor and donor to the American Heart / American Stroke Association STEM for Girls program, and the creator and leader of the Los Angeles Nurse Network (LANN).

Where does your strong passion for nursing come from? And what led you to study neuroscience?

It was a long time ago, but I'm going to start from the time I learned what a nurse was and what they did. When I was about 16, I had gotten my first job, and it was in a hospital. I worked in the basement of the hospital making food trays which would be taken upstairs for the nurses to pass out to the patients. I watched these wonderful, mostly women, completely dressed in white, almost like angels without wings. They went about their work efficiently, and really enjoyed what they were doing. The best part of it was, I was a 16-year-old and they didn't need to be kind to me, but they were. They impressed me incredibly, and I thought if I was ever smart enough, I wanted to be a nurse. That's where it began. As for neuroscience, it goes back to a moment I had as a new graduate nurse at my first job. I was told that this young 26-year-old motorcycle crash victim lying in the bed quietly with his eyes closed was my patient for that day, but that there was not much we could do for him. We could only make sure to give his family as much support as we could because he was probably not going to live. I just couldn't imagine we were going to lose this young man, so I sat down on the edge of his bed and wrapped my blood pressure cuff around his arm and I just absentmindedly said, "good morning," to him and, with his eyes closed, he said, "good morning," back. Even

today, it still makes the hair stand up on my arm thinking about this moment. Thinking about this man who went on to recover and lead a fairly normal life. I knew then I was going to be a neuroscience nurse. This was going to be my life's passion.

Can you walk us through how you became a nurse entrepreneur?

Absolutely. This is my new passion in life. I could talk for hours about how the nursing world is changing, and we need to change. By the way, I do a lot of teaching. I'm also an associate professor at the UCLA School of Nursing. I teach entrepreneurial nursing there, and I say to my students, "if you aren't aware that healthcare is changing, then you haven't been paying attention." Nurses are changing. We need to. There are so many things that are going to happen in the next few years, and we as nurses have an obligation to stay ahead of the trends. One, for example, was brought up by President Biden during the State of the Union Address in February of this year. He said we need to be able to give our nursing homes better care. The nurses who work there need to be more involved, better educated, and more capable of taking care of our elderly loved ones, and he's quite right. As nurses, we hold on with tight fists to the wonderful education we've gotten. If you worked in the ICU, you worked hard to be there and stay in the ICU, by keeping your knowledge base up to snuff, and you almost look down on the

med surg nurses instead of reaching to pull them up. One of the things I'm espousing right now is coaching. When young nurses start thinking about entrepreneurial work, they doubt themselves. They worry they're not smart enough or they don't know what they're doing. My answer to them is: you're already doing it! You are already a nurse coach. You just need to reach out. Go to your neighborhood seniors and talk to them about something you feel comfortable speaking about, where you consider yourself an expert. It could be heart attacks and healthy foods to prevent them. Maybe it's about stroke or managing constipation, whatever it is you're an expert about, go out and do it. Once you have one gig under your belt - now you're an expert, now you've done it once, and it only grows from there. You've been coaching. You do it every day, inside the walls of your hospital, and then you're going to reach out for the first time because our communities desperately need us. We can't hold on to our expertise with tight fists and not reach out to the young nurses, or our struggling colleagues. We have a professional responsibility to make everyone do well, not just yourself. That's mentorship at its finest.

Can you tell us more about Neuroscience Nursing and Operation Scrubs? What is its mission and vision?

Absolutely. I began my entrepreneurial journey in 2004, which I realize is a long time ago. It started with a doctor I was working with, Dr. Jeffrey Saver. In the neuroscience world, specifically the stroke world, he's known across the United States and even globally, and I was lucky enough to be his research nurse. He would come home from having been all over the country or world, and he would sort of cry on our shoulders saying, "Chicago has a primary stroke center, New York has two primary stroke centers, Florida has three, and Los Angeles has one. UCLA: we have to do better." I'd been working with him long enough, and I thought, "I could do that." So I stepped out, and I created Neuroscience Nursing incorporated in 2004. My mission was to bring as many hospitals as I could in Southern California up as primary stroke

centers. It was a niche business. I knew it was time-limited, and that at some point, they were all going to be primary stroke centers and I would be out of a job, but I knew that going in and I was fine with it. What I wanted was for Dr. Saver's vision to become a reality in Los Angeles. I was instrumental in bringing between 16 and 18 primary stroke centers up in the Los Angeles County region, but I missed the hospital. I'm a clinical nurse specialist, so I really missed that one-on-one patient contact. In 2012, I took a position at UCLA as the neuroscience clinical nurse specialist and worked there for approximately eight years, and then it was time to move on for me. I yearned to go back and start that entrepreneurial work again. This time, it was a completely different direction. My vision, my mission, had now changed, and it was to educate nurses, to provide affordable, and in many cases cost-free, continuing education to nurses. No nurse should have to spend a lot of money just to renew their license. This should be easily available. So, that was my mission, to provide cost-free education to nurses. I did that through Neuroscience Nursing Limited, which I restarted with a slightly different name and within a couple of years had included a subcategory of Operation Scrubs. Operation Scrubs was part of Neuroscience Nursing at one point until we realized that Operation Scrubs was different from neuroscience nursing. There were many similarities, and the idea of cost-free education remained the same in both companies, but I wanted Operation Scrubs to shine a light and raise awareness of the work of nurses and honor them. Two years in a row, we provided a celebration for the work of nurses throughout Los Angeles County. We invited these nurses and their partners aboard a yacht, where there would be dancing and we'd wine and dine them. We had the most exciting celebration, including a harbor cruise all around the Los Angeles area. It was so exciting. I'd never seen so many nurses just having so much fun together. We really honored them. That's where we spawned the scholarship program, through the idea of honoring nurses. Operation scrubs then spawned something called the Los Angeles Nurse Network. We

have approximately 300 followers, where once a month I provide free education, one contact hour of education every month.

What is the story behind the Pamela Jane Nye Working Nurse scholarship?

This scholarship has been in existence for approximately three years. The idea started when I began grad school at UCSF. I was single at the time, and had I not been offered a traineeship through that program, I'm not sure I would have been able to afford it. I thought to myself, "this is crazy." I was lucky enough to have been awarded that traineeship - it was nearly a full ride - and I wouldn't be here today if it weren't for that. I thought, "when I make it, I want to be able to do something similar for other nurses." Right now, we have 12 organizations, hospitals, and universities that accept the Pamela J. Nye Working Nurse Scholarship. You need to be working in order to be eligible for this scholarship. In fact, I recently participated via Zoom in the awarding of the scholarship at the University of Wollongong in Australia so now we're international! A young lady named Olara Bowden was awarded this scholarship. She was thrilled to get it and I was thrilled to see her get it! It's exciting, it fills my heart, and it fills me professionally. It's fulfilling what I had hoped to be one day.

What do you want the future of nursing to look like?

I believe we need to keep our eye on the trends. As nurses, we don't always do that. Our focus is very narrow. We think about our eight hours or twelve hours when we go to the hospital or to the clinic, and our world begins and ends there. We need to pay closer attention. There is a group called the American College of Healthcare Executives, with 48,000 members that are hospital CEOs. In one of their last conferences, they identified one huge concern, which was being able to keep their nursing staff. Now, there was a report that came out in February called the McKinsey Report, and it identified that two-thirds of the nurses polled considered leaving their current job. What they further went on to identify was that a third of those two-thirds



were actually going to do it within a year. Many of those nurses are not only going to leave their jobs, they're going to leave the profession altogether. This is a tragic statistic. We need to do something about this, we can't let this be our future. The question becomes, "well, why are they leaving?" One of the reasons they cited was a lack of support and opportunity. At a previous national conference, I said something that I still believe in: this is the call to action for our colleges, universities, and schools of nursing. We have to prepare them in the area of entrepreneurial nursing and stop looking at fellow nurses as though they are competition. We have to do this. People are reaching out to me, including the American Nurses Association, and I'm very proud of that. They are in fact, looking at this situation and recognizing that our healthcare system is broken. There's no question. The vice president of the Enterprise Innovation program in the ANA reached out to me, and we are now creating an opportunity called the Sandbox that will allow nurses to consider entrepreneur work. So it's exciting, it's an exciting year ahead. It's an exciting five or ten years as nurses to break out of this cage we've been in.

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THE CONTINUED TOLL OF GUN VIOLENCE



ON NURSING

As you provide care for your trauma patient - one of multiple gunshot wound victims to be transported to your facility in the last hour - you hear the sound of gunshots ringing through your unit.

You immediately freeze, questioning what you just heard.

You hear a “Code Silver” being called overhead, indicating an active shooter in the building. Instantly, the buzz of hysteria and chaos confirms your greatest fear as you rush to implement lockdown protocols while still caring for and securing your patient. As police pour in and quickly outnumber staff, you realize the shooting is a gang-related retaliation whose target is your patient.

No active shooter drill could prepare you for this moment of intense anxiety and sheer panic that permeates your entire unit as it becomes a battleground.

This could be a scene found in any hospital in the United States as the world grapples with rising gun violence. Nurses and frontline healthcare workers are among the most at risk for dealing with the tragic events surrounding all acts of gun violence. The first point of contact while caring for these individuals and their families - nurses are left holding the shattered pieces that remain after these horrific events that are unfolding daily. There is no time to process these traumas before moving on to the next patient and situation, all of which have a cumulative mental health effect that can lead to severe health issues. This leads to extreme burnout, compassion fatigue, and moral distress that continue to fuel the Great Resignation in healthcare.

Public bickering over how gun violence should be managed on state and federal levels only adds to the profound emotional toll.

Gun violence is a public health crisis that requires a comprehensive approach. According to the American Public Health Association (APHA), gun violence is a leading cause of premature death in the United States.



More than 38,000 people are killed and nearly 85,000 non-fatal injuries occur yearly due to gun violence, and nurses have a front-row seat to these horrendous tragedies. Caring for victims of mass casualty shootings, and feelings of a loss of control over these acts of violence and their effects, creates immense internal conflict and moral distress that are harmful to nurses.

Nurses are experiencing exponential rates of secondary trauma stress (STS) related to caring for victims of gun violence and their families, which remains hidden behind organizations' closed doors. In a study conducted by the Emergency Nurses Association (ENA) to evaluate the prevalence of traumatic stress and its effects, nurses reported impaired sleep and functionality, feeling depressed, and disengagement from their lives. Symptoms of STS among participants included paranoia, hypervigilance, heart palpitations, anxiety, nightmares, and flashbacks.

Congress recently passed bipartisan gun safety legislation, which received kudos from the American Nurses Association president Ernest Grant, PhD, RN, FAAN. In a moving statement, he commended the work of Congress in coming together to tackle this issue head-on:

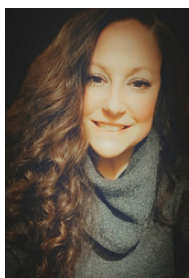
“The passage of the Bipartisan Safer Communities Act marks one of the most significant steps Congress has taken to reduce gun violence in decades. As the nation’s largest group of health care professionals, nurses know firsthand the horrible toll that guns have taken on our families and communities.

This bill begins to address some of the core issues underlying the public health issue of gun violence by implementing common-sense policies that nurses and other healthcare professionals have long supported. Critically, this legislation is the result of bipartisan compromise. I want to thank its champions in the United States Congress who worked tirelessly across the aisle to ensure this package crossed the finish line.”

This is one step toward addressing this multifaceted public health epidemic. Many healthcare providers, among them nurses, experience higher rates of anxiety coming into work for fear of the unknown related to increased acts of violence. Resilience training, active shooter drills, unit debriefing sessions, and implementing new safety measures are only scratching the surface of strategies to tackle the growing effects of gun violence.

Identifying, treating, and healing the trauma endured by frontline healthcare workers so they can continue to provide care for others is critical in a growing climate of violence.

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Carolyn Harmon, BSN, RN, is a nurse columnist with NurseDeck. She has over 24 years of nursing experience. She is currently a Perioperative Optimization Clinic staff and charge nurse. She also has 14 years of knowledge acquired from her role as an adult and pediatric ER and trauma nurse. Carolyn is passionate about mentoring and supporting nurses in all stages of their careers, as well as healthy work environments.



INTERVIEW HOST



**JAMIE SMITH
RN, NP, MSN**

NURSEDECK AMBASSADOR &
INTERVIEW HOST

Nurse Jamie hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck Community.

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.

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.

DEBORAH ONUMAJURU

RN, RM, BNSC

Pressing for accessible maternal care in Nigeria

an exclusive interview


Deborah Onumajuru is a registered nurse and midwife from Ekiti, Nigeria. She currently works as a midwife for the Federal Civil Service of Nigeria, the academic director for Stepped Up Nurses Academy, and an online instructor for the Pregnancy Support Foundation. She is the founder of The Budding Nurse, a social group nurturing student nurses, and EMMJAY FOODS, a company making food for new mothers that she hopes to take national in the years to come. She also volunteers for Pregnancy Support Partners International as a partner and social media coordinator.

Jamie Smith (JS): Can you tell us how you got started in nursing?

Deborah Onumajuru (DO): As a child, anytime my dad was around, I always told him I wanted to become a nurse. It all started like a dream of passion. It started with the uniform. Yes, I loved seeing nurses in the white uniform. It was just something that was originally in my heart as a child. My dad also got a first aid box in our room and I started cleaning wounds. I started taking care of people. Things that should scare children, like blood or things like that, I saw myself going for those things. At that point, I knew I was called to do something like this.

JS: What first drew you to maternal and child health nursing?

DO: During nursing school when I walked into the labor ward, which was so interesting, seeing women going through so much pain for their babies and the joy on their faces and that of their family members after the arrival of their babies was something I wanted to be a part of. I was considering doing some other speciality, because the way midwives were treated in my country was not something I thought I was cut out for. At some point, I started losing interest in midwifery. But a few months before my wedding, my husband-to-be said to me, "why not midwifery?" And I was like, "I'm not interested in this thing anymore. I don't know." So I started exploring other options. I went through an examination to get into pediatric nursing, and I wasn't even interested in preparing for the midwifery examination. I just dragged myself to the examination venue. Surprisingly, I wrote the exam and I got in. I was so happy when I got in, and it was like, "oh, this thing you're running away



Things that should scare children, like blood or things like that, I saw myself going for those things.

from? This is your first look. So it's very important that you come back to it." When I started midwifery, I discovered that all the interest and the love for midwifery never left in the first place.

JS: Can you tell us more about The Budding Nurse (TBN) and Pregnancy Support Partners International?

DO: I'm the founder of The Budding Nurse, the social community for nursing students. We have different nursing students in my community – those in year one, year two, year three, those in their final year at university or a school of nursing. The mission is to create a community of nursing students to help them maximize their potential to the fullest. Our vision is to ensure that balanced nurses, skillful nurses, innovative nurses, innovative nurses are trained in the body. The Budding Nurse is a community I'm very, very passionate about. I have a lot of plans and visions for it. I want to make sure the future generation of nurses are ready to take on challenges on their feet after graduation. At some point I

discovered that many nursing students, when they get into nursing school, they have a lot of aspirations, they have a lot of dreams. But when they get into school, because of the academic challenges, because of the clinical postings and things like that, they get so buried in all of these activities they forget to develop themselves. At graduation, they begin to realize they have not done so much for themselves, or they have not acquired all the necessary skills they need. It's very important that you develop the necessary skills you need to know to sustain yourself when you get out of school. That's what I do with The Budding Nurse community.

JS: What do you think is your ultimate driver in creating the social group?

DO: It started as a passion. After nursing school, I discovered I had a thing for nursing students, even as a nursing student. In my final year, I would want to teach the junior nurses in year one or year two. When I started working, I discovered the interest was still there. I would want to teach them because the clinic was not so busy, not as busy as the wards. So whenever we were free and finished attending to the patient, I would always tell them, "okay, let's bring all your notes, let's do something, let's have a discussion." I was always interested in what they were doing outside of nursing - what was their passion, what they wanted to do after leaving school. That's how it started, and then I looked at it, and realized it's possible that I could reach out to more students. Why should I narrow myself down to just a few students I come across in the clinical setting? So, I called my brother. My brother is someone who was very used to communities, local

outreach, and things like that. We came up with a community where you would be able to have all the student nurses in one platform, and not necessarily those from your lesson, and that was how we started joining the community. I'm so happy about it, because this community has offered support to a lot of students. You can come in and tell us what you're worried about. You can come into the community and say, "okay, this is what I experienced in the clinical setting, this is my challenge." And people would come and send you an emoji, or just tell you something that would make you relax - something that would make you feel that you are in a community where there is love. It's been fulfilling since I started The Budding Nurse community. It was a passion that started even while I was a student.

JS: What motivates you in becoming a nurse coach and mentor in health education for pregnant women?

DO: Earlier, I discovered that in my country, some women do not get adequate information from the right source. We have a lot of people who want to have a say when it comes to health, people who are not even in the medical field. This world called me. I was like, "okay, I'm starting this community for pregnancy." So, we started by educating pregnant women online - two times a week, we would educate these women. I also started creating content that has to do with pregnancy related issues, delivery related issues. The passion started from me, saying that women were not getting the adequate information they needed. And I said, "Okay, maybe you are a professional nurse or midwife, so anybody getting information from you is getting the right information since you know what is right, and you have the



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adequate information. You have the right information to give to these people. Why sit in your corner?" We started out educating people on WhatsApp. From there, we moved to the Facebook community.

JS: Can you tell us more about Tom Brown and EMMJAY FOODS? How do these products contribute to safe pregnancy and delivery?

DO: EMMJAY FOODS started as a passion. I discovered I love cooking, so I just started cooking for people for fun. At some point after I had my first baby, I was at that point where we had to transition from breast milk to complementary feeding. At that point I got so scared, even though I was a nurse. It was a whole lot of work, and I didn't know what my baby was going to tolerate, so I went online. I went on Google, I went on YouTube, and I discovered this food that's in my area that we give to children. We call it Tom Brown, and it's a combination of grains, legumes, nuts, and things like fish. Most people give their children just one green, just corn, or Guinea corn or something like that in my own country, too. But the term Tom Brown is a combination of several grains, several legumes and crayfish, fish, and other things that we have to combine together. EMMJAY FOODS - I just started doing that for fun. I was cooking for people; I would go to their homes for the harvest house party, and I would just go and cook. After I had my first child, I made a particular combination. That's a combination of clinical maize, millet, grannots, and crayfish. I would make it and put it in the freezer, and every morning, I would just scoop. When I did further research, I discovered there was a way I could do it in a powder form, and it would still serve its purpose. So, I started doing more

research, and I read more about it. I came up with a combination - the same combination I had initially, but this time I had to dry some of it. Since it's in a powdered form, I will just scoop, mix with water, cook and serve it to my baby. I gave it to a few friends, who were like, "oh, this is nice. How did you make it?" And I told them the whole procedure, and they were like, "no, no, no, no, no, no, no. There's no way. I don't have that time. I'm not going to do that." I was like, "okay, you're not going to do that. I can do that for you." I learned to make some of these things very well and a lot of people have been coming to my market asking me if this product is a locally-made product. That's how it started. Basically, my initial aim of coming up with this combination was to meet a need, and the need I was trying to meet was the need of babies who are transitioning from breast milk to some solid foods, liquid foods, or foods other than breast milk.

JS: What are the significant changes COVID-19 has brought to maternal and child care nursing?

DO: At that initial time when COVID broke out in my country, we had a lot of women who were not able to access us. With the lockdown, people were not able to come to the hospital. A lot of women were scared of coming to the hospital. Thankfully the vaccine is here now. People are beginning to come back to the hospital. Even with the vaccine, we still have a lot of education to do, when it comes to enlightening women that you can come to the hospital. That stigma is reducing. It's important that you come and access those where you'll be adequately monitored, irrespective of the virus.

JS: What is your most significant



message to our aspiring mothers concerning healthy pregnancy and delivering?

DO: What I would say to them is that before they get pregnant, they should go to genetic counseling. They should get the necessary investigations they need to do before they start conceiving, because some of the childhood diseases we see around the world could have been detected if more women had some of these investigations done before getting pregnant. I will also say it's very important to go to a reliable facility. It's very important that you access healthcare from the right source.

JS: How do you see the future of maternal and child care nursing? Are there any changes you would like to see?

DO: I would love to see a lot of changes in maternal child health. I would love to see more women

access health care from the hospital. I would love to see women who would not have so much confidence in accessing a quack – let me put it that way. Because quackery is one issue that is deep in the healthcare system in my own country, and it's really becoming a mess. We have some women who have more confidence in accessing a quack than accessing the hospital. I also want to see a situation whereby the governors can come in to arrange a television broadcast where we educate women concerning their health. The government can also collaborate with other NGOs that do things as related as related to pregnancy, and go into the communities to help educate these women to let them know the importance of accessing health care from reliable facilities.

JS: So, you're a mother, a content creator, music minister, graphic designer, a chef, personal development advocate, and you're a

wife. How do you find balance in all that you do?

DO: So, my family and my job come first, and other things can come in between. When I go to work, and I come back, and I have free time, I do some work on graphics, but I pay attention to my kids. When they're at school, when I'm off of duty, I can do whatever. I can work on my phone, I can work in the community, I can do every other thing. But for my religion, my job, and my family, these are the three things that come first. Every other thing, it's based on my availability and when I have time.

JS: What is the biggest challenge you've had so far in your career? How do you manage it?

DO: Well, right now, I'm pursuing a career development. It's been challenging, but obviously I'll keep pushing. At some point, I was almost getting tired. But no, sometimes we go through challenges, and we don't back off when we experience challenges. Keep pushing.

JS: Have you ever felt burned out? If so, how do you know it? How do you identify it? How do you handle it?

DO: When I get tired of doing so many things, I get irritable. It's just natural. So one thing I do is I take social media breaks – lots. It's very easy for me to go on social media breaks. Sometimes, I don't want to be online for a while, I want to pay attention to myself. I really want to rest, do other things, and spend more time with my family. It's very easy for me to identify when I'm stressed. I go to YouTube especially. When I return from work I go to YouTube. Sometimes when I want to have alone time I just take a cold shower, and I lie on the bed resting. Sometimes it

*This is
what a
community
is all about.*

shows on my skin, my skin gets so rough, and I know I have gotten to my peak. So at that point, I know I need to take it slowly.

JS: As a founder of a support group and social community yourself, how do you think nurses can benefit from a community like the TBN and NurseDeck?

DO: I think nurses can benefit so much from The Budding Nurse community in so many ways. Recently, I had a conversation with a coach and we got talking and I told him, "I want to come up with an idea that would help student nurses develop digital skills and soft cues that are very necessary and that would help them even after graduation." From time to time, I'm also coming up with initiatives in the community that would help student nurses express themselves better. I came up with this initiative, and it has really helped the community a lot, and it has helped a lot of student nurses feel free to develop their communication skills. I think that's the same thing happening in the nurse in the NurseDeck community. I see people ask questions, and I see responses from other nurses. I see a lot of people who are very free to

express themselves and their challenges, and somebody is right there telling them, “oh, sorry about that. Sorry, you had to go through this today.” I think I read one, saying that he had a lot of death cases on that particular day, and people were trying to encourage him. This is what a community is all about. This is what the community is all about where you feel free, and you get hope.

JS: Thank you for that. Is there a topic that you would like to mention or discuss that we have not already?

DO: A few weeks ago, within the community, some students were so interested in coming out on LinkedIn. I knew a number of students in the community that are already out there on LinkedIn. And I was like, “okay, are you willing to organize a LinkedIn optimization class? Because it looks like we don't have a lot of students on LinkedIn.” This is a professional platform I believe a lot of students can benefit from. LinkedIn is a professional community, and that was how we came up with the LinkedIn optimization class for student nurses, which is the first of its kind in my community. In the next few days, we'll be having the webinar. So to me it is a success story. They are all student nurses. Out of the community, I can see students who are now coming out who are interested in taking on this challenge, who want to be more than just being a student nurse, who want to learn a lot of things and see what they can do for themselves.

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Nurse Product Directory

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



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

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