

"Nurses really need to lift each other up."

ELYSE SHELGER

MSN, RN, PHN, CCRN, NE-BC

NAVIGATING NURSE BURNOUT ON THE PEDIATRIC FLOOR

NURSING SUPERVISOR,
NURSE ADVOCATE,
FORMER PROFESSIONAL
SOCCER PLAYER

THE TOUGH CALL
TO TAKE YOUR
OWN ADVICE &
PRIORITIZE SELF-
CARE

**RN HALEIGH
ADAMSON**



THE NURSE ADDICT PART 3:
RECLAIMING—LIFE, WORK, AND SELF-
WORTH—AFTER RECOVERY

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.



Page 5

The tough call to take your own advice & prioritize self-care
RN Haleigh Adamson



Page 10

Reclaiming—life, work, and self-worth—after recovery



Page 14

ELYSE SHELGER
Navigating nurse burnout on the pediatric floor

From her professional soccer career to her dedication to pediatrics, this nurse is GOALS all around! Elyse is a nursing supervisor who understands the importance of self-prioritization and self-preservation in nursing. An advocate for nurses and patients alike, Elyse shares her philosophy of leading with positive intent to combat widespread nurse burnout.

LEADERBOARD



Rachel Grace
137



Carolyn Harmon...
68



Nicole Rito
29



Jasmine Joiner
28



Christina Aylo...
27



Rob McNiff
23



Mariah Edgington
20



Kadeshia bova
19



Robin Selman
18



Ottamissiah Mo...
17

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!

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The tough call to
take your own
advice and
prioritize
self-care

RN Haleigh Adamson



MEET HALEIGH

Texas nurse Haleigh Adamson, MSN, RN, CEN, TCRN, started her business, Nurse Rx Box, to fulfill her true calling: helping her fellow nurses. Recently, she made the tough call to pause her dream business, and shared an emotional video explaining her decision. In this interview, Haleigh gets into her nursing career, what inspired her to start Nurse Rx Box, and why she's moving on - for now.

*Instagram:
@nurserrxbox | @haleighren*

Let's start at the beginning. Can you tell us how you got into nursing?

I knew from a young age I wanted to be a nurse. Both my brothers were in pretty severe car accidents and had prolonged ICU stays, so I was involved with that and watching them recover. I just knew that's what I wanted to do when I grew up. There was no delay for me. I graduated high school, went straight to university and graduated with my bachelor's in nursing in 2011, and I've been a nurse since then. I got my start on a med surg floor, because back then you could not specialize, and I spent exactly 365 days on a med surg floor. I knew it was not for me, but my one year came and I put in my transfer request to go to the ER because I had always wanted to be an ER nurse. That was just always my dream. I was super pumped to pursue that. Since then I've had my hands in ER in some form or fashion. I did air nursing, travel nursing for about two years, and slowly worked my way up the clinical ladder, becoming a supervisor. I then transitioned into a more specialized group with trauma services, became a trauma coordinator, trauma program director, then back to trauma coordinator. Currently, I'm in a trauma coordinator role working remotely from home. I've had a wide variety in my career as a nurse, but I've loved every bit of it. I've also hated portions of it, which is why I've moved around a little bit until I found what I love.

For people who aren't familiar with Nurse Rx Box, can you tell us exactly what it is?

For sure. I'm sure everybody's familiar with the Ipsy Bag or FabFitFun Box - it's the same concept. It's a monthly subscription, specifically for nurses, with five items in each box aimed at providing functional self-care items for nurses. Each box contains something you can always use on shift. So you always get asked in leader rounding if you have the tools needed to do your job, and it's like, "no, I don't have the tools I need to do my job." That's where that came from. I always try to include some sort of gadget to help nurses while they're on shift, no matter what their specialty is, and then some themed items to go along with it.

Tell us about how you started your company Nurse Rx Box. What gave you the idea? What was the inspiration?

It really gave me some perspective being in so many different roles - whether it's at the bedside, administrative, remote, what have you - but my true passion was not just helping patients, but also helping my fellow nurses. That's really why I got into leadership. I graduated with my master's in 2020 in leadership and healthcare administration because I knew deep down that was what I thrived in. My passion is helping other nurses, because I remember being a novice nurse and going to work every day with anxiety and

crying the whole way home thinking, “I have no idea what I’m doing, I have no business being a nurse,” and just feeling totally overwhelmed. I really made it my mission, as an administrator, as a leader, as a nurse, to help other nurses succeed, and find their passion, whatever that may be, whatever that looks like for them. Enter 2020: I’m an ER director in the midst of a pandemic, and when COVID hit it really shook my world. At that point, I was still a novice leader. I really struggled to keep my department afloat, but more so to keep my nurses afloat and keep them happy and energized, and remembering their why. I stuck around for about a year in that role, and I was miserable the whole time. You can only burn at both ends for so long before you just have nothing else to give. I had given so much of myself that I had made the decision to leave that role - even though that was my dream - and pursue something that set my soul on fire. That’s how Nurse Rx Box was born. I took my passion for helping nurses and cultivated it, really honed in on that passion, and said, “hey, if there’s a way I can help nurses feel supported and empowered - and if I did that every single month - maybe that would help them remember why they’re doing what they’re doing during this pandemic when we have no idea what the future holds and healthcare is changing so rapidly.” That’s the why and the story behind Nurse Rx Box.

Did you always want to be an entrepreneur?

No, not really. If you told me two years ago I would be doing what I’m doing, I’d laugh. Business and everything there is to know about business and startups - how to forecast and operationalize and develop a business - it makes me sick in my stomach to think about it. As nurses, we aren’t trained to think that way, which is unfortunate. In any ADN or BSN program you rarely have financial classes or courses that teach you what that looks like, so this was a huge struggle for me and really had a massive learning curve. Although I did have my master’s and I was able to learn some business one-on-one - it’s not the same. This was definitely not the end result for me, this just came out of me. I was jotting down ideas



in my Notes app on my phone: what I could do to find my passion and change my life. I had a friend I had worked with previously - she was a peds ER nurse by trade turned trauma coordinator - and she’s very passionate about self-care and empowering women and making them feel beautiful in their own skin. She had done the same thing and developed a self-care box for women. So I was like, “that’s a fantastic idea, let’s do it for nurses.”

I know there’s been a lot of struggles, but what have been some of the fun and exciting moments as you’ve become a nursepreneur?

Once it clicks, in anything that you do, whether it’s starting that first IV or finally understanding the rationale behind the why - once it clicked for me strategically and I started getting into a routine and feeling like maybe I knew what I was doing, that was

really one of the best moments for me. I felt like, “okay, we're going to make it. I'm not gonna have a plan B, this is plan A,” and that was the most exciting part for me. More than anything, it was getting that feedback from all of my subscribers saying, “I didn't quit nursing because of this box,” or “I remembered this month that somebody cares about me.” To get that kind of feedback and know that you're touching a life from my small town in Texas - that's amazing.

You have a great engaged social media community. You can tell your followers and audience is really engaged. How did you build that?

I think that is something anybody who decides to be an entrepreneur or start a business - you really have to learn social media. That was one of the hardest things for me, because I'm not on the up-and-up. I have a personal social media account but it's just not my thing. I don't post all the time, and I'm not some big, huge influencer. It really was a learning curve for me to try to understand how the algorithms work, but after spending some time diving into that and creating Facebook ads and Instagram ads, I was like, “you know what? I'm done with the ads, I don't care about ads. I don't care how many followers I have on Instagram or Facebook,” although it does help from a business perspective. It is a business decision: you have to have followers there to make money, it's just how it is. Obviously, I do care about it to a degree, but I stopped monitoring my Instagram flow and my Facebook flow and how many likes I was getting and how many followers I had, and really decided to focus more on content creation that was empowering and uplifting, and actually helping my followers in the long run. I was talking to my boyfriend about it last night, and I've had more followers since my announcement to suspend operations. I think being vulnerable and honest and just being your true self, as opposed to really focusing on the numbers and being so caught up in that, is really what helped me in the long run.

What have been your driving values in running Nurse Rx Box?

I think, ultimately, I wanted to remain true to myself. By doing that, I would provide a service to everybody else. Quitting my directorship and letting go of the title and ego that comes along with that - I had dreams of being a CNO one day and that quickly came to a crashing halt when I quit my directorship. Just being true to myself I am providing a service to other people, reminding them it's okay to be who you want to be. This person you've dreamed up in your head that you think you may be, maybe that's not who you're going to be and that's okay. But no matter the way you find out who that person is, we're going to do it together and you're going to be okay.

With all this being said, you recently announced you're closing up shop on this amazing business that you poured blood, sweat, and tears into. Can you talk us through what led to that decision and the challenges you faced in making it?

It's definitely not a decision I made lightly. I had to talk to a ton of people and really make sure that this was the right thing for me. But more importantly, for my subscribers there were a variety of issues that have come up in the last six months. It's no secret the economy is not doing well and inflation has impacted everybody in one way or another. I really peaked on subscribers back around April and May; Nurses Month was great and I was so excited because I had the most subscriptions I had ever had before. But that quickly started to dwindle down and down, and before I knew it I found myself back at the same level I was when I first started the business. There have been boot camps I've taken and classes I've taken but I realized that none of that education or pouring that into my business is going to make the economy better. I'm having people cancel their subscriptions, not because the subscription is poor or because they're unsatisfied with the product, but leaving me feedback saying, “I just can't afford it, I've got to put gas in my car.” It's very difficult to curate products when you have a smaller subscriber base; obviously, the more people you have, the better pricing options you have available for products, so that was becoming



challenging and shipping was becoming such a challenge. I included flat-rate shipping when I built this business, and I haven't changed prices once, so that was another thing I considered, "maybe I could change prices and raise prices?" But if people are canceling now, they're for sure going to cancel if I raise prices. I also have a lot of hats: I am a coach, I am still a full-time nurse, and I also run this business. Plus, I am a mama to be, I am 21 weeks pregnant, and this is my first pregnancy and it's been incredibly hard for me. I have been sick a lot - I had COVID and I've never COVID before. I've really just been struggling. That has really taken a toll on me mentally and physically. So, me and my better half had a conversation about what I needed to do. I preach all of the time about self-care and taking care of you. I thought, "if my heart isn't all the way in this, and I can't fully be present, then that's not really why I decided to build this business." So, it's best for me to take a step back; have my baby, get my family in order, get my life in order, come to a better place mentally and physically, and then let's

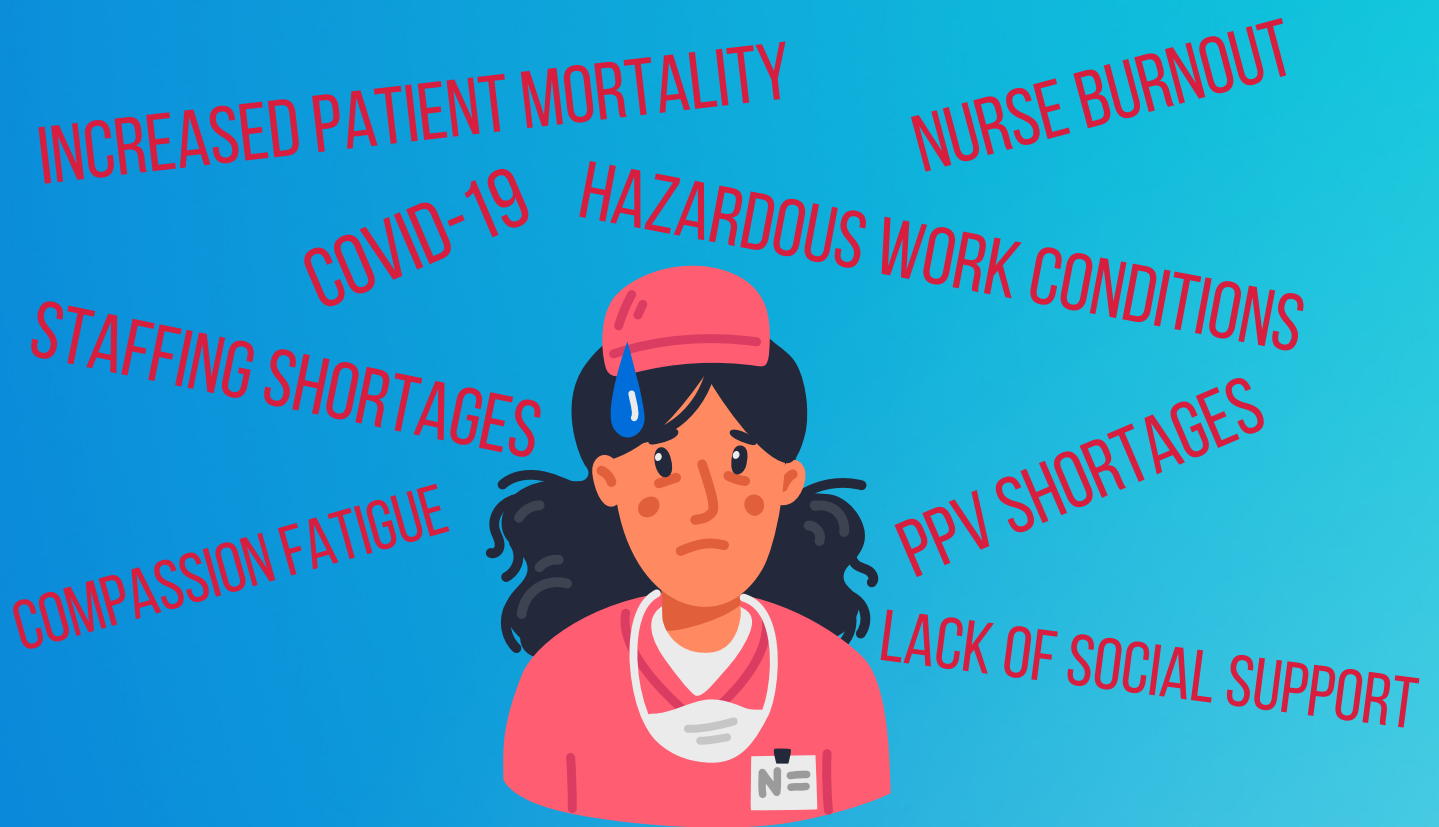
reevaluate, see where we are, and see if we can pick this back up where we left off. It's important for me to take care of myself right now. It's a very tough decision, but one of those things I think people are so afraid to do for a variety of reasons. When I quit my ER directorship, I didn't want to let go of all of the things I had worked for, and it was the same thing with this. I didn't want to let go of it, but at what cost? I decided my peace of mind and mental health was worth more than anything, and making sure that my baby is healthy. That's where we are. Nurses, women, mothers - we're taught that you have to go, go, go, go, go all of the time, and we don't have to do that. I'm here to say that we don't have to do that, you don't have to do that, you don't have to struggle. There is a way out.

Is there advice or a lesson you'd like to pass on to the next nursepreneur?

I would just say, and I've said this a lot on the page, you really have to dig deep and remember your why. As soon as you remember, that's going to lead people to finding their purpose and their passion. You have to let go of the "what was", and be present with yourself and where you are today. If you thought you were always going to be a CNO today, you might not be a CNO, and that's okay. It's okay to let go of your title and your ego, to make a change that will be better for you in the long run. Just don't be afraid of change. Don't be afraid to figure out what it is you're passionate about. Once you figure it out, sprint towards it and don't stop. 📌

THE NURSE ADDICT

PART 3



Reclaiming—life, work, and
self-worth—after recovery

This series follows the stories of four nurses dealing with addiction. The following accounts have been provided on an agreement of anonymity—therefore names and certain identifying details have been changed to protect their privacy.

Nursing is among the most vulnerable professions when it comes to substance abuse. One of the biggest factors driving this phenomenon is a higher rate of anxiety and depression. Frontline healthcare workers have been dealt an especially big blow these past few years, working under incredible levels of stress during the COVID-19 pandemic. Increased patient mortality, hazardous work conditions due to personal protective equipment shortages, and the uncertainty about how long the pandemic would rage on ignited a pilot light of mental duress - one that was always on the back burner anyway.

It's hard to think of more stressful circumstances that might lead nurses to want to numb out and escape. While the long-term data still remains to be seen about the mental health consequences left in the pandemic's wake, anecdotally, nurses are speaking up about the toll that burnout has taken on them. PTSD-types of symptomatology are being reported more and more, fueled by the Great Resignation and what do increased of staff to patient ratio mean for nurses

"If I hadn't already developed—and recovered—from an addiction 5 years ago, going through this past year might have kicked it off for me," said Kiandra. "I work in dialysis now. It's one of the few specialties that readily takes nurses in monitoring programs. And while I'm so grateful to have gotten my license back and to be working, taking care of medically fragile patients, who often come from nursing homes and then must get treatment together in close proximity has been devastating. The majority of my patients either had COVID-19, or had family members with it. We lost so many of them. So many nights driving home, I cried for them, for their families...for myself. Things are better now since the vaccine has rolled out, but it's been the hardest few years of my life.



"I'm so fortunate that my recovery is in a good place, and my support system is strong."

Overall, Kiandra* reports her experience in IPN to be positive. She had a lot of guilt and remorse from forging a prescription, but eventually was able to get her criminal record—a felony conviction—expunged. Her license remained clear and active, and she was finally able to get the hysterectomy she needed, essentially stopping the chronic and debilitating pain that led her to abuse narcotics in the first place. Overall, she spent five years being monitored with IPN, the minimum required, yet achieved by few.

For Carla*, her time in IPN was just shy of a decade. "I had to start over—twice. The first time was an honest mistake, failing a drug test because of cough syrup. That landed me back in acute rehab for another 28 days. Coincidentally, the doctor who evaluated me owned the rehab facility that was recommended. I thought that was a giant conflict of interest, but the message IPN gave me was clear—go, or lose my license. The second time I failed a drug test was my own fault. I know now that relapse is a part of recovery, but at the time it felt like I was never going to get better, or stay gainfully employed. Even now, one year since I graduated out of



IPN, I still feel like I'm being watched. The stigma never leaves you."

Being shunned by the medical community - the same one that ought to understand addiction for the disease that it is - is often the hardest part of recovery.

For many nurses, their work life provides more than a paycheck. The social support from those that share your profession—especially the high-stress role that lay people may not understand due to the life and death struggles nurses encounter every day—leaves a gaping hole if removed.

James* recalls this being the worst part for him. "It sounds silly, but all my work friends unfollowed me on social media, effective immediately. No one called to check on me, to see how I was doing, or to make sure I was okay. Even though at work I was known as the one to call to help them, it didn't seem to matter once I was branded an addict. I attempted the IPN program but found it to be really punitive.

It's almost as if they were wanting you to fail so that you could wrack up more services and shell out more money. I went through recovery on my own terms; ultimately, I decided that being in a profession where I would be around temptation was too great to risk my sobriety. I let my license lapse, and now work in the corporate world. I miss nursing at times but I'm still bitter about how I was treated—generally speaking, nurses have a pretty poor attitude towards addicts, which is sad."

Sarah* couldn't agree more with this assessment. She was able to complete her monitoring program with IPN, as well as pass through her probationary work periods without too much difficulty. But her overall impression during her recovery time was that of suspicion and skepticism.

"It's true the monitoring programs accomplish their goal: nurses actually have a pretty good track record when it comes to returning to the bedside and safely practicing. But I believe the programs could do a lot better when it comes to supporting the nurses in their recovery. What's in place now is hardly better than professional house arrest. Nurturing shame is so counterintuitive to a healthy recovery. Now that I work as an addiction medicine nurse, I've seen the systems in place break so many good nurses when they needed help the most. That's not to say treating addiction in healthcare practitioners is easy—but like most mental health modalities, it requires nuanced care, grounded in compassion."

Lifting up this topic is the right first step in battling the stigma that comes from addiction. Nursing has only gotten more challenging—physically, mentally, emotionally, and spiritually. The field has never been more ripe for addiction to take hold. And once it does, fighting one's way back to sobriety and reclaiming a professional capacity to work safely is an uphill battle the whole way. We owe it to nurse addicts not to let them fight alone. ☺

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.

ELYSE SHELGER

MSN, RN, PHN, CCRN, NE-BC

Navigating nurse burnout on the pediatric floor

*an exclusive
interview*

Elyse Shelger MSN, RN, PHN, CCRN, NE-BC is a nursing supervisor with over ten years of experience working as a float nurse. Before she ventured into nursing, Elyse was a professional soccer player for two years in Norway. After that, she dedicated herself to nursing, where she is now a passionate leader and advocate. Currently, Elyse serves as the Mission Impact Committee vice-chair for the Orange County chapter of the American Red Cross and the co-chair of the Voice of Nurses committee for the Association of California Nurse Leaders, where she also serves on the board of directors. Connect with Elyse on LinkedIn: [linkedin.com/in/elyse-shelger-msn-rn-phn-ccrn-ne-bc-004b234b](https://www.linkedin.com/in/elyse-shelger-msn-rn-phn-ccrn-ne-bc-004b234b).

Jamie Smith (JS): Hi there, Elyse. Can you tell us what drew you to the nursing profession?

Elyse Shelger (ES): That's a great question. Nursing was actually my second degree. If I take us back to my first undergraduate degree, I was playing division one soccer at the time. It was my number one passion and my main focus. My goal at the time was to play professional soccer, and I did end up playing professional soccer in Norway for two years. When I retired from my soccer career, I decided to apply myself to my next dream, which was to be in healthcare. I still did not know exactly what avenue I wanted to take at the time. I actually chose nursing for a few different reasons. One was that it's one of the few degree trees you can build upon. I knew, as a naturally ambitious person, that I may want to eventually go back to school or grow myself in the field. I wanted a career that would allow me to do that. It was also very appealing because you have much more control over the patient population you

You don't know what's going to walk in the door, but you want to be as prepared as you can for whatever it might be.



choose to work with. When I was thinking about physical therapy, it was coming from a place of being the patient. As an athlete and having multiple surgeries, I wanted to be a part of that healing process for students, other professional athletes, or young people. So those were really the reasons I dialed it down to nursing. But from a young age, I knew I wanted to be in healthcare, and I knew I wanted to work with children.

JS: That is so cool. So, what made you the person you are today?

ES: Oh, so many things. I think, first and foremost, my parents and grandparents were a huge part of my upbringing. They instilled certain values, like hard work, and never giving up, which I live by. Also, my soccer experience. Playing team

sports instilled so much of who I am today in terms of being a team player, working well with others, enjoying working in teams, and being selfless.

JS: Can you tell us more about being a critical float nurse?

ES: Yes. So, my title at the moment is nursing supervisor, which is fairly new for me. I started this role about eight months ago. It's a leadership position, which was my goal. When I went back to school I got my master's in nursing leadership. My goal was to get more into the leadership side of healthcare and nursing. But prior to that, I was in the critical care flow pool at two different hospitals: Children's Hospital at Stanford and Children's Hospital at Orange County. I started my career at Stanford Children's Hospital in the pediatric intensive care unit. From there, I joined their critical care float pool when it opened. The critical care float pool is a team of nurses that are utilized in multiple units whenever they're needed. Critical care, or any float pool nurse, has a particular personality that is extremely flexible, and willing to be outside of their comfort zone. That's what drew me to it. I love the challenge of learning the ins and outs of multiple units. I was working in critical care, pediatric intensive care, cardiovascular intensive care, and, at times, neonatal intensive care. So, you're bouncing around every day. You could be somewhere new, or you could even be floated in the middle of your shift from one to the other. Flexibility is probably the most important attribute for a float pool nurse, but I really enjoyed it. It's an amazing experience, and you get to meet so many different people. I also liked the autonomy; you feel like a contracted worker. I also just love

being helpful and helping others. Knowing I'm placed in the unit that needs me the most that day brought a sense of satisfaction. I'm no longer a critical care float pool nurse. I'm no longer at the bedside, but I really enjoyed all of the years that I did that work.

JS: How do you think society views nurses now? How have those views changed you personally as a nurse?

ES: Times have been tough in healthcare and obviously going through a pandemic is not something anyone can imagine. You always try to be as prepared as possible for disaster, and I think that's part of being in healthcare- you don't know what's going to walk in the door, but you want to be as prepared as you can for whatever it might be. That's why we run drills - code drills, fire drills, everything you can imagine - but a pandemic is a completely unique experience that doesn't happen often. It's been very challenging for nurses, physically, emotionally, mentally, spiritually - everything. It's been such a challenge. I hear nurses talk about how hard it was - when they were so fearful early on that they would not even come home from a shift to their children because they were so concerned about bringing it home. That is just so devastating to think about. I don't have children, but I put myself in the shoes of people that experienced those fears. It's unfathomable. That has brought a new awareness to society. To answer your question, there has definitely been a lot of outreach and outpouring of support towards nurses throughout the pandemic. I think part of that increase in acknowledgement is simply because social media has given us more of an ability to communicate and share knowledge



and information. So, we're hearing more about it. I think the general public and society view nurses in a very positive way. In the past couple of years, I've seen a rise in that, and it's amazing; I hope it will continue. We have to take it upon ourselves as nurses and nurse leaders to share each other's ideas and support each other, and lift each other up. I wouldn't want to ever go backwards. There's still so much progress to be made. There's still a disrespect and abuse towards nurses that should not be tolerated, but in terms of society's view on nurses, I think it's been very positive lately, and sadly, I think the pandemic instigated that. But, whatever the reason, I think it's a positive thing.

JS: I agree with you. There has been an outpouring of support for nurses. Our voices have gone public. What do you think are the major challenges a floating nurse faces in today's time?

ES: I don't know if it's changed dramatically. Today, like before, there are many challenges to floating. It's sort of like being a travel nurse, but in one hospital. Travel nurses might be having an assignment from one state to the next. In a hospital, we're obviously still local and in our home hospital, but bouncing around different units. So it's like a local hospital traveling team, and there are many challenges that come with that. I think for some people who really really crave the camaraderie of a unit, it can be tough, because unless you're really social and make friends in each unit that you go to, you can feel a little bit isolated. Some float nurses have felt that way because you're always the visitor. You don't have your own break room where you all sit together. Even though we work really hard as a float team to create a sort of a family bond, we rarely ever work together because you're always spread out throughout the hospital into different units. You have to be creative. I actually have been on the spirit team for the whole flow pool. It's different from how any other spirit team would operate. Because we don't work together on a day to day basis, we don't have a break room where we can make a coffee cart, or a bulletin board where we can leave each other notes. So, those are some of the challenges.

JS: What significant change has COVID-19 brought to pediatric nursing?

ES: I don't know if it's totally specific to pediatrics, but I think it's brought so much change to nursing in general. I feel like the way we do things has changed dramatically. Just over the course of the pandemic, not in how we care for patients but more just in how we have become more innovative in certain situations, how

we adapt to change and find different ways to do things if the previous way was not in the best interest for patient or nurse safety. Obviously, PPE usage has skyrocketed. We are now wearing masks 24/7. We have visitor restrictions that are not quite as strict as adults, just because many mothers need to breastfeed their baby. Children oftentimes would be severely traumatized by being left without their parents, so we do have some visitors that are allowed, but it's very strict compared to how it used to be. That's been a huge change. We don't have as many visitors, like from sports teams or cartoon characters. Pediatric nursing used to always bring in all of these different people - musicians, celebrities - to cheer up the kids. We've had to really get creative on how to keep a smile on these kids' faces when they're going through some of the toughest times in their lives. Because with COVID restrictions, we just can't take some of those risks. In terms of nursing care, not too much has changed aside from wearing more PPE than usual. I always try to look at the bright side: It's been very challenging for many, many people for so many reasons, but I think it has brought a lot of positive. Anytime you're forced to pivot and adapt, it's very healthy and inspires growth, so there are many positive things that have come out of it.

JS: You are exactly right. You can't have as many visitors come in - I can only imagine how tough that must be on these kids. So, what are some changes you would love to see in healthcare after COVID-19?

ES: That's such a great question. I think really just more support for nurses. I know I talked about how

“Nurses really need to lift each other up.”

there has been an outpouring, but I'd really like to see more - and not just from society or from the public, but also from each other. Nurses really need to lift each other up. Throughout my career as a nurse, I have seen positive change in that area, specifically, because there's been more attention and less tolerance for the “nurses eat their young” mentality, but it still exists. It's not always because of an age gap. It can be for many reasons, and a lot of it is because nurses are stressed out and they sometimes end up taking it out on each other. Retention is an issue right now. There's been a lot of turnover that's happened since the pandemic, and that is probably where I would say the greatest need for change in the future is improving retention. Part of that is making nurses feel supported, cared for, and safe.

JS: You mentioned the part where nurses still eat their young. It's unfortunate, but you're right, it does happen. I think stress has something to do with that. How do you go about identifying your own burnout? And how do you prevent and handle it?

ES: I like that question. I'm on a different side of things as a nursing



supervisor, and part of my role is to manage the members of our flow pool. I find myself becoming more and more passionate about supporting people, and helping them through tough days and tough times. I try to set an example for people who may be looking up to me as a leader. I've always prioritized health and taking care of my body. From a young age, being an athlete, getting exercise, getting sleep - which is really not always easy to do as a nurse, especially if you work night shift like I do - self care is so important. If you recognize yourself starting to feel that burnout, you probably need it now. It's important people feel okay acknowledging they're feeling burnt out and not like it's some type of weakness. I just try to make sure people know I'm there for them. They're supported. If they need a break, by all means take that break. If you're not feeling well, and you have to call out sick, we understand. Guilt can be such a problem. It can be so devastating to your well being and your psyche, and people feel guilt when they know

people are expecting them. I remember always feeling so much guilt if I had to call out sick because those patients needed me, but the truth is: you can only give as much as you're able. It's so important to take care of yourself first. Take rest when you need it. Prioritize getting sleep, it's okay to say no sometimes to social events, even though that can also be guilt-inducing for empathetic people. The most important thing you can do is rest. Get sleep. Do what makes you feel good, whether that's taking a walk on the beach, taking a bubble bath, listening to music, playing with your pets, your children - whatever it is, it's a necessity, and it should be. It should be prioritized no matter what.

JS: I respect everything you just said. You mentioned trying to get sleep and exercising, which is tough because you said you work the night shift. How do you sleep during the day? Do you just put up black curtains?

ES: Yes, I have blackout shades. I like

to wear an eye mask. I like sleepytime tea and melatonin. Those are all my friends.

JS: Yes. Like you said, we're not super humans. We have to take care of ourselves, too. Have you experienced burnout?

ES: I have experienced burnout. Probably severely one time in my career. I just felt like I needed to step away from the bedside. I didn't want to let it go because I am so passionate about pediatric nursing. So what I chose to do at that time, was to go down in my commitment of time to per diem and pick up something a little bit lighter on the side. So I dabbled in aesthetic nursing. This was back when I lived in San Francisco. So, I got some experience working at a Med Spa in San Francisco. When I moved to Orange County, I landed a position as a nurse manager in a skincare clinic. Once I got my master's degree in nursing leadership in 2019, I knew I wanted to then apply that education back to the hospital setting in pediatric hospital. I recognize the burnout as physical exhaustion, emotional exhaustion, and constant fatigue. Not feeling very motivated, and feeling a little bit stuck. Like, "where do I go from here?" Severe exhaustion and fatigue is what helped me to recognize I needed to make a change.

JS: I can relate to you on that. So, in this time of pandemic, do you think nurse burnout is a widespread phenomenon?

ES: I do, just because the pandemic is global, so this is affecting everybody. Nurses are so great at adapting. It's one of the greatest skills nurses have. I think two years into it, people might be thinking this



is normal now, compared to the shock and horror that people experienced early on. The truth is, it's not normal. It's still stressful. There is still fear for patients and colleagues. People are still losing loved ones. And being in healthcare, you see a lot of that. And I think, because the pandemic is global, that is very widespread. I personally haven't spoken to nurses in other parts of the world, but I imagine they are also going through it. I know they are. When I speak to friends in other states, all the way to New York, I know they have had some very tough times.

JS: Yes, for sure. What are the best messages and tips you can extend to our nurses who are burnt out to keep them going?

ES: I think my best advice is to have grace with yourself. Nurses tend to be perfectionists, and can be very hard on ourselves. Expectations for ourselves can be very high. When we don't meet those expectations, or we fall short of anything, even just a to-do list, it can feel very stressful or guilt-inducing. I think when you're going through tough times, the most important thing to do is have grace with yourself and forgive yourself. We can't be perfect. We can't be superheroes everyday. So, give yourself a break. Do something that brings you some joy and try to think of positive things. Everything in life is all about mindset. If you think positively, it can change everything. If you're just thinking about negative things, it can drag you down and it can drag everyone around you down. Just keep a positive mindset and have love in your heart so you can care for yourself and for others and for your patients.

JS: Are there any groups or organizations you're a part of?

ES: Yes, I am a member of the ACNL, which is the Association of California Nurse Leaders and the co-chair of the communications committee for that organization. I also serve on the board for the American Red Cross in Orange County as a volunteer for their disaster health services.

JS: Cool. What are your thoughts on the community? How do you think nurses can benefit from the NurseDeck community for nurses?

ES: It's so important for nurses to support each other and not to tear each other down and to keep lifting each other up and amplifying the voice of nursing. I think NurseDeck does just that in both amplifying the

voice of nursing and connecting nurses and giving them a sense of community. That's so valuable. I encourage every nurse to find a community of people they can count on, share knowledge, learn from, and be supported by. Sometimes, our families and friends try to be that, but they'll never fully understand it unless they're in it. It's great for nurses to use each other for that when we need it.





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