

# nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

*"Don't feel like  
you have to be  
boxed in."*

## JAMEISHA NICOLE ROGERS

RN, BSN

**HOW STAFFING SHORTAGES  
AFFECT PATIENTS**

NEPHROLOGY SPECIALIST,  
CLINICAL CONSULTANT, TRAVEL  
NURSE, CEO



NURSE STEPHANIE ON THE  
BIGGEST CHALLENGES NURSES  
ARE FACING TODAY

HAS THE COVID-19 NURSE PAY  
BUBBLE POPPED?

HOW TO BECOME A MEDICAL SPA NURSE:  
EVERYTHING YOU NEED TO KNOW

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# WHAT'S INSIDE...

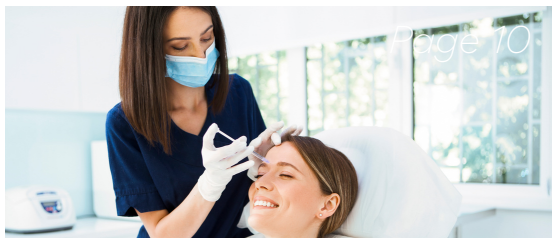
*If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses in the field, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.*



**Nurse Stephanie** on the biggest challenges nurses are facing



Has the COVID-19 nurse pay bubble popped?



How to become a medical spa nurse: Everything you need to know



## **JAMEISHA NICOLE ROGERS**

### **How staffing shortages affect patients**

This nurse is all about the new. Jameisha Nicole Rogers sees innovation as a gateway to the future of nursing. And she would know – she's living proof! Jameisha left her nursing administration job of 10 years to start her very own specialist consulting firm – the Nephrology Nurse Leadership Network! Read on for more about this innovative entrepreneur and dedicated nurse.

# nurse social



Groups



Rewards



Wallet



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Article



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

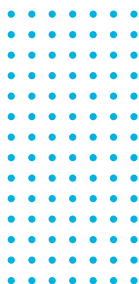
On NurseSocial, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

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Post Anonymously

post



## Join the community

Our leaderboard shows which NurseSocial 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 the all-time top 10!

- Katrina Buchholz**  
2,622
- Carolyn Harmon...**  
2,152
- Mariah Edgington**  
2,122
- Melissa Sherman**  
1,452
- Rachel Grace**  
1,347
- Jennifer Rodri...**  
1,273
- Ottamissiah Mo...**  
1,247
- Christina Aylo...**  
837
- Lauren harback**  
776
- Jasmine Joiner**  
424

Join in at [social.nursedeck.com](https://social.nursedeck.com)



# Apply to join

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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:

- Be a part of a community that celebrates diversity
- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
- Get free NurseDeck gear monthly
- 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:

- Nursing license must be active
- #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](https://nursedeck.com/scrub-verified).

# #InTheField

Nurse Stephanie on the biggest challenges nurses are facing today



*LPN Stephanie Sypher works in long-term care, specifically in assisted living and memory care. She has active licenses in Oregon and Idaho.*

**Q: TRUE or FALSE: “nurses eat their young.”**

A: In my experience, more often than not. After all, it IS a saying in the nursing world. I, personally, have never understood it. Sometimes, it seemed like playful “hazing” to break in the newbie. Other times, it seemed hurtful and wrong.

Why, then, do some veteran nurses choose to engage in such behavior? We all know a team is only as strong as its weakest link. I've heard comments ranging from, “Well, I'm giving her the chance to dive right in,” to “I did my time now it's his turn,” and even, “she can do it, that's below my pay grade.”

Shocking, I know. I was never a caregiver, or a CNA before I went to nursing school, but I

knew the massive amount of responsibility they had. In my first term of nursing school, those were the skills I learned and practiced. To this day, they are skills I still perform because I am a healthcare professional. I am not above assisting with basic care just because I passed my boards.

It's always been my opinion that, as a more experienced nurse, it's part of my job to mentor the new CNA's and graduate nurses, and give them encouragement and guidance while they're finding their feet and figuring out what routine will work for them. It can be scary and frustrating starting a new job.

I have seen nurses who rush their orientee or seem irritated because things are not running on schedule. This creates even more insecurity because that behavior validates the fears they already have. I like to tell them when we start that things are going to take longer and it is EXPECTED. They are learning the patient, the patient's preferences, location of items on the carts, shift expectations, and so much more. I don't want them to be overwhelmed. I ask them how they feel they learn best so we approach training from there. I've had wonderful success doing it that way.

When they become confident enough to be on their own, I am still there for support. I've

been so proud of the progress and confidence my trainees have had. I just recently ran into a woman I trained as a med tech 20 years ago. She recognized me and as we talked, she told me how grateful she was for the training she'd received from me because it had given her the confidence to apply at one of the local hospitals - and she was hired! She told me she uses some of the same training methods I used. It was really gratifying hearing those words.

## **Q: What does cultural competence mean for healthcare providers?**

Cultural competence is of utmost importance for healthcare providers because knowing about the practices of our patients' cultures will enable us to give more effective care. By learning those mores, we can adjust the manner in which care is given.

Depending on cultural beliefs, we might choose to recommend a female provider. We may understand the patients age group is very stoic and "suffers thru" issues without discussing them, meaning we need to ask more open ended questions. We need to listen to our patients and learn not to respond and treat based on our own cultural beliefs.

## **Q: What would you say is the single biggest challenge nurses face today?**

A: Disconnect - especially in long term care and memory care. The social distancing and isolation are extremely difficult in that demographic. It has already been noted across the board that there has been a massive increase in severe depression.

It was heartbreaking to see the rapid increase in the severity of my patients dementia symptoms and to see decline in mentation and self care abilities in patients who had been fairly independent prior to the lock downs. It took too long for facilities to think outside the box to find ways to keep these individuals engaged and to help them not feel abandoned. We, as care providers, now appear in full PPE and that must have had an effect on patients' perception of safety.

Sure a patient of normal functioning could

understand the need for distancing and protection, but a person with impaired mental status is fearful because they recognize no one through all that gear. Their families can't visit and they can't remember why. They grow suspicious of us and feel like they are being held prisoner. Any patient with hearing loss has the frustration of not understanding because the crutch of being able to see our facial expressions and read lips is gone as well.

We have to come up with better methods to communicate and care for those already at-risk patients. There are plenty of ways to help while still following infection control protocols to the best of our abilities. Much like young children, dementia and Alzheimers patients may not remember to wear a facemask. We can remind and redirect them, and we can encourage frequent hand washing and frequently sanitize surfaces.

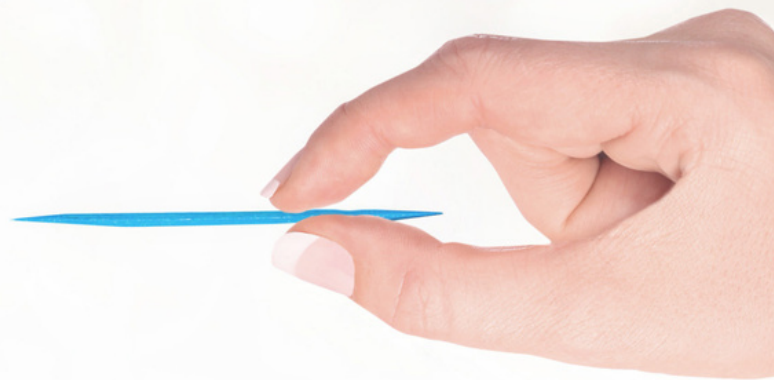
If a patient refuses to mask when out of their room, so be it; we are in full PPE. The "touchless" hug stations were developed so relatives could come visit - a plexiglass barrier with a set of bonded shoulder length gloves gave the ability for them to talk to and somewhat touch their families. It helped, but not soon enough.

These practices, it seems, are going to be the new normal. There MUST be some serious dialogue and consensus on the degree of PPE required in different circumstances. We now know people can be asymptomatic and contagious, and we know that vaccinated people can still contract it.

If we have no active cases on a unit, staff and patients are vaccinated, would it be allowable to go back to standard droplet precautions and allow the patients to interact again by having activities set up to maintain distance?

It's important to remember the onus is on us to provide holistic care for this demographic. Focusing only on the infection control issue has created myriad other issues for this already at risk population. It is past time to get more creative in making sure ALL their needs are being met: physical, mental, spiritual.

# Has the COVID-19 nurse pay bubble *popped?*



*You enter your unit 8 hours after your previous 12-hour shift, which actually stretched into 16. You yawn and sigh, reaching for your PPE to begin the donning and doffing process that has become second nature. The noticeable holes with missing staff feel overwhelming as you glance at the assignment sheet.*

*The anxiety you worked so hard to push back rises and feels like an elephant sitting on your chest. You hope it is “only” anxiety. Some days you do not know how your unit will survive another shift with the endless call-offs from illness and the mental health toll, as well as staff leaving simply because they cannot continue.*

*What felt tough before the pandemic now feels insurmountable as staffing ratios have dropped well below national averages as hospital censuses flex to provide care for record numbers of COVID patients, in addition to all the other patients. You have strong concerns that the burnout experienced by healthcare providers nationwide could spill over into patient care in all the ways it is seeping into all the crevices of your life as you battle the extreme mental health effects of what you have been enduring. You tearfully tell yourself you can get through today and then move on to the next.*

*Your manager comes around the corner, and you see her adding to the assignment sheet. She says, “well, we were given two travelers for this week.” Your heart soars. A tiny smile curls at your lips hidden under your masked face. Tears obscured by your protective goggles now flow freely, streaming down your face. It feels like a glimmer of hope so desperately needed. I can make it another week, you silently repeat to yourself in words only you can hear.*

I know I am not the only nurse who has felt the enormous burden as we fought to keep our units and hospitals afloat during the pandemic, and the sparks of relief that travelers bring. As the COVID-19 pandemic



overtook the world, travel nurses bravely rushed to areas requiring the most need, and with them came hope. Many nurses felt called to leave traditional nursing positions to travel, providing respite and assistance to areas hit hard. As the balance of nurses shifted, many eyebrows were raised over the climbing salaries of those choosing to travel over those remaining in traditional bedside roles. Nurses felt emboldened to leave their organizations to provide the same care but at rates that felt more in line with the tremendous care and risks taken to provide care during the pandemic.

What nurses have felt for years was exemplified during the pandemic in feeling their pay was not commensurate with the care delivered and stressful work environments. The disconnect grew rapidly between what seemed fair and reasonable compensation as cases of COVID-19 escalated, leaving a vacuum of instability in the workforce that threatened to collapse the healthcare system. The bitter divide soared over the pay gap between nurses remaining in their long-term roles and those leaving to travel. Ironically the loudest voices speaking on this were not even those on the frontline or in the healthcare industry, many of which were judging from the court of public opinion.

Many nurses leave their roles only to return



to their same organization at rates that more than doubled and even tripled. Hospitals have reported that they felt exploited by travel staffing agencies whose fees skyrocketed when they had few other choices. Traveling nurse agencies have been in the throws of a lucrative business model that has left many questioning the moral and ethical dilemmas attached to this heated debate.

This is all while travel nurses are caught in the crosshairs of being martyrs stepping up to fill critical staffing needs while disrupting their lives to provide life-saving care for others while the rest of the world was sheltering in place. The hefty decision that weighed the price tag on rates for care provided versus your personal mental and physical health and that of your family while working as a travel nurse during the pandemic is a hidden dilemma not captured in this conversation.

The disconnect feels stifling.

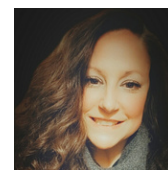
Now that the pandemic is winding down (in some ways), the balance is shifting yet again in hospitals and healthcare organizations. The demand for travel nurses nationwide dropped by a third as of April 2022, and with it pay rates have decreased by as much as 50%. Some travel nurses are having their contracts canceled while they are orienting to their current assignment. Nurses who have been deemed heroes of the pandemic are now finding their lives disrupted in ways that leave them with reduced options for a way of life and income they now rely on. The tremendous sacrifices they have traded for a higher wages scale now seem diminished by the executives negotiating their pay. This opens up a serious discussion on how the supply and demands for things like care feel deeply misguided. However, if you are a nurse, you likely feel a pay scale proportionate to the work we do needs a sharp reevaluation.

In a recent poll I conducted on NurseSocial, members reported travel nurses are being used less. Among the NurseSocial

community, 36% of respondents felt travel nurses were being used less, 29% of reporters felt travel nurses were being utilized more, and 21% felt the use was about the same in the last few years. Also, 14% stated their organization did not use travel nurses at all. When posed with the question of how nurses in the NurseSocial community felt about the use of travel nurses during the pandemic, nurses feel grateful to have help. Some found the only downfall was related to interactions of travel nurses with students and ways it limited their learning experiences. Members attributed this to several reasons, among them limited knowledge of nursing programs and expectations. Many felt the use of travel nurses and pay disputes has shed light on many deeply rooted work grievances nurses have held for many years and have only recently come to the surface.

Staffing and salary concerns have come to the forefront along with discussions regarding travel nurse pay scales. Many within the NurseDeck community feel travel nurses have and always will play a significant role in the nursing profession. Their role in the pandemic punctuated a critical need and a voice that speaks to the value of nurses providing direct patient care - a vital component of healthcare delivery.

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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. Find her on NurseSocial as @carolyn (Carolyn Harmon) and on Instagram as @carolyn\_bsn\_rn.

# How to become a medical spa nurse:



*everything you need to know*

The beauty in nursing is the versatility...the job opportunities are endless.

An interesting job available to nurses is working in a spa. Yes - you read that correctly - a spa!

So what exactly does that mean? What in the world is a med spa nurse and how do you land a gig like that?

A med spa nurse is often referred to as an aesthetic nurse. This type of nursing focuses on treatments such as botox/fillers, IV vitamin infusions, and various skincare treatments, tattoo removal, laser hair removal, and micro-needling. The nurse's role is to assess the clients needs, start IVs, and administer the appropriate injections.

Nurse.org breaks down specific duties a nurse may need to fulfill if working at a spa:

- Consulting with patients, including scheduling, interviewing and medical screening prior to services being provided.
- Examination of skin to assess both aging and other health problems.
- Performing pre-operative and post-operative care.
- Preparation and sterilization of instruments and surgery suites.

Working in a spa sounds great! But how does someone snag a job like this?

It does not matter what type of nurse you plan on becoming, the steps to obtaining the licensure are the same.

The first step is to earn your degree. This can be an Associate's Degree in Nursing (ADN) or a Bachelor of Science in Nursing (BSN). Graduating nursing school will prepare you to take the NCLEX. This exam is required in order to obtain your nursing license from the state you live in.

The next step - like any nursing job - is to gain experience. While gaining experience, you can work on becoming certified in that speciality.



Getting certified will increase your chances of landing the perfect job. The credentialing is Certified Aesthetic Nurse Specialist. You can obtain this certification through the Plastic Surgical Nursing Board. There are specific requirements needed before you can take the exam to become certified.

This type of nursing is becoming very popular on social media. Some med spa nurses have turned to TikTok to share their experiences and help other nurses in the field.

Check out this nurse on TikTok talking about how and why she became a med spa nurse. All of her videos show the ins and outs of working at a spa.

The opportunities are endless for nurses. Working in a spa is definitely one of them! Check out Indeed and SimplyHired to check out current med spa nurse positions that are being filled!

## 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](mailto:julia@nursedeck.com).

A close-up portrait of Jameisha Nicole Rogers, a Black woman with her hair styled in a large, dark braided bun. She is wearing a bright pink top and has her hands clasped in front of her. The background is a soft, out-of-focus green and yellow, suggesting an outdoor setting. The text is overlaid on the top and bottom of the image.

# JAMEISHA NICOLE ROGERS

RN, BSN

## How staffing shortages affect patients

*an exclusive interview*

*Jameisha Nicole Rogers is a nephrology nursing specialist and the CEO of the Nephrology Nurse Leadership Network. She received her bachelor's degree in nursing science from Coppin State University in 2009 and her masters in Health Administration from Trident University International in 2022. Jameisha served as a nurse, educator, coordinator, and administrative official at DaVita Kidney Care for ten years prior to opening the Nephrology Nurse Leadership Network, where she offers nurse consulting, training, and coaching services for other nephrology nurses and departments.*

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Jamie Smith (JS): Jameisha, welcome! So tell us, how did you get started in nursing and what drove you to nursing leadership?

Jameisha Nicole Rogers (JNR): My maternal grandmother was really my first inspiration in becoming a nurse. She worked in long-term care facilities and hospitals as an LPN. She would come home and share her stories with us - my sisters, and myself. As a young person, I was just really intrigued by the things she was saying. Growing up with my grandparents, and even my great grandparents, I was drawn to the elderly and those that were sick, and I enjoyed helping her care for multiple family members. That was really my first introduction. Regarding leadership, I think being the oldest of five, being in the lead comes naturally. In the nursing realm, as I started to learn more and appreciate the things I was grabbing onto, it just became a natural thing. I enjoy what I'm doing, so naturally, I want to learn more. Then, as I learn more, I want to share that with others. In sharing that, I was able to branch out over the years and be a support to other nurses and technicians. So that's really what started me down the path of a nurse leader.

JS: Awesome. That's impressive. I didn't know I wanted to be a nurse until I was 18. Can you tell us more about the two P's of your career and your advocacy as a clinical nurse consultant?

JNR: The first "P," being passion, is what drives me to get up every day to do what I'm doing. Because the passion to help my peers, support patients, be a leader and help my community is something



internal, it is something that drives me every day to want to be a better version of myself, so I can present that to the world. I want to be the best version of me so I can be of support to as many people as possible. So that passion for me, is just something that keeps me going and keeps me grounded. The second "P" I want to talk about is persistence. Because in life, whether it's in a personal or professional setting, things are not always going to go smoothly. If you're easily derailed from your goals, you're never going to reach them. Staying the course even when things are not always easy gives me more motivation to hang in there. As a clinical nurse consultant, what really prompted me to do this was because

as a nephrology nurse, I've done multiple things in the field. It got to the point where I felt like, "Wow, I'm really learning a lot. I want to do more with this." Being a nurse consultant gives me the opportunity to take the knowledge I've gained and impart it to others so they can benefit all while I'm continuing to learn. It's just an ongoing cycle. As a nurse consultant, I get to see how my expertise can help others that may have come through roadblocks or need solutions to problems I've encountered. Or maybe it's something I haven't encountered, but I'm able to help them navigate that.

JS: Tell us about the Nephrology Nurse Leadership Network, the services it offers, and its mission and vision.

JNR: So the Nephrology Nurse Leadership Network is my vision. As a nephrology nurse, I feel we are a niche. We're focused on the kidneys, but we're not just taking care of the kidneys. The patients we care for are very diverse, their backgrounds are diverse, and they encounter many issues on their journeys while they combat kidney disease. The Leadership Network is to connect myself with other leaders, other nurses, other individuals in the field

*Part of the problem is people are not embracing innovation. They want to do the same things over and over again. But times are changing and those things are no longer working.*

that have expertise, so we can come together and be able to strengthen our specialty, in order to pull all of that knowledge and everything together to benefit our communities as a whole.

JR: So, it's not just about the kidneys. You look at it from a broader, bigger picture.

JNR: Yes, it's about pre-preventive care, helping patients with their issues, helping nurses so they can help patients and help themselves. So many people are on the outside looking in, they don't really know all that we do, because it's like a little world all to itself. So it's just an opportunity for me to help shed light on what we really do and how important our niche is to the rest of the world and the health field.

JS: Awesome. So what, for you, is quality patient care?

JNR: Quality patient care is giving patients the right care at the right time, with the right people available with appropriate resources without worrying about a patient not having those things. It also means having staff that are qualified and equipped to do those jobs, who are also being fulfilled, so they can give their best because - full circle - everyone deserves the best care. They go through problems, they have trials, they are sick, they are looking for solutions to cope with that. They need qualified people equipped to handle those issues and help them navigate their journey. So for me, quality care boils down not just to patients being satisfied. But the staff, those team members that are out there putting in that work, being able to have what they need so everyone is getting what is necessary out of the situation.



JS: I really respect your response – that everyone deserves the best. It's not only about the patients being satisfied, but us, too, as clinicians and staff, patients getting the right care at the right time, the right resources, and having qualified staff.

JNR: Patients understand. They see when you're short staffed and they know their minimum. It makes them feel bad when they know their nurses and technicians are running short. It makes them feel like a burden. I never want a patient to feel like a burden. I am a nurse because I love people. All of us are in this because we love people, we want to help. We never want our patients to feel like a burden or a second thought. They're there to be cared for, and that's all they should worry about.

JS: You are exactly right. I work full time as a nurse practitioner in long-term care. The nursing shortage is

real. And like you said, the patients, the residents – they pick it up and they don't want to feel like they're a burden. Jameisha, what do you do to ensure your own leadership growth and development?

JNR: One thing I do is I continue to be educated. I am a member of the American Nephrology Nurses Association, and I'm on the local board here in Baltimore. I enjoy that because they're opportunities for me to continue to receive education and go to seminars. I also have a nurse coach and I connect with individuals who are like-minded who also want to progress in the field - and not all of them are nephrology nurses. I have nursing friends from various backgrounds. I try to surround myself with other individuals so I'm constantly in a position where I'm learning and being enriched because I want to be able to put out quality to my clients and my community.

JS: I totally agree. Things change. What is it like being in healthcare consulting during the pandemic? How has the industry changed? And what are the challenges?

JNR: It's been really enlightening. To be on the side of a consultant, I still do bedside care in long-term care settings and dialysis. I'm hands on, so I have that angle, but the nurse consulting allows me to see what companies are facing during the pandemic and offer some resources and suggestions from the staffing view - how the staff feel, and what challenges are out there with that. It's been a challenge, but it's been rewarding because we've been able to be innovative and come up with new ideas and solutions to help things that none of us have been in a pandemic like this in the past, so it's new for everyone.



JS: You are also a travel nurse, correct?

JNR: Yes.

JS: Oh gosh, you do a lot. How is being a travel nurse beneficial and how does it contribute to you as a nurse consultant?


JNR: Being a travel nurse has really benefited me as a nurse consultant because I get to see outside of my local region. Somebody doing something on the West Coast and someone doing something on the East Coast may do things a little different, and sometimes different is better. Now I get to see these different things being implemented. It broadens my horizons, and that is information I can share, to help impact staff and patients in another location. I love it. It fulfills me and helps me with my growth, but also helps me to impart those things to others. So it's just that chain of education ongoing.

JS: I can see how that would be beneficial. You go to outside areas, you can see how they do things, which I'm sure makes the wheels turn, and that can impact the suggestions you give for innovative solutions.

JNR: Yep. That's exactly what I've been able to do.

JS: You are so right. How do you feel about the current working conditions for nurses and what can be done to help with nurses with short staffing and burnout?

JNR: It makes me sad and upset, because when you sign up to be a nurse, you're coming into it because you want to help people. For all the things nurses are going through right



*People are not leaving jobs because they hate their jobs. People are leaving their jobs because they're not getting what they need.*

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now, it's really frustrating because I know things can't be fixed overnight. There are some things we can do, and I think part of the problem is people are not embracing innovation. They want to do the same things over and over again. But times are changing and those things are no longer working. We need to embrace innovation and new ideas on how nurses can show up.

JS: I agree wholeheartedly. Your job is to get out there and figure out what we can do to make things better. So that equates to innovative solutions.

JNR: That's right.

JS: What can be done to help with nurses' short staffing and burnout? What do you think the answer is?

JNR: First of all, burnout comes from people not having enough time. So, maybe changing the staffing model so nurses have better hours where they can have work-life balance. Maybe 12-hour shifts are not good for nurses in some situations, especially if you have people working multiple shifts. That's one thing that

needs to change. And, of course, a hot topic nowadays is pay. Nurses are not feeling like they're being paid for their expertise, and what they bring to the table. A combination of scheduling hours, and compensation and other packages - those things can be motivation for nurses to not want to jump up and leave. Those are some major issues that could be alleviated.

JS: Better hours, better staffing, work life balance, better pay. That's been the running answer for everybody. I think that would definitely make a difference, and people wouldn't leave so much if they were compensated fairly, especially comparing someone's pay to what a traveler's making, it's so much more.

JNR: Yes. People are not leaving jobs because they hate their jobs. People are leaving their jobs because they're not getting what they need. They want to spend time with their families. They want to be able to pay their bills. We all deserve an opportunity to be able to do that.

JS: I agree. How do you encourage our nurses and our future nurses to keep going and pursuing their nursing career?

JNR: I always tell new nurses: Don't feel like you have to be boxed in. Nursing is so broad, that if there's something you want to learn, just go for it. Don't feel like you have to get one place and stay. You can go and do whatever you want to do as long as you're willing to put in the effort. Learn, connect and collaborate with other people. Just don't close any doors on yourself.

JS: What are your thoughts on the community? And how do you think nurses can benefit from the



NurseDeck community for nurses?

JNR: I love NurseDeck. I've been seeing some people on NurseDeck that have inspired me in my journey as a nurse. I feel this is an amazing platform to encourage nurses to keep going because we can even be in the same specialty but have something totally different to bring to the table and learn from each other. To have a community where nurses get to express themselves, give their opinion, and give tips to other people so they can also be enriched and fulfilled - I think it's amazing. This is something that should continue, and we need things like NurseDeck so we can be heard. It's imperative that we have a voice.

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

JNR: I would like to see just more on innovation, what nurses have done to be innovative, because I think that those stories are inspirational. Don't be afraid to be in your own space. 🌱



## Nurse Product Directory

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



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