

# nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

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## KATIE BOSTON- LEARY

PH.D., MBA, MHA, RN, NEA-BC, CCTP

**THE NURSE LEADER  
INSPIRING A NATION  
TO TAKE BETTER CARE  
OF ITS NURSES**

NURSE EXECUTIVE, EDUCATOR  
& COACH, A.N.A. DIRECTOR OF  
NURSING PROGRAMS

NURSE RIVA RIOS EXPLAINS  
THE IMPORTANCE OF MENTAL  
WELLNESS & CULTURAL  
COMPETENCY

NURSING UNIONS IN THE  
TIME OF PANDEMICS

### READ ABOUT

Reducing harm in patient care  
What it takes to be a nurse leader  
How to begin addressing burnout

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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 #InTheField, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.*



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Nursing unions in the time of pandemics



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## **KATIE BOSTON-LEARY**

The nurse leader inspiring a nation to take better care of its nurses

As director of nursing programs for the American Nurses Association, Katie is working to ensure the health and wellbeing of nurses - and that the world sees the irreplaceable value they bring to the health care.

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Tik Tok influencer:  
Travel Nurse Rich.

Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside.

The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse just like him.

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# #InTheField

Nurse Riva Rios explains the importance of mental wellness & cultural competency



*Riva Rios is a cardiac critical care nurse based out of Nevada. She talks with us about being a nurse entrepreneur, what cultural competence means to her, and why mental wellness is one of the biggest challenges facing nurses.*

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

A: This is a topic I actually have done extensive research on. Unfortunately, the adage of "nurses eat their young" actually is true within the context of nursing culture and evidence. Horizontal violence is escalating in our nursing profession. Over 80% of new grads surveyed stated they experienced bullying within the first six months of their job and many resolve to leave that job within a year!

I experienced it as a new grad in Cardiac ICU and it was so awful. Now that my passion is advocating for nurses and their mental health, this topic is a huge one for me!! We have a moral and ethical obligation to ourselves and our colleagues to change this before it becomes culture. We can only do that if we

# #InTheField

strive to protect nurses, change our working conditions, and support one another.

**Q: What is your specialty and where are you based?**

A: I am a critical care nurse, primarily a cardiac specialty. I also work ED. I live in Northern Nevada. I work in both California and Nevada. I do critical care education, training, nursing leadership and am the founder of the Code Team.

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

A: Cultural competence is not just understanding what is in your textbooks, it is learning the personal and poignant stories of the lives of people in communities and cultures that are not your own. It is a mindset of being curious, respectful, and engaged with your colleagues and patient populations as you allow them to tell you who they are and why. The beauty in learning so much about others is that it is the clearest window to learning about yourself.

**Q: What is your experience with nurse unions?**

A: I don't have much. I have seen that the hospitals that have them, seemed to have better protection for their nurses, at least in California. Here in Nevada they are blocked both politically and corporately for the most part.

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

A: I would say it is protecting and healing themselves. Nursing today fights battles that we never dreamed of nor could we ever have envisioned. Each day I am in awe of and amazed by the sheer persistence and strength of my colleagues. However, the feats that we accomplish as nurses are



often at the sacrifice of our own mental health and physical well-being. I cannot describe to you the passion I have for helping nurses protect and heal themselves.

We hear all the time about nursing being the most trusted profession, that nurses are angels etc. People honestly mean well but they have zero clue just how heroic and awe-inspiring nurses are. Those moments in time between nurse and patient, whether it is saving a life, protecting the right to dignity when dying, or changing a life path... may be seconds, yet the nurse is shifting the course of things on an epic level of impact.

These moments are too often born by a nurse who is physically, mentally, and emotionally exhausted and hurting. Yet they show up. That's why nurses need all the support they can get to face the challenge of taking care of themselves in an environment designed to deplete them completely. ■

*Find her on Instagram: @the\_code\_team*

# NURSING UNIONS

## in the time of pandemics

For many years now, the façade of effective safety measures designed to protect nurses in the workplace has troubled nurses. Yes, carefully-worded policies were in place, and appropriate PPE appeared to be stocked, but something seemed...off. And then along came 2020, and this issue broke wide open.

During the ever-evolving Sars-CoV-2 pandemic, state nurses have bore the brunt of a front line exposure to a novel virus. As a result, we have seen dramatically increased rates of both infection...and death. All the while, our employers have struggled to protect us. No matter what statements were released via PR departments to the public, the policies, procedures, and federal regulations designed to keep healthcare workers safe have been inconsistent at best, and at worst - abject failures.

Everyone has heard about these well-publicized stories: one week, employees are barred from wearing surgical masks due to the potential for offending patients; the next week, these same masks are suddenly necessary as a minimum first-line defense. Another example—the ongoing saga of dissipating N95 availability dictating how their use is recommended.

Lots of masks? Great! Change them daily,

and if visibly soiled. Short supply? Well, then, now it's okay to keep them incubated in brown paper bags in your locker for weeks at a time.

The kicker is that nurses are more than capable of understanding rapidly changing supply chains, especially during crisis situations—but we weren't

given the respect to discern that. Instead we were fed lines about “following federal guidelines.”

Hashtag—puh-leaaaaaase.

As it turned out, PPE shortages were just the tip of the pandemic iceberg.

Next came waffling recommendations for dealing with exposed workers; the requirements to use personal PTO to cover mandatory quarantines; then, an ever-increasing limit on what constitutes unsafe staffing ratios.

To be fair, over the past year and a half, some of these issues have been addressed and improved upon, but the traumatic impact of living through them—and all the while caring for intensely sick patients—has taken its toll.

Nurses have had enough.

In fact, we had enough a few months into

the pandemic—but our loyalty to our patients and profession has kept us coming back, shift after shift, for months on end.

This commitment is admirable, yes, but many nurses have privately (and not so privately) decided to withdraw their trust from the institutions they work for. One of the ways this has manifested is through joining forces to combat these unsafe working conditions.

Otherwise known as...unionizing.

The direct—and objective—effect of nurses unionizing on patient care is positive. And in fact, looking at the data, we see that healthcare facilities with nursing unions have measurably better patient outcomes. Of course, this should come as no surprise—safer worker conditions for nurses directly benefits the patients we care for.

Last fall, a study looking at rates of mortality from COVID-19 in unionized long-term care facilities found a dramatic decrease compared to those without unions. These findings resulted because workers there were able to negotiate access to PPE supplies and had clearly outlined infection mitigation procedures in place early on.

Overall, the desperation and outrage felt by nurses has primed an opportunity for union membership to explode. This is a trend confirmed by the president of National Nurses United (NNU), Zenei Triunfo-Cortez. One notable unionizing effort took place at Mission Hospital in Asheville, NC in September of 2020. While conditions worsened there in the height of the pandemic, the nurses at Mission Hospital collectively banded together, resulting in the biggest hospital unionization in the South since 1975. By the end of their month-long campaign, over 70% of the nurses there voted to unionize, resulting in a landslide victory.

Of note, the start of these efforts was initiated largely under the radar. Like many nurses nationwide, these nurses feared the punitive retribution from their employers that talks of unionizing would likely elicit. Indeed, HCA—the largest hospital corporation in America—fought valiantly against their efforts in a well-publicized campaign.

In the end, the nurses' commitment to their safety and the safety of their community prevailed, and their story made national headlines. Since then, with the help of the NNU, Mission Hospital nurses are actively negotiating core issues, such as improved staffing ratios and higher wages.

Enduring surge after surge of COVID-19 has illustrated to many nurses that one-off protests and strikes do little to change working conditions permanently. However, collective bargaining does have the power to crack outdated and rigid corporate policies that no longer serve frontline workers.

Just as waves of coronavirus have ebbed and flowed over time, the shift in nursing issues has too. PPE availability and recommendations gave way to discussions of safe staffing ratios and mandatory PTO for quarantined workers bowed to concern over nurses leaving the profession in droves.

A review of current headlines finds hospitals scrambling to lure agency nurses with large signing bonuses in order to fill staffing gaps; they do this, while simultaneously furloughing their elective care staff nurses whose departments have been converted to makeshift COVID units.

To a lot of nurses, it feels like madness. And unionizing is one way for nurses to regain their power and voice in a sea of bureaucratic noise. Because if there's one thing nurses are good at, it's finding the





shortest, evidence-based point between A(re you effing kidding me) and B(itch, please, I'm a NURSE).

Historically speaking, unions tend to fluctuate with the economy, seeing increased membership under times of stressful working conditions. This trend is industry-independent—except for the healthcare sector. Healthcare union membership, surprisingly, has remained at a stable 7%, even during the economic downturn of 2020. This fact alone belies the notion that nurses are anti-union.

Even considering all the bargaining power that unions seem to promise, there are still nurses who regard unions as inherently “anti-nurse.” Common misconceptions include the fear that the largest unions are run by politicians and lawyers, and not nurses (nor healthcare-savvy personnel). Nurses also worry that when union negotiations reach a breaking point, and a strike is deemed necessary, they will be forced onto the picket lines, forgoing wages (not to mention the heartbreaking

moral dilemma of leaving their patients uncared for).

These union-wary nurses would do well to remember that healthcare is an ever-evolving entity. And one that is woefully due for some major changes, because the current state is inherently broken—as such, it serves no one efficiently.

Indeed, the bottom line for many nurses lies in truly assessing how much health care has changed already. Not just in the past year plus, but in the decades prior to the COVID pandemic. The healthcare system at large already feels like a sinking ship to most nurses—the introduction of Sars-CoV-2 was simply the iceberg that broke it all open.

Time will tell if unions provide the buoyancy nurses so desperately need in these stormy waters. ■

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## 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).

# KATIE BOSTON-LEARY

PH.D., MBA, MHA, RN, NEA-BC, CCTP



An exclusive  
interview:  
**The nurse leader  
inspiring a nation to  
take better care of  
its nurses**

By NurseDeck

Dr. Katie Boston-Leary is a nurse executive, national speaker, veteran educator, and leadership coach with over a decade in the field. She currently serves as the director of nursing programs for the American Nurses Association, leading the Healthy Nurse Healthy Nation program. She also teaches at Case Western Reserve University and the University of Maryland School of Nursing, and serves on the advisory board at the University of Maryland Nurse Leadership Institute and St. John's University College of Pharmacy and Health Sciences. She has proven experience in leadership and management, and most recently joined Chief, a network built to drive more women into positions of power and keep them there.

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NurseDeck (ND): We are very excited to have Dr. Katie Boston Leary with us today. Welcome to NurseDeck! Will you tell us a little bit about yourself?

Katie Boston-Leary (KBL): Thanks for having me. I'm the director of nursing programs at the American Nurses Association. What does that mean? I oversee the nursing practice work environment division and Healthy Nurse Healthy Nation. I'm an adjunct professor at the University of Maryland School of Nursing in their doctoral program, and I teach nursing leadership courses. I'm also an executive coach, so I have my own nonprofit where I provide coaching support and services to aspiring leaders, and I offer some discounted, pro bono services for nurses of color. So, that's me in a nutshell.

ND: That's awesome, it sounds like you stay pretty busy. So tell us how you got started in nursing, and what drives you to be a nurse?



KBL: I do! So it was an accidental stumbling into the field, I must say, because I did not have a lot of role models or people in my family or my circle at the time that were nurses. It was an opportunity where I lived where they were looking for young people to enter into allied health careers, because the county saw a shortage, so I applied. I was living in Virginia at the time, and I applied at the urging of a coworker who was older and wiser than me. He kindly threatened me to take the information and bring it back and not return to work if I didn't, and I complied. I went to the line - I thought I wanted to be an occupational therapist - but I was running late to go to work so I hopped into the shorter line, which was a line for the RN program. That's honestly how I became a nurse. So I filled out the application, got called, did some interviews, and that's sort of my career. But, regardless of how I



*We have a major health literacy issue in the U.S., which is clearly evident during a pandemic.*

stumbled into it, it's been a love of mine and I have no regrets whatsoever.

ND: Well, that's awesome. Thank you for sharing your story, and I think that says a lot too. You stumbled right into nursing, where you're meant to be, especially if you didn't have family members, or anyone there setting the example. It sounds like you were aware of where you were supposed to be. So tell us your thoughts on our current healthcare system. What do you think needs to change?

KBL: Well, there are people that will say our healthcare system is more of a sick-care system. We also tend to manage health on the downstream effects versus the upstream and not really address the root causes. There are places in the world that try to focus on health from in utero, from preventing your next readmission in the womb, and we're usually pretty late to the game. We have a major health literacy issue in the U.S., which is clearly evident during a pandemic, so we have some work to do with the healthcare system. What holds our system up are a lot of dedicated, compassionate, and intelligent health care workers. I speak for nurses that hold up our healthcare system, in spite of all its flaws. I also believe that to move the system in the direction it needs to move, nursing needs more of an emphasis and presence in healthcare, where they're practicing at the highest level of their licensure. That's the way to hopefully move in the direction that it needs to, particularly as it relates to focusing on wellness and prevention.

ND: Thank you, I like your response to that. So how do you become a nurse leader? What tips do you have for those who are interested in going down the same road?

KBL: Well, first of all, you have to want it. Unfortunately, there are a lot of people pulled into leadership because of certain attributes they have, and then they don't get the training, support, and education they need to excel. The first step, which is something I tried to do as a leader myself, is to role model what it should look like and not portray myself as a pillar of the profession, to show my vulnerability is in my flaws, so people know you don't have to have it all together to be in a leadership role. Then encourage people to not just enter the role but do what you need to do to stay there. You want to make sure you have the education and training to give you a framework to be successful. Third, set up a support system to be successful: your mentor, your coach, a professional junior that you're mentoring yourself, a professional peer you can soundboard off of. Your role models





and your mentors are important, but I'd also add in having a loving critic at work, someone that can tell you honestly how you're doing, no holds barred, and can give you that honest feedback. The higher up in leadership you go, the less you get that type of feedback and, and you don't want to be in that emperor-wears-no-clothes type of situation, you want people to be able to give feedback to you. So, if you set those three things up, that's key to your success. Getting into leadership starts with you understanding what it takes, working towards that path, and being intentional about pursuing those roles.

ND: Yes, your comment about not only having the education but having that support says a lot. Also about constructive criticism - we can all improve some way or another. So what have you learned from being a nurse leader?

KBL: Oh, I've learned a lot. As a matter of fact, I'm working on a book on just that. I grew a lot in nursing leadership, I recognized some things that I could have done differently.

One big thing I'm coming to terms with right now is there's a lot more I could have done in the vein of diversity and inclusion, particularly on the inclusion part. As a nurse leader, I probably should have done more to maintain and retain a lot of nurses of color. Because I am one, I shied away because I felt it would seem a bit unequal for me to reach out to people of color but they needed me. That's one of the things I take away that I could have done more of as a nurse leader. I also listened to a podcast, which is why I'm doing this a lot, about lessons from NASA and people that worked at NASA in leadership. One of the key things I learned from that podcast is that introspection and going back and reviewing what you can do differently is key for leaders, particularly today, and realizing it's never a lost opportunity to go back and try to correct that mistake. So that's what I'm working on now and I hope to continue as a nurse leader, because we're human, too. We make mistakes, and we need to be very open and be vulnerable, ensuring that we are exactly that.

ND: That's exactly right. We are only human, we have to be vulnerable, be open, and go back and learn from our past. So can you tell us how new nurses can navigate the changing healthcare environment?

KBL: It's a tough time. On one hand, we need as many new student nurses as we can get and we need to prepare them adequately. We have data at the American Nurses Association that indicated our newer nurses are struggling, particularly during this time, compared to other groups. It has a lot to do with the abbreviated education they've had because of being called up to duty early. The transitions are very challenging, and it was already challenging to begin with. That's why we have a nurse residency program. Now, with a lot of the challenges and staffing shortages, they're having to step up rather quickly and there's less room for error, patients are sicker, care is more complex, it's a very, very difficult time. What I was saying about having a support system in leadership applies to new nurses - I sometimes call it nurse capital: latch onto a mentor that can help you through this challenging time. Make sure you are learning as much as you



*The burnout is real. I also want to say that PTSD in nursing is real.*

can, not just relying on what your organization provides you in terms of education, but seek information out and educate yourself so you can round out your learning, because a lot of what's being offered by your place of employment is abbreviated. This is specific to the environment you're in, the equipment you have, it's patient specific, but you have to try it as hard as it is, because everyone's busy, and it's so tough right now. To round out your learning, you have to continue to read and take advantage of podcasts and social media groups to learn as much as you can because that's going to help you. When you don't feel comfortable with what you've been assigned, or what you've been given, you have to speak up, even if there's a risk because the risk is greater on the back end if you get to the point of making an irreversible error. Those are my three key things or main pieces of advice for new nurses entering the field. We're happy to have you. We need all of our new nurses. So thank you for choosing nursing.

ND: Yes, definitely. So tell us why a community like NurseDeck is so important, especially now?

KBL: Well, NurseDeck seems to also be another part of the equation for support, where there are resources made available and instead of you, a nurse, having to hunt and peck for information, NurseDeck is kind of like a one stop shop where there's a lot of information nurses can take advantage of to help their growth and development. So it seems like there's also a community there, and that is necessary for us to grow. There's some peace and solace you get from someone else that may be suffering from or dealing with the same issue, or you can actually lend a hand virtually to someone that's struggling with something you've



been able to conquer. It takes a village to be a great nurse, and this is one village I think it's great for nurses to be a part of.

ND: Exactly right. So what does quality health care and patient care safety mean to you?


KBL: Quality health care and patient safety to me are one in the same. I always talk about value, and value is based on what you, the consumer, is willing to pay for. What people need when they seek services from us is quality care, and quality is not just about the ultimate outcome that whatever was ailing them dealt with and healed, but there should be no harm along the way. Harm can come in various forms. There's intentional and unintentional - Press Ganey speaks on that. The unintentional harm are the things we take for granted, where patients have to provide information time and time again, where there's lack of communication, that's unintentional suffering we have patients go through. So, quality care is an entire

spectrum where everyone's in sync, aware of the plan of care, working from the same hymn sheet, and getting the patients to an efficient outcome where that's agreed upon prior to discharge. It's not that everything will be taken care of prior to discharge, but it's a plan to set the patient up well after they go home so they can seek continued services to support their wellness. Nurses have a huge role in that. We are the folks that are there 24/7.

ND: So true, education is definitely an important factor there. So, what are your thoughts on our healthcare system and the current handling of staff shortages?

KBL: It's a very tricky question. To start it off, staff shortages have always been an issue, even prior to the pandemic. It's more pronounced now because of the wreckage of COVID, and it's been brought to light the same way COVID has done for everything else, because we don't have a lot of new problems. It's exposed a lot of wicked problems that we never really solved. Staffing is a wicked problem that we never resolved; it got worse and is getting worse still, and there was a pandemic. The ANA declared the staffing shortage a crisis, where we're working with the government to declare the crisis, so we can leverage resources appropriately to deal with it. It doesn't mean we were just awakening to the issue, it's just making sure we have the proper language so it gets the attention it deserves so it can be dealt with. This issue can no longer be fixed within the organizations where nurses work, we need a governmental response and a big business response. I worked as a CFO for a few years before I landed where I am, and it's always been a chess game. You get your numbers, where people move people around. Flu season has always





been a challenge where you've been stealing from people to come into work, so it's not the lack of trying. Are there other things that could have been done to prevent us from being here? Possibly. The pipeline for us to have nurses to fill our gaps is still pretty narrow because of what we're seeing on the academia side, with lack of faculty. So leaders now are in this position where patients are there and you don't have enough nurses. It's an issue of supply and demand, and we have to make sure we have a process where we understand the root causes of why we are in a predicament. We are looking beneath your feet to see what your organization can do differently or better to improve the work environment for nurses, because a lot of the issues we're seeing right now are related to burnout. Because it wasn't a major issue, we had our staffing but we didn't pay attention to it as much as we probably should. So there's a lot of work to be done. There's some variability from one organization to the other, from one state to the other, from one department to another, from one shift to another, but that's the approach and tactics that should be set up to help to start addressing these issues. The key competitive differentiator right now, for organizations, is not the services that they provide for patients, it's about the type of service you can give. The way you can set that up is to have an

engaged workforce, and a workforce that really is robust and present when they are at work. I've talked about presenteeism where people show up, but they're not really there because of all the other struggles. So they're all these things that have to be wrestled with, at an organizational level at this point, where there should be a focus of shared governance on what to do about staffing, nurses at the table to get to the solution, and not just have all the action plans work through the C suite.

ND: Thank you for mentioning nurse burnout. I'm curious, how do you feel about the current working conditions for nurses and what can be done to help with nurse burnout?

KBL: The burnout is real. I also want to say that PTSD in nursing is real. I'm saying that to nurses too, because we've heard from nurses that will say that diagnosis is not for me, it's for servicemen and women. It can be for us, too, and we have not heard from servicemen and women saying, "no, no, no, you guys can have it because you didn't go to war." We're not hearing that, and we do have real cases. I got an email today from someone who's working with a nurse suffering from PTSD that wants to see what we can do with Healthy Nurse, Healthy Nation, so it's a real thing. I mentioned wicked problems, and there are lots of them going

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on. Then, of course, you have a crisis, like when is the last time anyone was in a crisis that lasted almost two years. That's what we're in. So that's leading to burnout, where we're constantly in this mode of emergency disaster execution, because it's not "preparedness" anymore, and it's tiring. Patients are sicker, the demands are higher, nurse abuse and workplace violence is more an issue than ever was before, you can't escape work. Everything's about COVID, when you're at work, when you leave work, on your way from work, where you eat, play, and pray, all you hear about is COVID. So yes, nurses are burned out, and it's a real issue. We have to figure out ways to address it, but the first step with nurses is to understand where they are, and being able to say, "this is where I am." Institutions need to be set up where, structurally and systematically, they are saying, "I care about your well being." For example, if you call out, a day off or it's PTO or you're calling out sick, what about setting up a code where people can take a mental health day? What message would that send to indicate that it's okay, so you're not making up the fact that you have a cough? That also signals that there's no stigma here, like you're rejecting all the stigmatization that occurs with saying, "I have to deal with my mental health." Right now we jokingly say, "I'm taking a mental health day," but we say it in the shadows with colleagues, but you don't tell your boss that. The key thing is that managers need to be able to say to their teams, "if you need a mental health day tell me and that's okay." Because it's okay to not be okay.

ND: I agree. Some people are so embarrassed. I work in a nursing home and there are some nurses who

are like, "I'm embarrassed, but I need a day off. I need a mental health day," and I'm like, "why are you embarrassed? You're human." They're working extra hours, I would be burnt out too.

KBL: With the socioecological model we used for Healthy Nurse Healthy Nation, we always say self care is a team sport. It's you, it's your families, your communities, your organization, it's your support system. It needs to be embraced by all of you because it's not just about "I know what I need to do," I need people to help remind me of what I need to do when I fall off the wagon. Self care is not a special event, it's something we should incorporate into our lives every single day and it comes in its simplest forms. It doesn't mean you have to go to a spa all day, you can set up a mini spa at home: light a candle, do some yoga stretches, close the door - that's your time. We have behaviors we need to unlearn and they have no behaviors we need to learn.

ND: I agree 100% Thank you so much for your time today.

KBL: Thank you for having me. This was fun, let's do it again. ■



[www.linkedin.com/in/katiebostonleary/](https://www.linkedin.com/in/katiebostonleary/)



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— Unknown

## MEET THE NURSEDECK TEAM

### **NEVILLE GUPTA**

**Founder/CEO**

As a strong advocate for the union between humanity and technology, Neville's focus leans toward tech influence on creating highly desirable working environments encompassing altruism, autonomy, human dignity, integrity, honesty and social justice.

### **GABRIELLE DIDATO**

Head of Influencer Marketing & Partnerships

### **LAKESHIA BATES**

Community Engagement Manager

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