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THE INSIDER'S PERSPECTIVE OF NURSING

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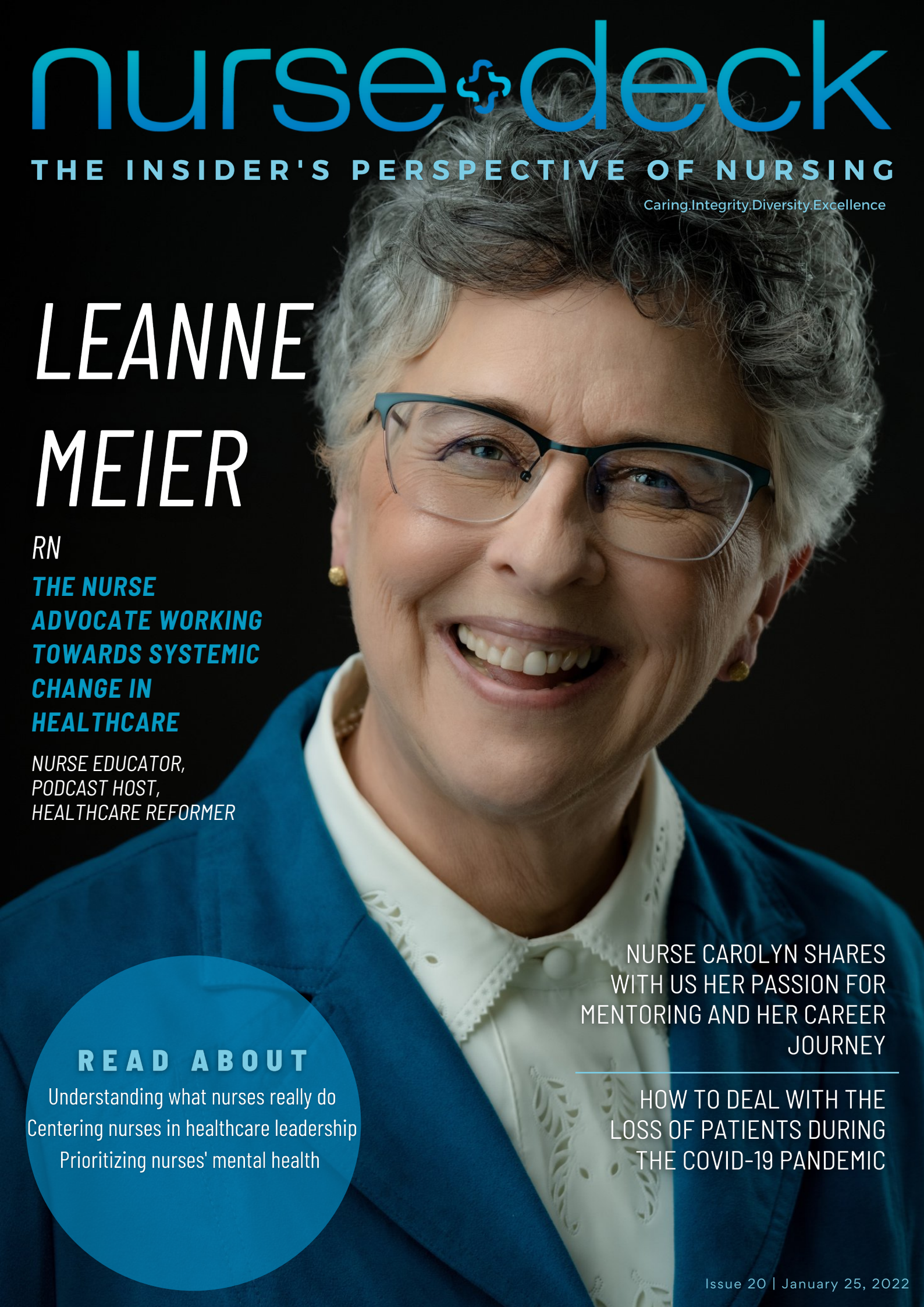


LEANNE MEIER

RN

THE NURSE ADVOCATE WORKING TOWARDS SYSTEMIC CHANGE IN HEALTHCARE

NURSE EDUCATOR,
PODCAST HOST,
HEALTHCARE REFORMER

NURSE CAROLYN SHARES WITH US HER PASSION FOR MENTORING AND HER CAREER JOURNEY

HOW TO DEAL WITH THE LOSS OF PATIENTS DURING THE COVID-19 PANDEMIC

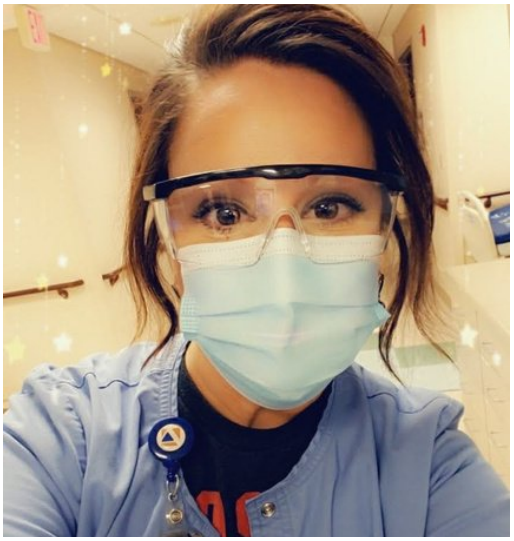
READ ABOUT

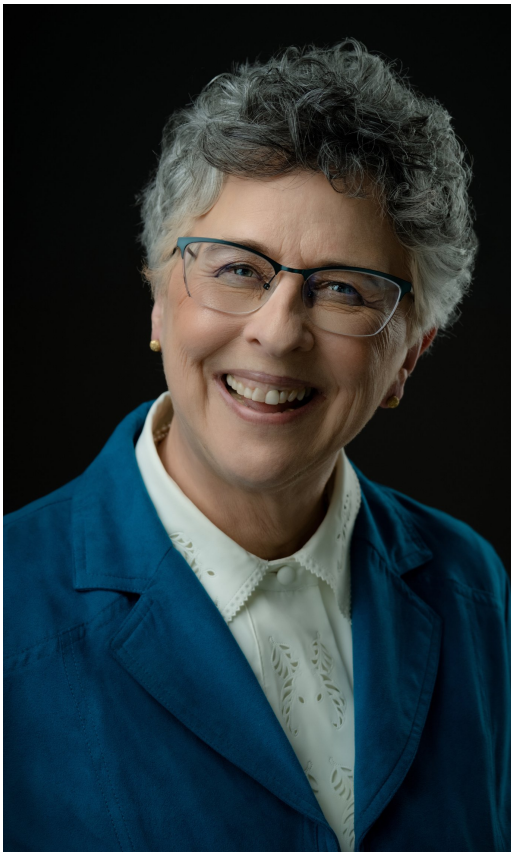
Understanding what nurses really do
Centering nurses in healthcare leadership
Prioritizing nurses' mental health

Issue 20 | January 25, 2022

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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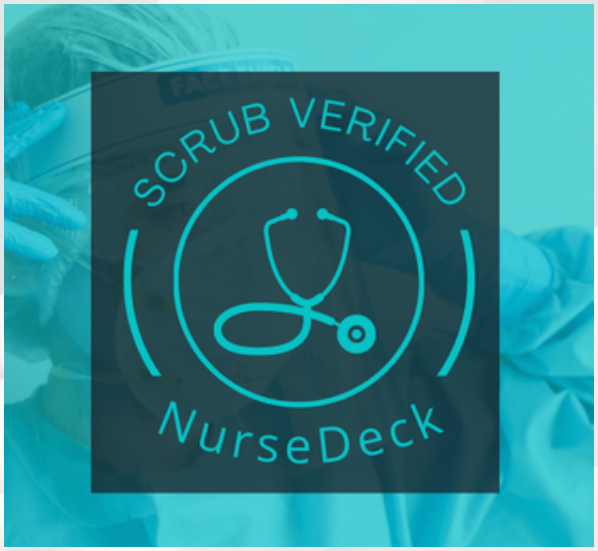

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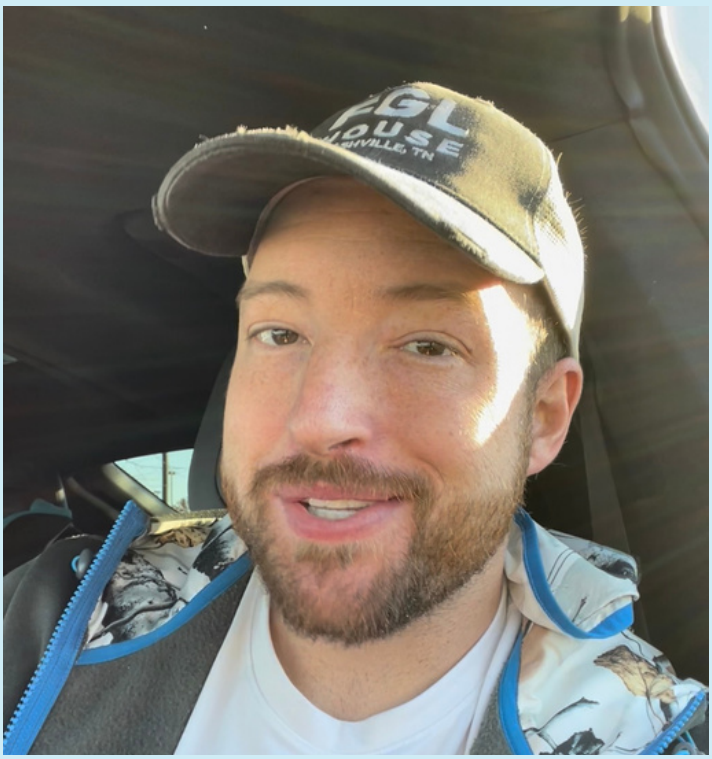

Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside. The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse just like him.

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#InTheField

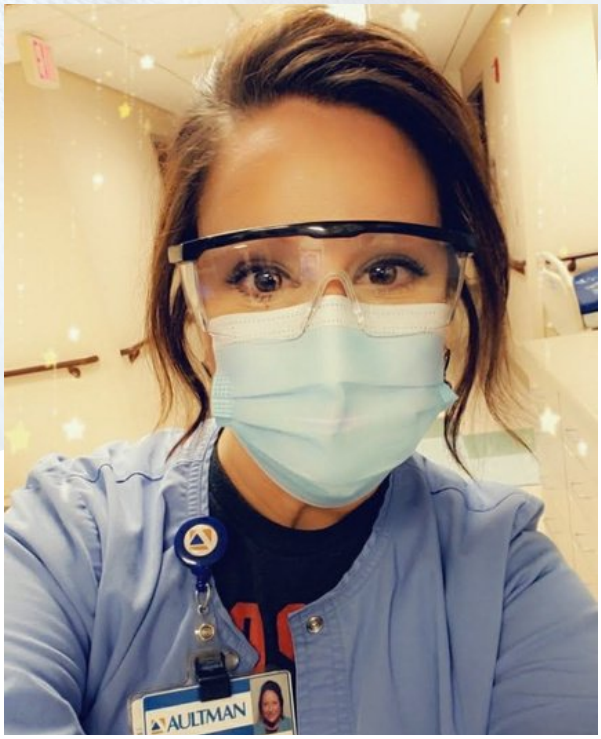
Nurse Carolyn shares with us her passion for mentoring & her career journey

Ohio-based charge Carolyn M. Harmon, BSN, RN, discusses the importance of cultural competence, the need for a support system through mentorship, and her career journey.

Q: TRUE or FALSE: "Nurses eat their young."
A: True. This is the case sometimes, unfortunately. I remember being a new ER nurse and a new grad: many RN's were very critical and often made negative comments. I was grateful to the few who were extremely encouraging, offered support, and constructive criticism, and who mentored me. Now, 23 years later, I welcome and mentor new RN's and I'm implementing a Peer Support and Mentoring Program.

Q: What is your specialty and where are you based?
A: I work as staff RN and charge RN in my hospital's Perioperative Optimization Clinic.

Q: What does cultural competence mean for healthcare providers?
A: To me this means to be able to accept others' cultural views and both the unique differences and similarities and embrace these in a professional and compassionate way.



Q: Before working in your current role, what was your nursing career path?
A: I worked nights in the Emergency Department for 15 years. I had an urgent spinal fusion surgery that forced me to look at other options, as I had concerns about lengthy shifts and my health and safety living with lifelong restrictions that my neurosurgeon wanted me to consider. I transferred to our hospital's Perioperative Optimization Clinic, and have been there almost 9 years. ▪

Find Carolyn on Instagram: @charmon_24.

How to deal with the loss of patients during the COVID-19 pandemic

To a certain degree, nurses are trained to deal with death and dying. Even insensible morbidity and mortality–like the COPD patient wheeling themselves off hospital property to go for a smoke right up until the day they pass, or the noncompliant diabetic rolling into the ED for yet another round of ketoacidosis management. We can recite end-of-life care plans, reflect on the importance of palliative care, and willingly participate in staff debriefing sessions after particularly hard losses.

It's not just the death of our patients that affects us.

We bear witness to the pain of the families left behind, often in a state of shock. We hope they had meaningful last conversations with their loved ones. We, too, feel comforted by the mercy of closure for both our patients and the ones who will grieve their absence. Most of the time, we take it in stride–after all, it's part of our job.

But death is still death.

The COVID-19 pandemic has left us all reeling from the sheer number of lives lost. How could it not? We're human, and death rocks our existential boats; even the seasoned nurses who have learned mechanisms to cope with loss–they still require steadying in a strong storm. Each new nursing survey returns bearing the same troubling news: nurses are more anxious, depressed, and burnt out than they have ever been before.

The continual waves of COVID variants, vaccines that haven't brought us the relief that we had hoped for, and yes–the continued loss of patients from these two

factors have only added to a lingering feeling of senselessness.

In addition to the routine demands of our careers, nurses now must learn how to manage the feelings of grief–both personally and professionally–as part of our job requirements. Everyone experiences grief in different ways, and with varying degrees of intensity. Common symptoms of grief include sadness, anger, apathy, helplessness, and frustration. In a prolonged state of grief, finding joy in anything becomes even more difficult–but nevertheless, important.

It's important to highlight the different ways nurses experience grief based on years in practice; for newer nurses, grief can be overwhelming, causing them to question everything about their career choice and diminishing their overall ability to cope. For more seasoned nurses, compassion fatigue and exhaustion can result.

For all, being repeatedly subjected to suffering significantly affects well-being. Feelings of anxiety and anger mingle and snowball into a growing sense of profound irritation. The stress from this can start to impact one's physical health as well as their mental health.

So, knowing all that we do about death, dying, and stress management, what's a nurse to do when it comes to carrying on? There are several methods to deal with the madness.

Name it – Being able to name what you're feeling is the first step in coping with loss. Expressing whatever emotions might be coming up for you in a safe space–among co-workers, in a therapist's office, or perhaps, in an online community of like-minded nurses grants you the permission to expunge them from your body. We all have had those moments of release in a med room, break room bathroom, or alone on our commute home in the form of hot tears, but being able to do so in the company of others who get it allows for an added layer of support.

Meaningful routines – It sounds trite, but getting enough sleep, fitting in nutritional meals, and engaging in exercise consistently are very important in times of stress. Mental health and physical health are intertwined. When one system is under duress, making the effort to keep the other in check can give you a sense of control over your entire being.

Delve into spiritual practice – Meditation, yoga, conversations with religious providers, Bible study, hikes alone in the woods–whatever connects you to The Bigger Picture/a Higher Power can help to turn down the anxiety dial. If 'spiritual practice' is a term that leaves you without recourse, following a curious mind into its possible benefit can be a welcome respite.

Uphold boundaries – The continued loss of patients at work from COVID is outside of our control–no matter how much we strive to care for and heal them. Therefore, separating oneself from this very environment is tantamount to our being able to return to it. We all know the term 'work-life balance' but that only comes from actively setting and maintaining boundaries between the two. Having after-work rituals, taking PTO regularly, limiting overtime shifts, and making defined efforts to "leave work at work," are key, especially when our shifts are filled with loss.

As nursing providers, we see the writing on the wall: there likely is not going to be any "return to normal" when it comes to COVID. While we are all making course-corrections in real time to make it through each shift bearing the load of this knowledge, know you are not alone in your struggles with grief. One of the best and most important things you can do when feeling overwhelmed by grief is to reach out for help. As professional caregivers, we must honor our own health as much as our patients'. ▪

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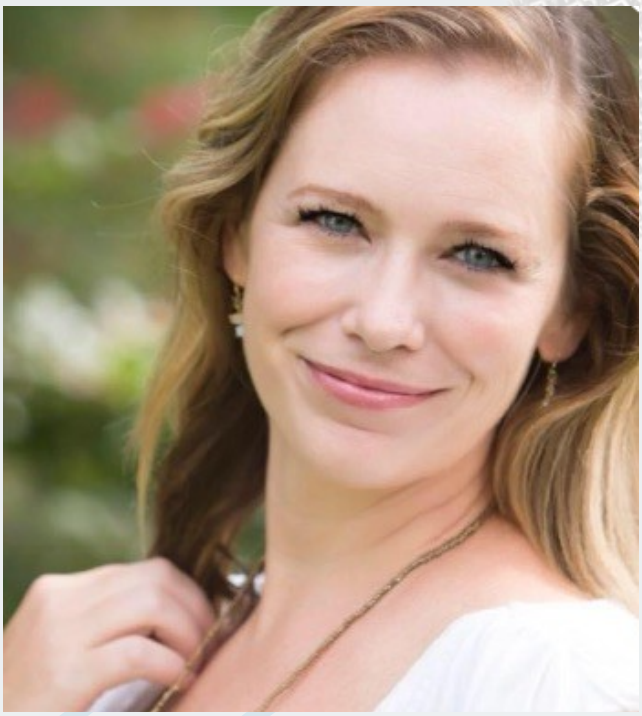
INTERVIEW HOST



BREANNA KINNEY-ORR, RN
NURSEDECK AMBASSADOR & INTERVIEW HOST

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

Breanna has been a Registered Nurse for 15 years. She specializes in creating communities where nurses are supported, focusing on amplifying nurses' voices across the healthcare community. She also specializes in content creation, editing, and copywriting, with an emphasis on medical, health, and wellness topics.

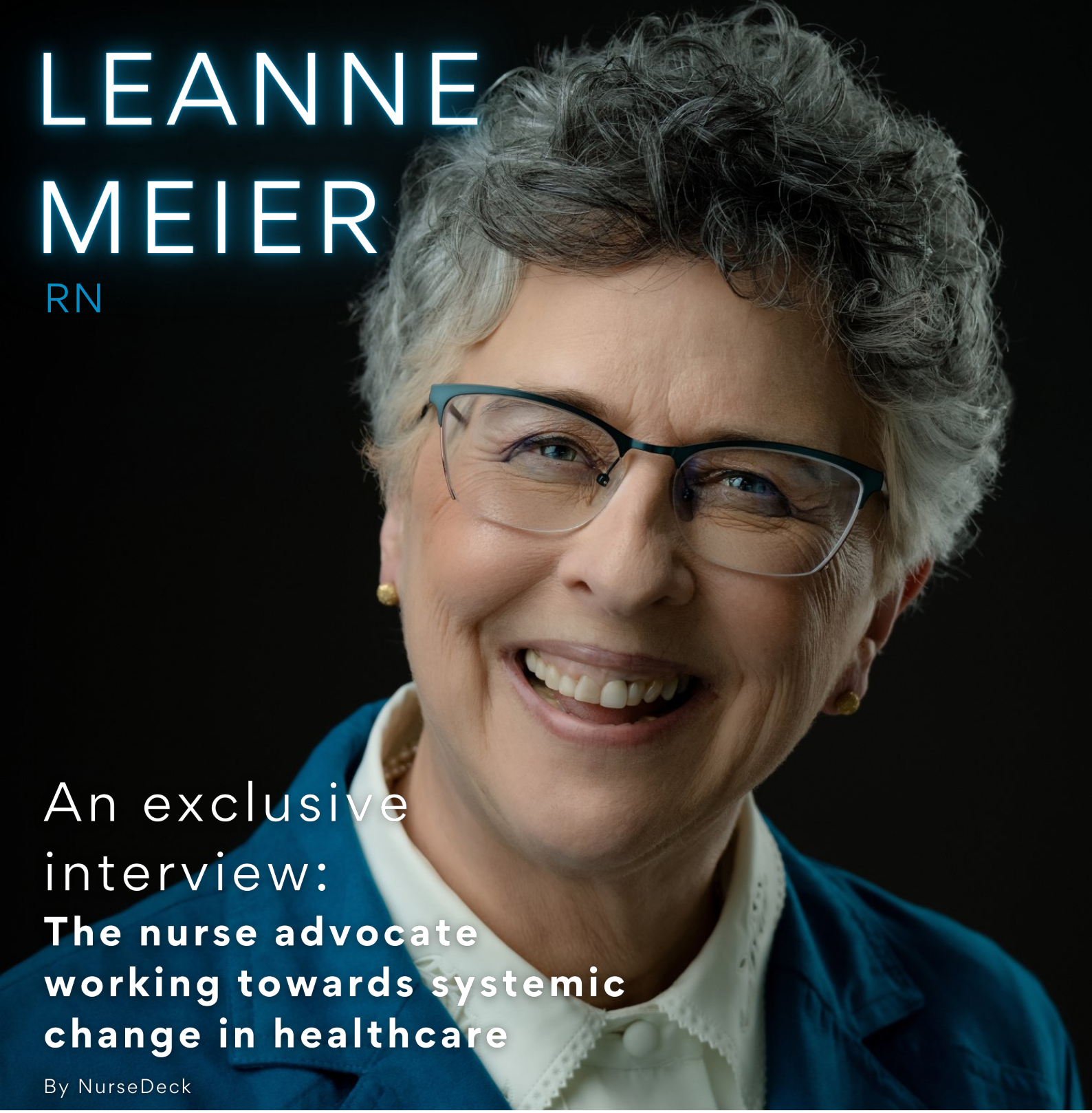
I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base. I love that there are people like NurseDeck trying to shake things up because we desperately need it.

WANT TO HOST AN INTERVIEW?

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email julia@nursedeck.com.



LEANNE MEIER

RN

An exclusive interview:

The nurse advocate working towards systemic change in healthcare

By NurseDeck

Leanne Meier has 40 years of experience as a registered nurse in a variety of fields, including the ICU, hospice, med-surg, obstetrics, and education. She also has 17 years of management experience teaching conflict resolution. In 2017, she launched a podcast called “Once a Nurse, Always a Nurse,” which is available in 70 countries, has an audience of over 120,000, and covers a broad range of topics related to the nursing profession. Leanne frequently engages in public speaking, and is currently working collaboratively to create a nurse-led integrative medicine model to revolutionize healthcare. Her goal is to develop a new model of healthcare to maintain a patient’s holistic health throughout their lifetime. She can be reached at leanne@onceanurse.com.

NurseDeck (ND): Welcome, thank you so much for being here Leanne. You have 40 years of experience as an RN in a variety of settings, and 17 years in management teaching conflict resolution. I also stayed up way too late last night listening to an episode of your podcast, “Once a Nurse,” on mental health and the pandemic. I’m so excited to talk to you today.

Leanne Meier (LM): Thank you, it’s very interesting to be on this side of the interview.

ND: I bet! I’ll ask you for pointers later on. First, tell us how you got your start in nursing.

LM: My start in nursing is very similar to my start in doing the podcast: I actually backed into nursing. I graduated from high school in 1973, right in the midst of the Vietnam War. I had two older brothers that went off to college and became conscientious objectors and hippies, and it was tremendously challenging for my parents who didn't understand what

was happening. My father was very proud of his military service, so it was very difficult. I was pretty naive and believed that college had somehow done this to my brothers, and I was fearful of being in that kind of environment, so I was looking for something that was safer. Two of my friends had gone to nursing school the previous year, to a diploma program in Duluth, Minnesota, so I went to visit them. It was almost a cloistered dorm and felt very safe to me, so I went there but not thinking I would really make it as a nurse. I bought the cheapest of everything - scissors, shoes, whatever it was we had to buy - because I figured I'm never going to stay here, right? But I ended up loving it (big surprise) and continued on. I went out to Denver and did some work there for a couple of years - I loved that - and also went back to Wisconsin and worked there for four years, and then onto Minnesota and stayed there until I was injured and could no longer work as a nurse.

> *Nurses are in a very dangerous and hellish place.*

ND: Are you still in Minnesota?

LM: I am in Minnesota. My 94-year-old mother has informed me I'm not allowed to leave until she dies - those are strict pretty orders.

ND: Yep, sounds like it. We're going to switch gears a little bit and just jump right into an issue many nurses are dealing with right now. Where do you see nurses struggling the most during the COVID-19 pandemic?

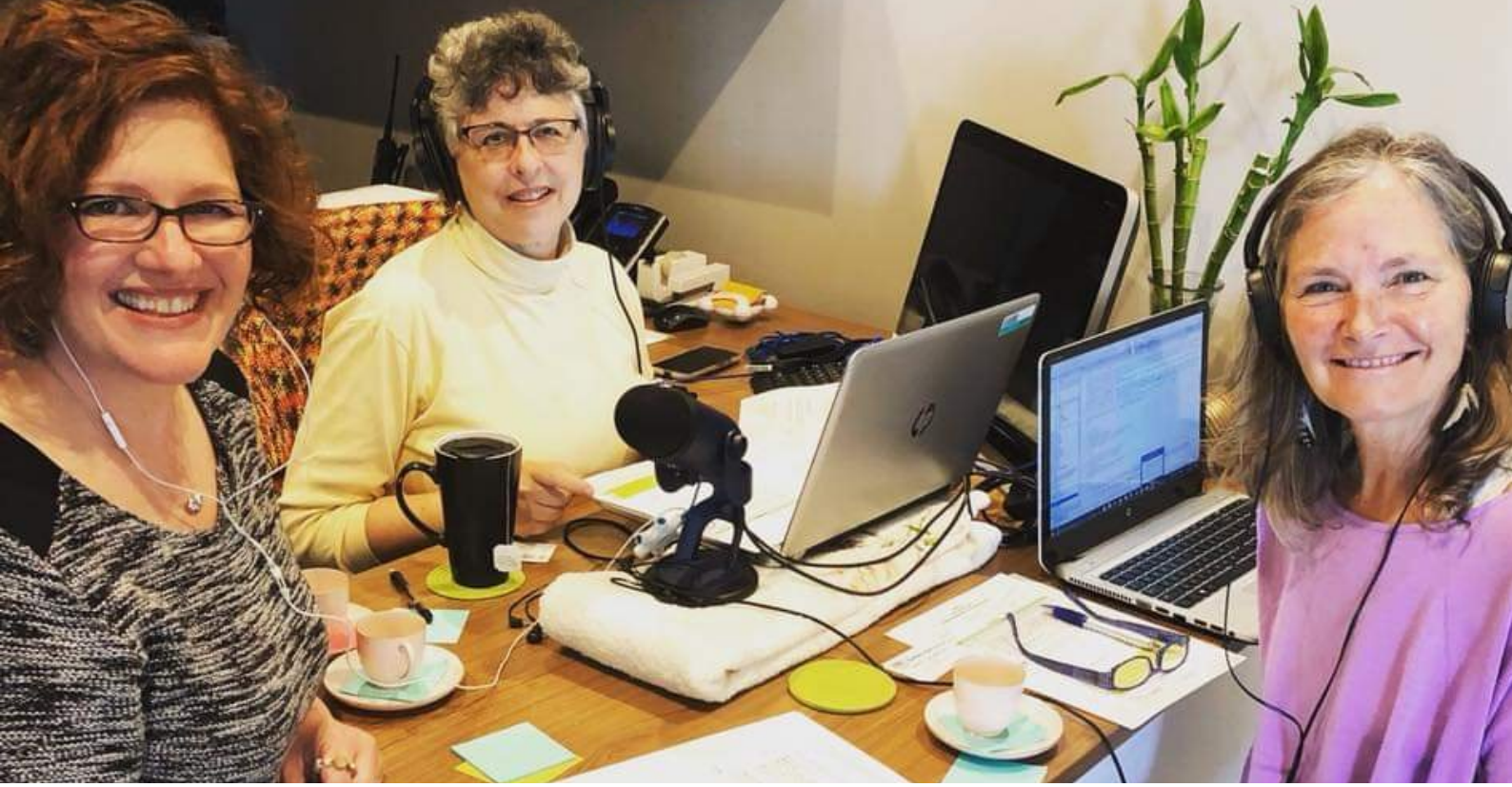
LM: I think mental health is, of course, the most obvious one. Any of us who are nurses and paying attention at all are realizing the incredible struggle that nurses have. I think that underlying all of that is years and years and years of abuse, neglect, disrespect, and lack of support, and all of the things that go along with that. Somebody told me one time they felt nurses lost their voice when they went into the hospital - nurses were pretty much in the community prior to hospitals hiring and utilizing them. At that point, they were able to do far more in the community. The historic nurses were able to show us that nurses' perception of healthcare and medical perception of healthcare is completely different. I think the frustration, the anger, the depression, those suicidal actions that many nurses are taking come directly out of this concept of. They are experiencing moral suffering, because what they're being asked to do and what they're doing goes directly against their moral code of caring for patients and wanting to be able to provide good care for every patient they have. We're being set up in situations and asked to do the best, but not given the supplies, the break, guidance on how to handle their situation, clarity and supervision. Many of the nurses that become managers are excellent nurses that just get put into the role. I was one of them: I got $1 extra an hour and voila! You're a master! No extra training, whatsoever. I think all of that has just accumulated and run smack up against COVID, and we began to realize all the things we suspected are really true. The administration does not know what we're doing. A large number of organizations have become so business minded - everything is about trying to squeeze out the last possible dollar, not about health, and disease care is really what we are doing now.

ND: Right? Very reactive instead of proactive.

LM: So needless to say nurses are in a very dangerous and hellish place.

ND: I couldn't agree more. You feel that when you work in a big corporate hospital environment as a bedside nurse, especially when you're just starting out. I totally understand that sense of the moral suffering. COVID was just the scalpel that excised it for all the world to see, you know, now it's just oozing all over the place.

LM: I've kind of come to think of it, and I had been for quite a long time, as a house of cards - that healthcare had turned into a house of cards. Those people who understood what it was were terrified to pull any one card out because the whole thing was going to go down. COVID pulled all the cards out - we're down, we're flat - and my worry now is that people are going to have amnesia, and go right back to where it was. We were needing more nurses previously, because so many of the boomers my age are leaving every day, and now are leaving even earlier than their own retirement dates. I really fear that we will not have nurses, and it will be almost impossible to win back the trust that



has been completely and utterly destroyed in so many places across the country.

ND: I think in some terrifying ways, hospitals and administration have realized the brink they can push nurses to, to the point where they're losing them but are pulling back a bit from there instead of revamping it. I hope nurses use their collective voice to not let that happen.

LM: That's a real challenge because I think, especially since we went into hospitals, the structure is set up to attract bullies. We certainly have nurses that are bullies, even well-meaning nurses that have kind of morphed into this kind of behavior and attacking each other. I don't know that any of it was intentional, but the structure itself has made it happen. The hierarchy and the needing to be in the highest pecking order, and then taking it out on whoever is either beside us or below us. It's just creating a dysfunctional and horrific place to work. What you want to do is create a healthy place to work. It's very difficult if you don't have those supports around and above you to make that happen.

ND: I've seen it happen. I've worked in places like that myself. What are some things that nurses can do to get the mental health support that they need?

LM: The beginning of COVID was a complete and utter mess. People were used to ignoring nurses, especially when we would speak up and say, "help, we need help." They would say, "Oh, they don't need help, they always say they need help," or "they always say they can't do it, and then they do." And we do - we somehow innovate, whatever it is, we make it work for the patient. I think that was what people were starting to do, I think they thought it was going to be short, like, "we can do this for four months." More importantly, I think nurses felt like this is our opportunity for people to really see what we do and how we are the people most appropriate to manage patient care. However, I don't believe that happened, and somewhere around February is when the reality began to really sink in for nurses, that it was going to be same-old same-

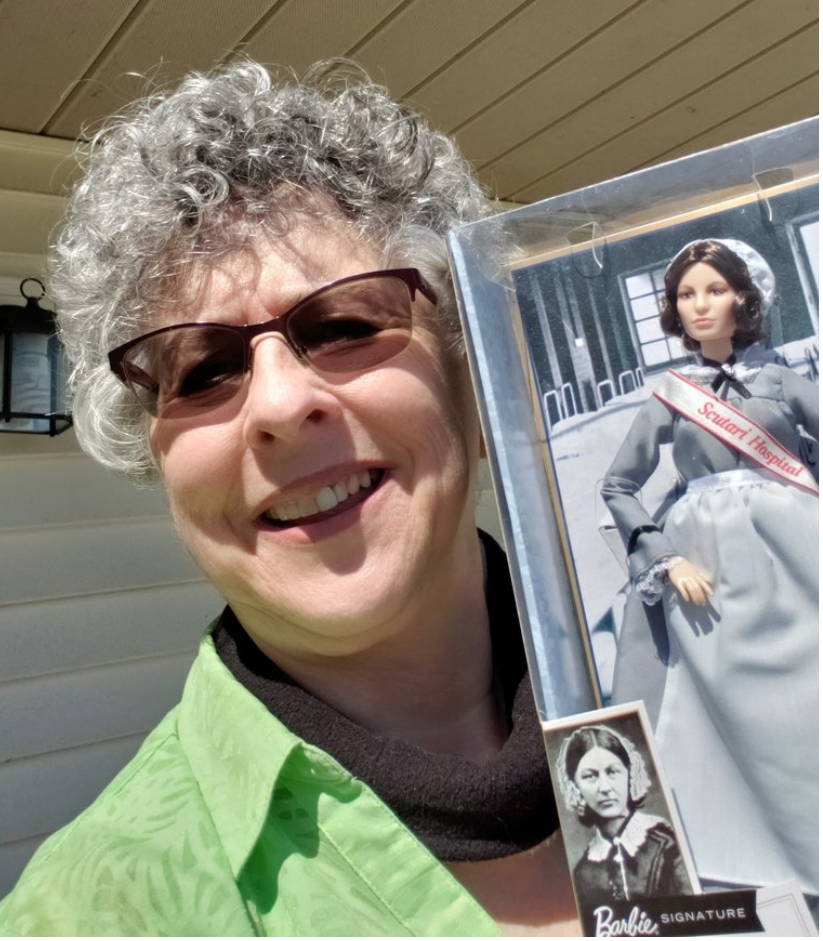
old and they still were not going to be heard. That was confirmed for them when we got to Nurses Week and so many of the organizations went back to tchotchkes. That was a perfect opportunity to bring nurses in and say, “what have you learned? What do we need to know? How do we present this? What could have made things better?” All of that would have been just so wonderful and appreciated.

ND: A real gift, as opposed to a key chain.

LM: Exactly, and I saw many places where that was like the fuse that got lit, and the bomb went off. The availability of mental health care has gotten much better over time. At least now people, and particularly nurses, have noticed that nurses need this and are trying to provide it for them in many different ways. The problem is the nurses that are left at the bedside are just absolutely and totally exhausted. I think some of them may not even realize that what's happening to them is mental disease, and that it isn't that they aren't resilient enough. I think if I hear that word one more time I’m going to scream. I actually taught a class

> *We've known for a long time that we're invisible to the general population.*

about resiliency at one point, but it's gone so far beyond - we need to give space to these people. We need to, and I hate to say it, but we need to ration the care that we can give so we have a chance of saving some of these patients that are coming in. COVID should be one-to-one; anybody who's a critical care nurse or in the ER, especially with very sick patients, needs to be one-to-one and maybe even two-to-one, right. Hospitals and governments seem to think it's just fine: “Oh, we have way more patients than we have nurses, so it’s certainly no problem for nurses to take several more patients.” The worst I've heard was several people from North Carolina at different times told me that they have taken as many as 10 patients. Those were not on ventilators, but still COVID or other med-surg patients. Just absolutely abhorrent and incredibly abusive to the nurses, but also to the patients and the patient's families. Early in the pandemic, I had already started working with a group of holistic nurses who were planning - in honor of Florence Nightingale - a compassion caravan. From her birthday on May 12 they were going to literally get in caravans and drive from New York to New Mexico where their 40th conference was being held. Along the way, they were stopping at nursing schools, at hospitals, at various places to encourage and support nurses who even before COVID were really, really struggling. So once COVID hit and we realized that was not going to happen, we immediately turned it over to doing what we were calling listening circles. We were surprised how few nurses were taking advantage of this free opportunity to just talk to nurses, and these were trained, coaching nurses were very prepared to take care of whatever was brought forward. But again, we realized they didn't have time to find out that was even available. We're still seeing this as a short haul - “I



don't need that, I can take care of myself, I don't have to go to the bathroom for an 8 or 12 hour shift. I don't need to drink any water" - all the things we've taken pride in. We're able to be in the trenches and make things work - that works in a short period of time, maybe a few days, that doesn't work for almost two years. Just a couple days ago, I heard about an organization that has been around since 2016, but has recently been looking at how they can help nurses, specifically. The company is called Happy, and about a year ago they launched an app, so now they're connecting with organizations and are even affiliated with the American Nursing Association. They're putting out offers to contact nurses so nurses don't even have to contact them - they're hiring nurses to call nurses to say, "how are you? Do you need to talk?" They're finding people really feeling like, "Oh my gosh, to be able to talk to a nurse where I don't have to explain what I do in order for them to understand how hurt I am," is just a treasure beyond measure. I'm very, very impressed and hopeful that they will be able to reach even more nurses.

ND: It reminds me of the meme that goes around that says, "check on your health care friends, we are not okay." But to the average person looking at that, it's intimidating. There's a lot of hurt and trauma and nurses are not okay, so that's a loaded conversation.

LM: We've known for a long time that we're invisible to the general population. I realized when I was really in the trenches as a nurse, my friends and family did not understand what I was going through. Even if I tried to explain it to them, it was just completely over their heads. With this, nurses are beginning to realize people do not see us. I've had nurses who said they were asked, fairly early in the pandemic, to speak to big news operations, and when it came right down to the news - people coming into their environment - they were relegated to the side. In the meantime, they were talking to CEOs, they were talking to doctors, they were talking to anybody but the people at the bedside. They were asking these doctors about patient management, which they know little about, so it was a very painful kind of situation for them. I am hearing from a few more doctors who are starting to register that even they didn't fully understand what nurses were doing. I had one doctor that was the director of a department, and what he realized was everybody was standing behind the barriers, but the nurses were going in when the crisis would happen. It was the nurses operating at the bedside, taking care of whatever was happening, the doctors were writing orders behind the barrier - might stay for 15-20 minutes, they would stay through a code, but then they're going off and they have the opportunity to relieve some of that stress, even in small ways of just walking or talking to other people. That nurse is pretty much at that bedside for 8 hours, 12

hours, 16 hours, whatever her shift ends up being. Then coming back and doing it again and again and again.

ND: I think just speaking to nurses and raising awareness is such an important facet of mental health support - to know that you're not alone. In that same vein, tell me about your weekly podcast Once a Nurse, Always a Nurse. What made you start that? Was it pre-COVID?

LM: Yes, it pre-COVID in 2016. It was during the time period that I was teaching an RN refresher course. I was teaching nurses that had left nursing for various periods of time, up to 30 years or more and were coming back to nursing and terrified. I loved it. I absolutely loved it that in 10 weeks time I could help them be encouraged enough to feel like, "I can do this." One nurse comes to mind: she graduated from nursing school, took her boards, and she found out she was pregnant. She and her husband had wanted to have a large family, so the decision was made that she would stay home. She ended up having eight children, so when the last one was in junior high school, they felt she could go back to work - by that time it had been 28 years. She is now doing so well, and working in a nursing home environment. I said to her, "you have been nursing - your children, your friends, the relatives, your neighbors, probably everyone, for the last 28 years - so now it's just brushing up on what you remember about hospitals." So that was it. The person who really talked me into it was a Ph.D. nurse, and she was running businesses and in charge of OB at the University of Minnesota. She had a child that was sick and so she was taking care of him at home. She was running this business, but she wanted to start doing training and various different things. She really felt having her RN back would be appropriate. So at the end of the class, she came up and whispered in my ear, "you have got to get this out to more than just these few students." I had no idea how we would do that. The next day, I got a cold call from voiceamerica.com, and they wanted to know if I would like to do an international talk show for nurses. So I hung up, I thought, "no way this is real, forget it, this is ridiculous." They were very persistent, and a year later I was given a different producer, and she had me on the air in about a week and a half. That was in 2017 and I've been on since that. It became a very important part of my life, especially when COVID hit in March of 2020. I realized I had an audience of almost 120,000 people at that point in 70 countries, that I could bring the nurses' voice to the public. I think that's what got me through it. I had to be pretty much quarantined because I also take care of my 94-year-old mother, and I realized that was going to be important, but because I was reaching out and talking to people all over the world it just felt mission-focused. My personality is very much about relationships and mission, so it was the perfect opportunity for me. I did a lot of walking the floors at night worrying about nurses all over the world, and I had to find a way to let go of that. I did that by trying to find how we can get help to nurses 24/7 at the bedside. That became a really important part of what I was doing.

ND: I always love hearing how nurses' paths change during the course of a lifetime or career. We have the ability to wear so many different hats and I love hearing about all the varieties that exist. Especially one that results from a cold call - talk about a gearshift.

LM: Interesting that you'd say that because one of the new shows that I just did a few weeks ago was a nurse, Chris Recinos, who is the CNO of Kaiser Health. I had her on the show because she was starting a new program, a podcast and website and training for nurse leaders. One of the

things she said absolutely blew me out of the water. She said she had started listening to me in 2017 when I started, so for three years she had been listening to me. In October 2020, when children had to be at home, she and her husband were both working in hospital-type situations and away from home with huge responsibility. So her 10-year-old son was home trying to deal with homeschooling online by himself, and had expressed to a friend that he wanted to commit suicide. When she heard that she knew immediately she had to stop her job right then. I don't know how she had the courage to do it, but she said what helped her was she'd been listening to me, and she felt like if I could do it, she could do it. That was what gave her the ability to be able to drop her big, important job, and go immediately to be at the side of her son. I just admire her more than I can say, and to think that she got courage from me.

ND: Isn't that amazing? Just the ability of one person, the evidence and bearing witness to what they've gone through can help you. Let's talk about the future of nursing. What will that look like in a post-COVID? world? If we ever get to the "post" part of it? How will this affect nurses' overall wellness? Can we be well, again? What will get us there? What are your thoughts on that?

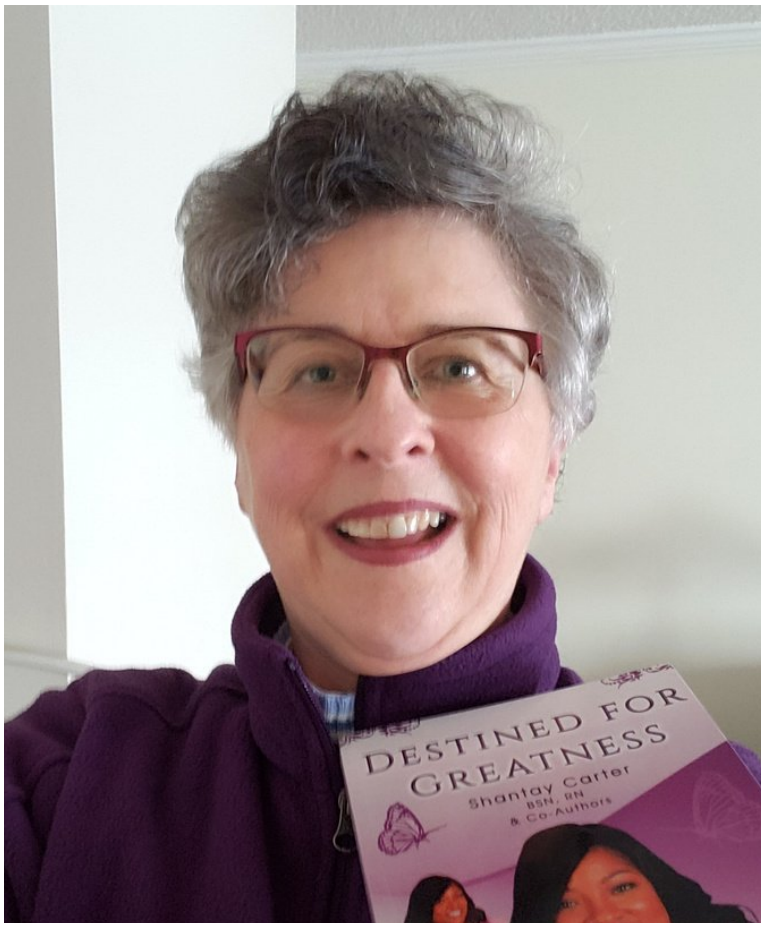
> *I truly believe that without nurses, there is no health care.*

LM: I'm probably going to have a very different response than most of the people you're going to be talking to. My answer is hopeful: It will depend a lot on what nurses decide. I truly believe that without nurses, there is no health care. If we truly decide that we are the salvation of health in the United States, and we start making decisions, and we stand up and we demand that what we need to take excellent care of patients is heard and is followed up on, I believe that a lot of things can change. I'm very hopeful there are hospital organizations across the country that are already doing that. Some of those people have been acknowledged. I don't want to put much attention on the ones that are terrible and have abused their nurses, I want to show, this is what it can look like, this is how it can be done.

ND: And which hospital would you rather be a patient at?

LM: Right. When you think about mothers or families, the traditional role of the husband being to support the mother to be able to take care of the children and the family in general, that mother can't do what needs to happen, even though she is usually the central figure, unless she gets support and encouragement from the spouse. That has to happen in healthcare, and we're nowhere near there. We are in a disease-care system, and it's all about money, it is not about health, almost at all. That has to change. I took four of my previous guests, brought them together so we could create something new and we did - we have started the Nurses Transforming Healthcare. We started in January, so we're in the beginning stages, but we've made a lot of progress. The whole thing started with Dr. John Silver, who was on my show in 2018. He's a nurse, and has worked at the bedside as a respiratory therapist and in the ICU, and he just felt that

healthcare could be done better. He went around the world and looked at different economic systems, not just for health care, brought them back, laid them out - metaphorically - on a table and said he had seven goals of what he felt had to happen for health care to become healthy. These economic models had to support those goals, and what he discovered was that not a single one of the economic programs he looked at around the world did that. But he said there's got to be something else in our history, so he looked at the electricity situation - when electricity was spreading across the country but only to the large cities, not to the farms or small towns. The rural electric association was a brainstorm of Roosevelt, and that brought electricity to the entire country. It was considered a public utility, and now they're even thinking of using it for the internet to spread that throughout the country more equitably. So, he started thinking, "what if healthcare was a public utility? What if it was like electricity, sewer, water, all of those things we need in life. Each person would pay in a little bit, nowhere near what we're paying now, in addition to individuals, it would also be cities, counties, states, national regions, who will also be supporting this, and everything would be based on what is working, the best practice across the country. It would be at a community level, so even though there's thousands of communities across the country, it would be focused on what this community most needs. Do they need fresh food? Do they need parks and places for people to recreate? Do they need mental health facilities and assistance? Do they need good jobs? What kind of criminal activity is going on? So you'd have what we're calling nurse-led integrative medicine clinics which would be responsible for looking at all of those things and making sure they bring in those things. It would be funded not by insurance companies, not by mega-corporations, but through public health. It's almost faded away from most people's understanding, when it had at one point been one of the most important aspects of providing health. They have a structure that's already set up, and all we have to do is take that structure, build back what's been taken away over the last 30 to 40 years, and start working with them. Data could go back to the the hub of public health, determinations could be made about what specific assistance is needed in different areas, data could be shared across the country. Imagine, in January of 2020 we had the system already set up. It's just almost mindblowing to realize the disaster that we had, and the almost 700,000 lives lost, not to mention the people who will deal with this for the rest of their life. It's just incredible. I live in Minnesota, so we're working with representatives and senators from Minnesota's government, and also representatives we've sent to Washington, D.C. Amy Klobuchar is one of our senators, and you can't get much better than. All of them are very interested in what we are talking about.



ND: That's very exciting. I am a very optimistic person by nature, but in today's climate I worry that partisanship will grab - just like public health has been abused in the past year and a half plus. I hope it stays with its mission instead of getting sidetracked into something it's not.

LM: It might just be something that could bring people together, particularly at the grassroots. I think that the open ship at the top level is too dysfunctional and diseased. We're going to have to put new people in there, and that's going to determine everything. It's really hard to think that half of our country is completely opposite. I mean, maybe we've never been quite so divided since the Civil War, and I sure hope we don't have to fight another war. I think this could be something that would bring people together because there's such opposite factions. There's "leave it the way it is" or "Medicare for all" and those are great bumper stickers, but they're not so great for health.

ND: I love that you touched on that. I wanted to ask you how community-driven sites like NurseDeck can be important for nurses today that want to get involved, but maybe don't know where to put what little energy reserve they may have towards it?

LM: I am so happy every time I find something like NurseDeck. I am so completely thrilled because I think nurses feel very isolated, even within their own silo or organization, and not confident who they can talk to in case it might get back to somebody. People really wanted to sit down and brainstorm: How do we make this better? I can't think of anybody more than nurses who are good at that! Because for them, it's all about the patient, always all about the patient. So, if these large organizations can get it: if we support nurses, they will take care of it. It just has to come down to that, I just can't see any other way we're going to be able to change it. NurseDeck would be the kind of thing where nurses can come together in a gentle way, instead of as adversaries. Nurses have to stand up together, we have to encourage one another, we have to be kind to each other. We just have to be what brought us to nursing. We're going to have to get it out to the public because the public still doesn't even know we don't have a good healthcare system. That wasn't gotten through.

ND: Speak a little bit about communities like NurseDeck, and their importance for revitalizing mental health.

LM: That is really where it's going to come from, because nobody outside of nursing truly understands what nursing does. I think the doctors are starting to get it, but it has to be that community. I have not been very in favor of unions in the past, because I've seen them as being very aggressive, sometimes almost cutting off their nose to spite their face, making enemies of the administration and the corporations. Certainly we need to get them to hear us, but I'm not sure punching him in the face is how we do that, so we have to figure out another way. I have been following and actually, to some extent, supporting the National Nurses Union because they're the only people I've seen out there fighting for nurses and getting what it is nurses need out to the public. I've kind of changed a little bit on that, but I'm still hoping to influence them to go about it in a way that can be more collaborative, and really be a win-win for everybody, especially patients. So community is everything, relationship is everything - if you don't have relationship, it's very difficult to get anything done in any industry. But can you think of a more important place to have relationships than in healthcare?

ND: I agree. One of the first things we're taught as nurses is building rapport with our patients, but we need to also maintain that rapport amongst ourselves. How do you think sites like NurseDeck can help nurses with the stress of being a nurse?

LM: I think it's about finding opportunities, directing people to the funding that's out there, and then having a platform you can bring people into. So, either a place they can come to or the other nurses who have found it can invite them to. The bottom line for nurses is we are all about giving, we're not so good at taking, and we're really bad at taking care of ourselves and asking for help. Until we can get around the point of recognizing that we not only have to take care of ourselves, but we have to take care of each other, we can do that on a place like NurseDeck. That's where it has to happen. The other thing that's possible is training. When I was in nursing, I ended up in many different locations. The last one was in human resources, and human resource development, so I was doing a lot of training of managers on personality, dealing with conflict, and resiliency, but it never got to the level of the nurses. Who needed conflict management and conflict resolution more than nurses? So that was what I was working on when the government of Minnesota shut down because of arguments between partisans, my company lost $18 million, and I was the next person in my department to be laid off. So the last thing they did was allow me to do a class on conflict resolution for charge nurses. I did the pilot, and then the first program, and everybody said, "Oh, I'm going to send all my friends to this, this is so fantastic." I had to tell them I was being laid off, and it didn't continue after I left.

> *The structure of healthcare has to change.*

ND: We've talked about this, but, specifically, what changes do you think the healthcare industry needs to make to create better work environments for employees that sometimes have a hard time advocating for themselves? What can the healthcare industry do to support nurses? What changes need to happen?

LM: A huge mindset change. I would love to see every single C-suite person, with whatever their other degrees are, that they have some training in nursing. Whether that's LPN, RN, whatever the level - they cannot possibly be leading an organization where their product really is the nurse. If they want more patients, if they want better outcomes, it is the nurse that's going to make it happen. If that was the truth, nurses would be respected, they would be paid according to the respect that they have, they would be given healthy schedules. In fact, the nurses would be determining what the schedules are. Don't get me started on nurse staffing ratios, that has to be done by nurses. Who knows more than that nurse in charge on that day, on that shift, on that hour, with the nurses she has scheduled for that day, and the acuity of the patients there? Who else can say what the nurse-patient ratio needs to be that day? That is, if your outcome is you want healthy

patients. If you don't want healthy patients, you can be a cog in a wheel and just keep throwing milk patients at that nurse until she drops. That's where we are now. The structure of healthcare has to change, because we can't just change policies; even if we change the leadership at the top, if they are not changing the structure of healthcare and making it something where people can dialogue with each other, because they each see something different that could affect patients. That's what we need to do, and it isn't like we have to reinvent that wheel.

ND: I love that. Talk a little bit about society's outlook on nurses and nursing. I think at the beginning of the pandemic, we were having the rounds of applause every day at 7pm globally, and now nurses in some ways have been vilified or they're used as headlines to talk about vaccine mandates. How do you feel the societal outlook on nursing has changed?

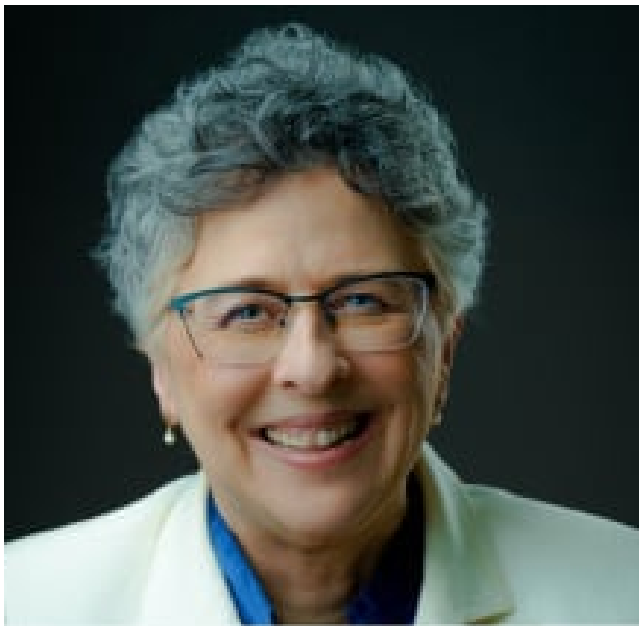
LM: People outside of nursing and even sometimes nurses who are not working in bedside care, do not know what nurses do. Whether it's movies, television, books - nurses still are in a handmaiden role almost anywhere you look with nurses present. It comes back to not really understanding what nurses do, and how we advocate for patients. Nurses need to tell their stories. When news outlets are interviewing people to find out what's really happening, they have to stop going to the people who are creating the problems. If you ask a patient who just came out of a horrendous situation, they're grateful to their doctors, but when it comes down to it oftentimes it's a nurse that really had an impact.

ND: I love it. We've covered so many important topics today.

LM: I truly want nurses to recognize the value we bring. I don't know how it came to be that we have listened to those people who are disrespecting us, who do not understand us and do not want to understand us. We have got to develop nursing warmth and trust and care and support with each other, and get it out to the community. Healthcare has to change in the United States dramatically. I don't know how it's going to happen, but I know it has to happen. For me, it starts with these nurse-led integrative medicine clinics. As bad as that is, this could be our greatest opportunity to truly change healthcare in the United States, but it's going to take all of us working together using all of our skills to make it happen.

ND: Leanne, thank you so much for giving us your time. It's been awesome talking with you.

LM: Thank you! I love talking to nurses, always and forever, it's the best thing in my day.■



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