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THE INSIDER'S PERSPECTIVE OF NURSING
Caring.Integrity.Diversity.Excellence

"I just hope we can all pull through this."

MARIJANA WAITE

DNP, CPNP, RN

FOR THE LOVE OF TRAUMA: FROM CHALLENGING CHILDHOOD TO PASSIONATE PEDS DNP

EDUCATOR, COLUMBIA GRAD, FORMER FLIGHT NURSE

+

LESSONS FROM A NURSE AMPUTEE: ***LPN LAUREN HARBACK***

20 REASONS NURSING IS A POST-APOCALYPTIC SKILL

Issue 32 | April 19, 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 in the field, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.

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MARIJANA WAITE

For the love of trauma: From challenging childhood to passionate peds DNP

Marijana has quite the life story. From growing up in the former Yugoslavia to becoming a young single mom, she started in nursing as a way to give back to society - and found her passion. She fell in love with flight nursing before finding her heart's home in pediatrics. You love to see it!

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Our weekly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for last week's top 10!

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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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Lessons from a
nurse amputee
LPN Lauren Harback

MEET LAUREN

Lauren Harback has been working as a licensed practical nurse since 2013. She's worked in doctor's offices, hospitals, long-term care, and, most recently, corrections. Lauren has been open about her experience of being diagnosed with Sarcoma of her nerve sheath, having her right leg amputated above the knee, and living with a prosthetic. She's a mom to an 8-year-old daughter who is her "mini me" and an 11-month-old boy. Lauren is also an ambassador for Built Bar - and readers can get a discount at builtbar.com with the code: laurenh.

How did you get into nursing? Why did you choose the LPN track?

I had originally started out wanting to be an athletic trainer, but the school I was going to lost their accreditation. My husband encouraged me to become a nurse since he saw how I interacted with people and he knew I like to care for people. So, he pushed me and gave me the encouragement I needed to start the program. I went for the LPN program mainly for the ease of getting in because where I'm at one of the medical schools has a huge waitlist for their RN program. So it was - let me get in where I can get the experience, and then hopefully, at some point, go on to get my RN.

What's your work day like?

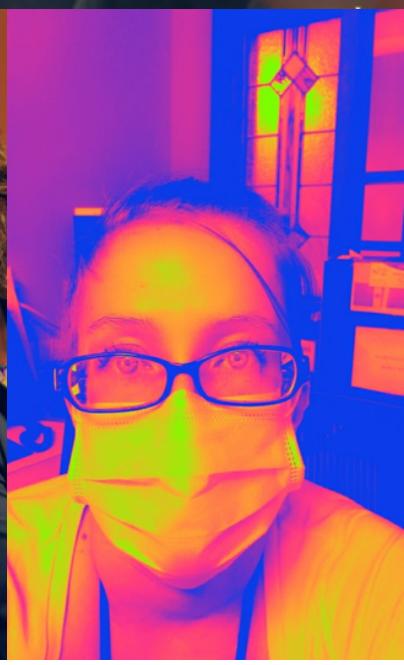
I work at one of the local jails in my area, which is completely different from any nursing job I've ever done. On the day shift, we pack all the meds for the entire day, both the nighttime med pass and the evening med pass. On day shift, there's really not much interaction with the inmates other than giving them their medicine. Night shift is when we do all our history, physicals, and wound care, and answer sick calls, so that shift is more hands-on interaction with the inmates.

Sometimes inmates are there for a long time, depending on their charges, but usually it's a short-term stay. Sometimes they get arrested with their medication and bring their medication with them, but other times they're like, "three years ago, I was on this medicine. Can I start getting on it now?" And we're like, "no, that's not how that works."

Tell us about your health journey.

I started experiencing swelling, numbness, and tingling in my right lower leg. I went to the doctor and he was like, "Oh, you're a nurse? Wear compression socks. That's all you need to do." It was only in one leg, though, but I was like, "okay, you're smarter than me, you're a doctor, I'll try it." I did that, and I worked two shifts, and I got off work and I couldn't even get out of my car. My leg was swollen, sore, and purple. I finally went to get a second opinion, and they thought I had a DVT [deep vein thrombosis] even though I didn't have any clinical markings of a DVT. So I had x-rays and ultrasounds done, and we found out it wasn't DVT, but there was this weird oblong mess in my leg that doctors weren't sure about. I had to get a biopsy done, and they still weren't 100% sure, so I had to go back and get a surgical sample

done. I found out it was cancer on my birthday. My doctor said I could get treatments locally, so we started all the scans and the process to start chemo, but after my PET scan, I got a phone call, late in the evening from the oncologist: “This is good news. Your cancer has not spread anywhere else, but it appears that you're pregnant. So obviously, being pregnant, you can't have chemo.” My husband and I made the decision to attempt to do everything we could to protect the baby, which left me only one option: to have an amputation of my right leg above the knee. We met with the surgeon and had a conversation. He said, “you're really calm about this, you understand everything.” Then we threw the loophole of me being pregnant into the mix of his surgical plan. At the time, the plan was to do the amputation with me awake, because they said that would cause less harm to the fetus. One week before my surgery, though, I suffered a miscarriage. Being diagnosed with cancer is super hard, and then a miscarriage obviously is super mentally draining, but dealing with all of the things pretty much back to back was a super rough experience for everybody involved. But, my family and friends were awesome, my husband has been my rock through all of this. The surgery went well, and after my surgery, I actually transferred to the oncology floor and the ortho floor, which I stayed on. I was like, “I can relate to these patients more so than anybody can.” I have had experience on both ends of it, so I know what they're going through. Before I went to the jail, I was working in the hospital where I had my surgery. So many patients and patients' families were like, “oh, you're such an inspiration. You've made it through this. You gave me hope. Nobody can relate to me like you can,” which was one of the main reasons why I wanted to work on that floor. Even though I didn't see myself as an inspiration



because I was doing what I wanted to do, I wanted to be a nurse, I wanted to help people, it seemed normal for me to do that. But hearing that you're an inspiration obviously feels good, but at the same time, it felt like a lot of pressure, too.

How were you feeling when you were preparing to have this amputation done?

Well, when the doctor told me to wear compression socks, I was like, “maybe I don't know my own body, maybe this isn't real pain, maybe I am crazy.” When I found that it was something more, I was upset at the doctor for not listening to his patient and not doing all the things that anybody in the medical field has heard. I always hear, “listen to your patients, advocate for

your patients' rights, be your patient's voice," and he didn't do that, so I was angry at him. But then we all faced it head on, because that's what you have to do, this is something that I've been dealt. The next step after the surgery and amputation was to be able to move on, so I also felt relief knowing that I wouldn't be in that pain anymore, even though I didn't know what pain might come in the future. At least the pain I was experiencing at that moment would be relieved, and I'd be able to play with my daughter and walk my dog and run and have a normal pain-free life.

What was it like getting a prosthetic?

It was just trial and error. When I went to the prosthetic office, they gave me tips and pointers on how to do things, but most of it was self motivation, and prodding from my family to get up and go. I went back to work on light-duty, just like checking blood pressure and stuff like that, so for a little bit I was on a cane. Trying to walk with a cane and push the Dynamap around was a pain in the butt. So, I was like, "okay, let's do it, let's lose the cane, let's just push forward and just go with it."

Tell us what it's been like nursing since your amputation.

I'm shorter, so sometimes when I have to reach up to get stuff off the shelf I can feel my prosthetic slipping off. Not so much in the corrections setting, but when I was in the hospital a couple people asked me if I'd had a stroke or polio. They don't think of a young person having cancer and going through that. A lot of times, I'll get thanked for my service, just automatically they think military because again, young person and amputation. They don't know how to respond when they learn the story behind the amputation.

What's been the hardest part of this challenging journey?

Being pregnant with a prosthetic is super hard. After the surgery and everything we went through, we found out we were expecting again. We had a rainbow baby, born in May, and I gained a bunch of weight when I was pregnant this time, which obviously causes swelling for people who aren't amputees. So, I had to deal with my prosthetic not fitting while I was pregnant. Dropping something and picking

it up when you're pregnant is hard anyway, but on a prosthetic it's a whole other level. To get a new one you'd have to make a whole new socket for the prosthetic set to attach to, and usually the insurance companies don't like to do that because it's expensive.

What's a positive thing that's come out of your experience?

I got connected with the Move for Jenn Foundation (moveforjenn.org), they actually upgraded my running prosthetic. The founder actually suffered from sarcoma, too, which is the type of cancer that I had, and she's a below-the-knee amputee. She does a lot of things to get prosthetics for people all over the country. She's teamed with other foundations to hopefully do some global stuff, too. Each year, they hold a 5K event in North Carolina to raise money. I've tried to do it virtually on my own, with my family, but I hope to go down there and meet her in person soon because it's all been Skype and Zoom meetings. I really want to go meet her in person, give her a hug, and thank her for her foundation and for the opportunity to get the running blade, because insurance doesn't cover that. They give you just what you need to get through your basic everyday life.

Tell us your best advice for someone going through a similar situation you've been in.

Just keep moving forward and keep your sense of humor, because once you get down on yourself, everything can seem negative. If you keep moving forward, you can find some humor and funniness even in the negative.

Find Lauren as @the1leggednurse on NurseSocial

20 reasons why *nursing*

is a **post-apocalyptic** skill

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The world has faced some extraordinary times and anything is possible. The current pandemic proves this. Crazy things have happened but is it possible for even crazier things to happen?

Could the world we live in face an apocalyptic crisis? Some people believe this could happen one day. The world may come crashing down in an instant leaving everyone stranded.

Eventually, supplies and funds will run out. Leaving individuals forced to be resourceful and fend for themselves. It would take a certain set of skills to survive this type of environment. The skills that would be beneficial are life saving and related to the basic necessities of life...Food, shelter, and water.

Certain groups of people would be able to adapt quickly and possess the necessary skills. One of these groups would be nurses. According to a website dedicated to disaster/apocalyptic preparedness, health care workers would have one of the most important jobs after an apocalypse.

Nurses have developed certain skills that would be vital in this type of scenario.Nursing is a career choice made knowing commitment and dedication are needed in order to be successful. Here are 20 reasons that prove nursing is a post apocalyptic skill and nurses have what it takes to survive.

1. Teamwork

Nurses know how to work well with all members of a team. The skill to be a great team player would be important during a post apocalyptic time.

2. Communication

Nurses are top notch communicators! On a daily basis, nurses communicate with doctors, family members, and other nurses. In order to do their job successfully, great communication is essential.

3. Critical thinking

Post apocalyptic and the world is crashing down...in order to survive, you must be able to critically think. Critical thinking skills will come into play when finding food, water, and shelter.

4. Adaptability

Nurses can adapt on the fly! During this type of scenario, you never know what you will encounter. Being able to adapt quickly in any situation will be vital.

5. Empathy

Nurses can empathize with their patients and families during difficult times. Being able to understand how someone else is feeling will be an asset to the post apocalyptic world.

6. Leadership

Nurses are amazing team players but they

also know how to take charge and be a leader. Difficult situations means difficult decisions. Having a leader to make those difficult decisions will be beneficial to a community's survival.

7. Infection control
Nurses know how to treat and care for wounds. Taking the necessary steps to avoid infection and keep everyone healthy.

8. Hunger control
Food will not always be readily available. Nurses have the ability to work long hours without eating (or peeing).

9. Physical assessments
Nurses can perform assessments and determine who needs immediate help.

10. Decision-making
Nurses have the ability to make decisions on the fly and determine what is best for their patient.

11. Prioritizing
Throughout each day, nurses have many tasks that need to be completed. Prioritizing is key!

12. First-aid
Nurses can provide first-aid to those in need.

13. Multitasking
Many things need done at one time. Nurses can multitask like no other!

14. Takes direction and initiative
Nurses know how to follow orders on a team and make independent assessments and decisions.

15. Patience
Living in a post apocalyptic world will require some patience.

16. Nutrition
Nurses understand the value in nutrition and which foods that will provide the most value.

17. Humor
The world will be in shambles..having a little humor will help lift spirits. Nurses know how to laugh and see the good in any situation!

18. Supplies
When roaming around for supplies, nurses will know exactly what to grab! Nurses fill their pockets with only the necessities.

19. Endurance
Nurses can work long hours many days in a row. This type of endurance will be needed to survive.

20. Attention to detail
A post apocalyptic world will be like no other. No GPS... no help from technology. Paying close attention to detail will be key in survival.

Nursing is like no other career. Although we don't currently live in a post-apocalyptic world, nurses most definitely have the skills to survive!

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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.

MARIJANA WAITE

DNP, CPNP, RN

For the love of *trauma:* From *challenging childhood* to ***passionate peds DNP***

an exclusive interview
By nursedeck

Marijana Waite is a board certified pediatric nurse practitioner with a considerable background in flight, critical care transport, and emergency nursing. Originally from Erie, Pennsylvania, she started her nursing career in a local diploma program. In 2020 and 2021, she received her master's of science in pediatric primary care and a doctorate in nursing from Columbia University in New York. She's worked as a travel nurse and charge nurse in emergency departments, but particularly cherishes her time working as a flight nurse. She's been with New York Presbyterian Hospital for almost nine years working in adult and pediatric care, and she's on the hunt for the perfect pediatric NP position.

NurseDeck (ND): Tell us a little bit about yourself.

Marijana Waite (MW): I've been a registered nurse for going-on 24 years. Most of it has been acute care, critical care, ER, as an educator with ACLS PALS, flight nursing, and some administrative roles. Most recently, I graduated with my doctorate degree from Columbia University. So, I'm looking for the perfect-fit peds-MP job, while still working in the ED.

ND: Congratulations! What drew you to the nursing profession and specifically to pediatric nursing?

MW: My first goal, as a very young adult - I was a single mom, I ran away from home, dropped out of high school. Having the motherhood role assigned to me, I was like, "I need to do something that will benefit the world, as well as support me and my son." I did this whole natural pregnancy and childbirth thing, so I decided I was going to become a

nurse-midwife. That was my goal for taking high school chemistry, acing that, and rolling into a diploma program. Where I lived in Erie, Pennsylvania, St. Vincent's Health Center was a diploma program where most of the nurses - as soon as they finished school - were ready to roll and take care of patients because it's more hands-on. I was receiving assistance from the Commonwealth of Pennsylvania that I was ashamed I was getting, so I really wanted to just do my part, contribute, and also raise my child. My first job was post-op cardiothoracics, where I learned a lot. When I'd interviewed for my first job at a competing hospital, they said I could be an ICU nurse or an ER nurse, and I was like, "whoa, pump the brakes a little bit. I need some experience." For the step down unit, there's a lot of responsibilities. My patients still had PACER wires

"My heart is with peds.

coming out of their chest and vasoactive drips, there was a lot for me to digest and get hands-on experience with. I'd relocated to Western New York, where I spent most of my nursing career and really developed a love for nursing, taking care of patients, and just learning about myself and the human spirit. I started on their med-surg unit, and it was also pediatrics, so that was my first introduction to peds. Then the ER drew me because I liked the autonomy, the excitement of not knowing what type of patients were going to come in. It was a small community ER with one attending. I love a big education facility, but being in a small community hospital is where you really grow your clinical skills and development. That's where I became a nurse in the ER, climbed the clinical ladder, got my CEN. We also had a flight program, Starflight Corporation, which had been developed by a nurse I'd worked with who is a former vet. Just seeing the nurses that worked in the ER who were the flight nurses for the team - seeing how strong they were and their knowledge base - it really inspired me to pursue that. I applied and received the position - I had never been in a helicopter before - and as I'm strapped in my first flight rotation, I thought, “what if you hate this?” The helicopter cranked and that was it, I was in love. I could fly nonstop, I would fly if they didn't pay me, I was very passionate about that. That's super important with nursing in general, and I think it’s why I’ve survived at the bedside for so long - because I do care. I am passionate about delivering the best care possible and advancing my knowledge, and also teaching. We have a whole new generation of nurses - now I'm the senior nurse.

I wanted to relocate from where I was

living - I had been there for 15 years and I just wanted to change. It was between Tampa and New York City: my heart was kind of leaning towards Tampa but my daughter wanted to stay in New York, , so New York it is. I thought, if I'm going to relocate, let's try travel nursing until I find the spot that I'm going to go to next. So, I did and ended up at a children's hospital. I felt I had a pretty good grasp on my pediatric patient care, just because the ER was for all patients. That was my first traveling experience, and you have to earn the respect and trust of the staff who are there. That's where I really learned the intricacies of pediatric care because it was a specialty hospital that just cared for peds. With adults - right now I’m in the emergency department in New York City - had I started my nursing career when I first moved here, I probably would have hated it. When I came on to patients, it was one nurse to 15 or one to 22 - there was no assignment of acuity. I was like, “how do people stay in nursing with this?” I knew from my previous experience that I love

nursing, I love being able to provide quality care, but that's just insane. There isn't a cap in New York for nurse-to-patient ratio. There's no cap, so it's dangerous.

ND: Wow - I want to put everything together. You've been a nurse for 24 years - an ER nurse, a flight nurse - and you just got your DNP from Columbia. You were also a single mom and ran away from home?

MW: Oh, that was a really long time ago. For my DNP capstone, I chose a situation and a patient that was close to my heart. I wanted to research adverse childhood experiences, and piece that in with the patient I was working with and the medical conditions I was writing about. As a youth, I struggled a lot. There were divorced parents, foster care, being bounced around from one relative to another, it was a challenging childhood. I grew up in the former Yugoslavia with my grandparents, they rescued me and took me back with them. I went from a very restrictive, abusive environment to, "you are the princess, the firstborn, have whatever you want," which is not necessarily a good thing for a kid but I'm very grateful for the love and the time that they gave me. When I came back to the U.S., it was my first time living with my mother, and it was very challenging. I lived in a very affluent area, so it was an adjustment. I felt I did really well acclimating freshman and sophomore year, and then it was just too much. I was like, "things aren't really nice here, I think I'm just going to take a little spiritual vacation," so I became a groupie. The Grateful Dead was in town, they like music, peace, and love, "I think I'm going to try this for a little while. When I turned 18, that was a little marker for me that "it's time to be grown up now." Then I had my son at 20, and I really decided it was time to grow up. Many don't understand - coming from struggling in school throughout all of my early education, then when it came time I devoted myself to the diploma program - those were all straight A's, I applied myself because I had a mission, I had a drive to accomplish something. For Columbia, I really didn't think I would get in, but I think it's just what your mission is, and what your goal is, and having a passion about something. It's been challenging trying to find a proper peds NP role that I will be excited to roll out of bed for every day, whether they pay me or not. I think the pandemic impacted that a little bit. I know I would have been working right after passing my boards with an FNP, but I chose peds because to me it is really the most rewarding. My life has just been

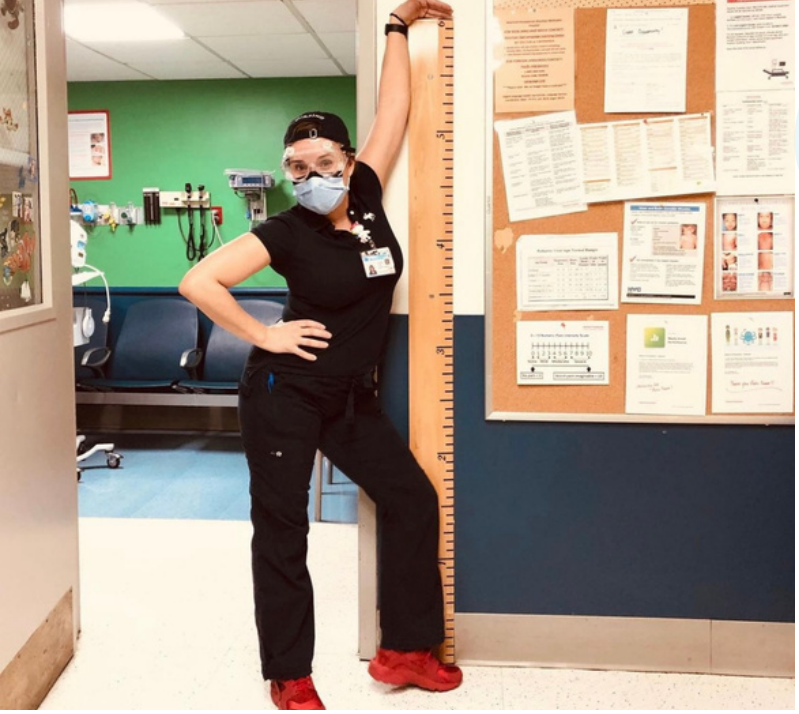
about: what's going to bring me the greatest joy? What am I passionate about? There's a lot of challenges, but it's just preservation and having the belief in yourself and a mission and a drive to complete what you're going after.

ND: Thank you so much for sharing your story, that takes courage. How does pediatric nursing differ from adult nursing?

MW: You have to kind of woo them, you have to be honest - the approach is totally different with peds. For me personally, I find I like the provider that I am when I'm dealing with pediatrics. Each nurse is different! Some people are much better at palliative care, hospice care, and geriatrics. I'm compassionate and I can do those roles, but is that my passion? No. My passion is trauma care. I love trauma. With peds, it doesn't matter if they're there just for a well check or if it's a traumatic injury. There are sad cases in pediatrics all around the world, depending on the zip code or geography, some populations have more trauma than others. Not to name any boroughs in New York City, but there are certain institutions where you see a higher level of children being maltreated and having injuries, so just being able to switch the hat and take care of them. Then there's our complex kid population that has special care and assessments to be taken into account. Peds is a lot, and even though I've just completed the program and I've had hands-on nursing experience with pediatrics most of my career, it's always a learning experience. There's a never ending source of education.

ND: Looking back on your travel nursing experience, what skills do travel nurses need?

MW: Adaptability, flexibility, and being a people person. Right now, most of our staff has gone to travel, and they've been replaced with travelers, so we are kind of outnumbered by traveling nurses right now. My tip would be: rather than just wait and get one year of nursing experience, dedicate your time to learning your craft and being proficient without having to ask for basic resources, etc. I've seen a couple nurses go out and travel after only being a nurse for a year, and I just don't think it's a wise decision. For nurses who are experienced, by all means go for it, because it's exciting. You're getting acclimated to new patient populations, how facilities work, and if it's not going well, it's a 13 week assignment. For me, it doesn't work. As free spirited as I am, I enjoy having stability and routine. Being a mom probably affects that and living out of a suitcase - I've been there and done that. It's not for me. Just get some solid experience, but most of all get into nursing because you really care and you're passionate about it. If one aspect of nursing doesn't feel like it's burning a little fire in your heart and making you excited to go to work, pick another avenue. There's so many opportunities in nursing and aspects of it that there's something that will fit everyone.



I just hope we can all pull through this.

ND: Can you tell us more about any impact or changes the pandemic has brought to travel nursing?

MW: Travel nurses are really doing well financially right now. They're really benefiting from the situation when it comes to crisis pay, because a lot of full-time nurses are leaving. I know a lot of the reasons why they're leaving is retention. When I did my bachelor's, my project was staff satisfaction: if you don't have satisfied or happy staff, you're going to have a really hard time having happy patients. It's a chain reaction, and it's a common sense thing: if I'm in a good mood and I want to be here, I'm going to go above and beyond to take care of somebody else because I'm happy here. That's lost in a lot of organizations, but if your staff is not happy they'll go someplace else, because there's someone else who's going to offer them what they're looking for. So even if they're not getting that sense of home and family wherever they're traveling, they're getting other benefits, like exploring the world or wherever they are, so it's kind of a pay off. I support my colleagues who are doing it. It's not for me at this time because I have different goals and aspirations, but it's a really great way to pay off an education. It's a great way to put a down payment on a home. Every institution is different, but I would feel so much better about the whole process if organizations worked on staff retention. When people feel like they're valued and respected and appreciated, and they get to use their holidays that they earn, and they get to use their vacation that they earned, that they'll be like, "you know what? My employer looked out for me, I think I'm going to stay here." There's a lot of nurses that just recently left that I think, if they were offered some sort of differential, they might have stayed because most people like to feel like they're part of something - as long as it's not toxic. If it's toxic, please leave. But I know it wasn't an easy decision for some of the nurses who left.

ND: You were part of the critical care transport for quite some time. How was it to be a flight nurse?

MW: In our program, if it was red for weather we responded by ambulance, so it'd be a little bit longer time with the patient. We actually flew to a couple different

states; we were based in Western New York. Most of our flights were to Buffalo-area hospitals - depending on what the resource required was for the patient - or Erie, Pennsylvania, we've flown to Pittsburgh quite a few times, and Cleveland Clinic, and Rochester, again depending on the patient's resource need. But it's amazing - it's the highlight of my life, honestly. Not to divulge information, but there were quite a few scary moments en route to the receiving center where the patient codes. It challenges you to be hands-on, and I think that's why I was confident in myself in becoming an advanced practice nurse. I feel that nurses should have at least five years of nursing experience before they venture into advanced practice. Every program is different, and I would like to see some uniformity across the nation for advanced practice degrees. Most physician assistant schools have a standard approach, med school has a standard approach. I feel like we can get our NP and go out and practice, but your previous bedside nursing experience could be lacking. How are you going to know what needs to be done if you don't have those years of experience? In two years, you're confident, you're feeling good, but you're learning - I'm still learning a lot - but I think in five years you have a pretty good head on your shoulders where you can make a decision and

be confident in that decision in life or death circumstances. I don't think that comes before five years.

ND: Do you think that a high level of burnout in nurses is more likely to be experienced in critical units in emergency departments?

MW: One thousand percent. I work in a New York City ER, and they'd close their psychiatric unit during the height of the pandemic to make extra ICU beds, so that patient population doesn't really have a resource. We'd hold them in the ED, but being a regular patient with medical conditions stuck in the ED for 36 hours, and now you have patients requiring mental health needs - it's not conducive to them. I understand that we're reopening, but even with us reopening the pandemic has made things so much worse for patients with mental health needs - and then there's the underserved populations. The homeless population in New York City is just astounding, it's really bad. I understand a shelter is supposed to shelter you and protect you, but I always question if that's the case, then why are some individuals choosing to sleep outside or be on the train or come to the ED? It's heart wrenching, and I just wish there was more that could be done for that population. It's a complex situation, but it inundates the ED with patients who have medical concerns, and now you're being tasked to switch between a mental health nurse, social work needs, and patients who require medical attention. For critical care, it's the high volume, and then if your patients aren't doing well and you're putting forth all this effort to maintain life and at the end of the day it just doesn't work out, that affects people. The ER burnout is very real.

ND: How do you identify your own

burnout, and how do you prevent and manage it?

MW: I can pick up when I'm in a cantankerous mood that I'm burning out for the day. I've contemplated - throughout my nursing career - whether I want to be a police officer. I tried switching roles drastically, and I was like "no" - at the end of the day, I love being a nurse. Having been on the planet for as long as I have, I'm more in tune to recognize when it's burnout and I have to take time to focus on myself and do things that bring me joy. Spending time with my child brings me joy, going to Disney brings me joy. I'm taking the time to do yoga - I don't do it often enough but once I do it, I feel very zen and very at peace. I'm a great ER nurse, I've done it for so long. I enjoy working with my attendings on the adult side, but my heart is with peds. So I recognize that once we get a little bit more stabilized with the pandemic and our volumes nationwide, my focus is going to be solely peds just because that's where my heart is happy, that's where I shine. That's where I really take the time to make sure that my patients and their families know what's going on. That's what I'm passionate about.

ND: What are your thoughts on community in nursing? How do you think nurses can benefit from the NurseDeck?

MW: It's super important with the ever-changing arena of healthcare to have people that you can relate to. As nurses, we relate to one another very easily, but it's nice to just have that moment of validation, because we all go through some struggles. It's a great opportunity to network and see what's out there. I do belong to several organizations, whether I'm active or not is an entirely different

story, but it's nice to have little snippets, because there's so much information it's good to have a community that is just nurses. Sometimes we can give positive feedback or encouragement. It's nice to be validated and have that unofficial debriefing.

ND: What groups or organizations are you a part of?

MW: I am part of the Emergency Nurses Association, I think I will forever be part of the ENA just because that is my heart. They provide great resources for nurses in the changing climate. It costs a lot to train an ER nurse - a few years ago it was about $88,000 to train a brand

new nurse to the ED. This should show the administration that if you're spending this much money to train a new nurse to the ED or critical care, you should probably work to retain them. I'm not necessarily sure where the funding is coming from to compensate for multiple travel nurses, but it's got to be more affordable to retain nurses. I just don't know what our fix is in the long term. The system is broken. I also belong to the National Association of Pediatric Nurse Practitioners, which keeps me in the loop and abreast of information I need to know, especially when I start practicing.

ND: Is there anything else you'd like to share?

MW: There are many things I'm passionate about. With preventing adverse childhood experiences, there's research on tools for assessing them and having primary care offices use them. Then, just nursing ownership of our profession, and leadership - it should be nurse-run. With NP education, I just feel standardizing that across the nation is super important for the delivery of care for the patient. Then something for our pre-hospital employees that work really, really hard in the streets. Depending on geographical areas their lives are more at risk than someplace else. There's a lot of risks and I just hope we can all pull through this. We're touched, but it'd be nice if we could build on the resilience of resources we have.

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Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
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