

nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

"You have to figure out why you're a nurse."

NICOLE THOMAS

DNP, RN, CCM

HELPING OTHERS FIND THEIR PURPOSE IN HEALTHCARE

NURSE EDUCATOR,
INDEPENDENT
CONSULTANT, CEO

NURSE LIMA DISCUSSES HOW SHE SHARED SKILLS & TOOLS SHE LEARNED IN HER MASTER'S PROGRAM TO ASSIST NURSING STUDENTS IN THEIR STUDIES

THE NURSE ADDICT PART 1:
THE SLIPPERY SLOPE

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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Nurse Lima discusses how she shared skills & tools she learned in her master's program to assist nursing students in their studies



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DR. NICOLE THOMAS Helping others find their purpose in healthcare

This nurse is here to teach you how to live "In Health on Purpose!" (Which just so happens to be the title of her book). Dr. Nicole Thomas is a CEO and nursepreneur who is passionate about helping other nurses find their place in the healthcare field. We 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!

*Join the
community...*

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

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

Join in at social.nursedeck.com

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Our community advocates are passionate nurses who share their stories with our community and their followers. There are many opportunities you will have as an advocate:

- Be a part of a community that celebrates diversity
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Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
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- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

Meet all requirements? Apply at nursedeck.com/scrub-verified.

#InTheField

Nurse Lima discusses how she shared skills & tools she learned in her master's program to assist nursing students in their studies



Lima Morgan, MSN, RN, ACRN, an infectious diseases research nurse in Nashville, Tenn. shares her advocacy of helping others by sharing the skills and tools she learned from her master's program.

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

A: Mostly false. Nurses want the best for their patients, and so they will do their best to support you. However I did work with some experienced nurses as a new grad who bullied the new nurses on the unit.

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

A: I am an infectious diseases research nurse in Nashville, Tennessee. Since COVID hit, most of my work has been working on federally funded research studies for possible COVID-19 treatments.

Q: Any self care or mental health tips for new nurses?:

A: Take time after each shift, even if you get home super late, to sit and clear your head. Scroll on your phone, watch an episode of your favorite show, whatever. It will give your mind the permission to leave work at work and transition into resting.

Q: Have you ever taken a role in nursing advocacy/volunteering outside of your job? Why or why not?

A: I serve on the HIV Nursing Certification Board as an advocate for nurses certifying in this specialty field. HIV nursing is my specialty and love. I also started a blog for nursing students called The Teachable Nurse in hopes of sharing skills and tools I learned as a nursing student and in my master's program to help nursing students through their schooling. 🙌

THE NURSE ADDICT

PART 1

The slippery slope



Perpetuated by silence and steeped in shame—this taboo subject deserves to be brought into the light.

**The following accounts have been provided on agreement of anonymity—therefore names and certain identifying details have been changed to protect the privacy of those nurses who bravely share their stories with us.*

According to recent data, at least 20% of all nurses struggle with drug and alcohol abuse. That's 1 in 5. Think about the nurses who work with you on your unit—statistically, you are working with someone doing a pretty decent job of covering up...well, their suffering, really.

Nobody begins a career planning on becoming an addict. But, undoubtedly, there is an air of condemnation in the medical community toward nurse addicts. Part of this stems from falsely equating those who work in medicine as “knowing better.” However, the startling statistic above shows us that being medically knowledgeable does not provide immunity from addiction. In fact, the risk of addiction for those working in healthcare is disproportionately high—and the profession has only gotten more stressful.

Yet, as nurses, we don't talk about this important issue enough.

In an effort to break the stigma, we are bringing you four very personal stories of nurse addicts. By their own descriptions, they are the ones you'd least expect. It turns out that nurse addicts are highly functioning in their addictions. At least, until they're not. It is our hope that these stories help to bridge the knowledge gap by shining a light on an important subject. There's a lot to cover, so we're breaking this series into three parts: the slippery slope to addiction, the recovery/discipline process, and the aftermath of broken careers.

Shame cannot live in the same sphere as empathy, and that's where we begin.

For Sarah*, her first drug diversion started out as a simple med error. Working as a wound care nurse, she was assigned a new patient with an ischemic heel ulcer—Mrs. X. During report, Sarah reviewed the patient's

medications—Mrs. X was alternating Dilaudid IV with PO oxycodone, maxing out each time on the allowable doses for both.

Anticipating a busy shift ahead, Sarah removed her patient's next available dose from the Pixys, assuming she'd ask for it. Following her assessment, Sarah offered her two 5 mg oxycodone tabs, but this time, Mrs. X declined the second tab. Having already scanned and popped them free from their coded wrapping—now buried in the trash—Sarah dropped the extra tablet into her pocket, making a mental note to do a narcotics waste with a co-worker later on. Changing out of her scrubs some 14 hours later at home, she cleaned out her pockets; there among the alcohol swabs and pens she found the forgotten oxycodone tab.

“I honestly didn't give it too much thought. On impulse, I popped it in my mouth, chased it with some wine, and had a more relaxing evening than normal. Unfortunately, that seemingly “harmless” decision turned me onto a path of self-destruction that I wouldn't even realize I was on for several more months. Apparently, Mrs. X had taken a liking to me. And since she refused to proceed with the amputation recommended for her worsening ulcer, she was on our unit for almost 6 months. I was her nurse every shift I worked. That ended up being a lot of oxycodone.”

or James*, the decision to use was more intentional. Being the lone male nurse on his unit, he was often called on to help move patients. One particular shift, a confused elderly patient suddenly grabbed his neck and James felt a “pop.”

“I filled out an Incident Report at work, but still needed to see my doctor to make sure nothing serious was going on. Luckily, it was just a sprain. I was prescribed a round of Vicodin to help with the pain. My neck healed and I went back to work. However, as the weeks went by, I missed the euphoric feeling of the pills. My roommate had an old bottle of Percocet, which he gave to me. I didn't feel I was abusing them, not really...I would just take one (or two, or four) at the end of my shifts. I

never went to work impaired; I thought that somehow made it okay. A couple weeks later, a patient fell and I happened to be in the room assisting. My hospital's policy mandated that every employee involved with a patient incident has to be drug tested. Unfortunately, mine lit up for Percocet. When I couldn't produce a prescription for it, I was fired and reported to the Board of Nursing."

For Kiandra*, addiction developed like a slow burn. A burning in her uterus, to be specific. Diagnosed with endometriosis and adenomyosis, she endured excruciating and debilitating levels of pain every month. Yet, despite having two kids and "being done" with child-bearing, since she was still in her 20s, she could not find a GYN willing to perform a hysterectomy. As a last resort, she was prescribed narcotics.

"Without the medication, I couldn't get out of bed. I'd either be maxed out on ibuprofen and acetaminophen under a heating pad or in a cold sweat on my bathroom floor trying not to vomit. It was that bad. I missed so many days of work. Eventually, I could only hold down a job at a nursing home where they overlooked my absences because they were so short-staffed. At that point, I took the narcotics as prescribed, but then I developed uterine fibroids. At this point in time opioid pill mills were being busted left and right; there was also increased scrutiny on over-prescribing practices in general. Even though I was responsible with my medication, my doctor refused to increase my dose and mentioned the need to stop it completely. The thought of being cut off made me panic. The next time I was issued a prescription—eight tablets for the month—I impulsively added a "0" to the quantity. It was easy enough to do. I filled it at a pharmacy that I never go to. An hour later, I had enough pills to last me 10 months. Unfortunately, they were gone in half that time."

For Carla*, her addiction started long before her work as a nurse. But because her drug of choice is culturally acceptable, it didn't register as problematic. That's the trouble with



alcoholism—for young, working women, it's almost celebrated. Every weekend Carla attended happy hours with her nursing school buddies. They studied, worked, and attended clinicals at a frantic pace during the week, so having a few glasses of wine together each week seemed like a fair trade-off. The problem for Carla was that it neither began (nor ended) with weekend drinking.

"Being young, I saw no problem with my drinking. My roommates certainly drank as much as I did. Or, I drank as much as they did...plus a little more. By the time I graduated, passed my NCLEX, and landed my dream job as a circulating nurse in the OR, I was drinking close to a bottle of wine a day. Have you ever noticed that it sounds so much worse when you say it that way? Nobody bats an eye when you say you have a couple glasses of wine a night. But, if your glass is big enough, an entire bottle is empty before you know it. About a year into my OR job, I was assigned a call shift. I'd done a few before and had never been called in. I worked at a tiny community hospital; we almost never did emergency cases. Until, one night, we did; and I happened to be on call. Unfortunately, I had made the decision to drink that night. When I got to work, despite the body spray and mints, my charge nurse immediately smelled it on me. I was pulled from the OR, drug-tested and placed on administrative leave, effective immediately. Two days later, I was terminated and what's worse—reported to the BON."

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These stories are continued in "The nurse addict part 2: Recovery in the face of discipline."

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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.

A portrait of Nicole Thomas, a woman with long dark hair, wearing a teal dress with puffed sleeves. She is resting her chin on her hand. The background is a soft gradient.

NICOLE THOMAS

DNP, RN, CCM

**Helping others
find their purpose
in healthcare**

an exclusive interview
By nurse⁺deck

After experiencing subpar healthcare outcomes as a child from encounters with the healthcare system, Dr. Nicole Thomas made it her life's mission to utilize her clinical knowledge and expertise to positively impact the lives of all recipients of the healthcare system. She is the founder and principal consultant of Impact Nurse Consulting, a healthcare consulting firm founded in 2015 that provides innovative and quality-based solutions that lead to high-quality patient health outcomes for healthcare organizations globally. She has led in her roles as a nurse-leader, associate director, and educator for various fortune 500 companies in the area of medical & clinical operations. In addition, Dr. Thomas led a fortune 7 managed care organization in developing, implementing, and evaluating clinical programs during the transition of Louisiana Medicaid to a managed care system. She is also the author of the best-selling book "In Health On Purpose: Awakening Your True Calling In The Healthcare Profession" which was #6 in the professional development category on Amazon. She is also the co-founder of the #1 nursing development platform, The Nurse Power Network, that helps nurses find, operate, & dominate in their nurse power which has helped over 20,000 nurses and counting. Learn more at NicoleThomasINC.com.

Jamie Smith (JS): Dr. Nicole Thomas - thank you for being with us today. Tell us, how did you get started in nursing? What made you decide to go into nursing?

Nicole Thomas (NT): Happy to be here. In the high school that I went to, they had what they call a medical magnet program. It was a program to start exposing students to different areas of careers, and this particular program had three tracks: dental, allied health, and nursing. I enrolled in a four-year program. During the first part of our day, we would do regular coursework - math, English, social studies, all that stuff - and then everything after lunch was geared toward whatever track we were on. That was my first exposure to nursing, and I was like, "I think I like this." That piqued my interest. What made me want to stick with it, and actually go forth and prosper, was that I needed to find a career that could provide me with sustainability and longevity, and help me to better my circumstances. I grew up not being able to get all of the things I needed. Nursing was a way for me to

My journey of leadership has been a continual one throughout my entire professional career, because I didn't need a title.



be able to do that, but still from a perspective of being able to go back and impact the same community that raised me.

JS: That's pretty cool. When you were done with that, was that like an associate's degree?

NT: I think we got our CNA license when we were done with school, but it was really, really lower level. When I say a low-level introduction, I mean some basic terminology. It was nothing to the perspective of being able to actually get an associate's in nursing.

JS: Can you walk us through your journey leading to where you are today?

NT: Like most nurses, my career started pretty traditionally. When I

was in nursing school, I started working as a nurse tech at a charity-type hospital. I moved into a nursing role once I actually got my nursing degree. It was the best job ever, because it was a teaching institution - when I say anything you want to learn, see, do. There was no real hierarchy between us and the doctors, because a lot of doctors were residents and students, and they were learning, too. It was just a great environment, and rooted in the community I was from. It was literally right around the corner from where I lived. I started my journey there, had my first child, and realized that 12-hour shifts and being a new mom was just not going to work, so I went into home health care. I did that for about three or four years, and that was truly my first interaction with community health. I always say that's when my career began to really form. In 2008, I entered the world of managed care, and that's where I learned healthcare is a business. What I started to learn was, it's a way for us to bridge the gap between the business of healthcare and the delivery of healthcare. In 2011, I took a role here within the state I live in as an associate director for medical and clinical operations. Essentially, our Medicaid system was not really delivering the results it needed to deliver on so many different fronts. The state was getting ready to go broke trying to administer the Medicaid program, because there was no regulation. What our state said was, "listen, we're not doing a great job at this, we're going to have to privatize this in a sense, and turn this into a managed care." I helped to lead that initial effort in 2011.

JS: What is quality care for you? And how will you transform healthcare?

NT: Quality healthcare for me is

individualized healthcare that allows people to live their best life according to what they define as health. Quality healthcare is ensuring equity - ensuring everything is equitable across the board. Quality healthcare is ensuring resources and programming. It's changing the trajectory, so that people can live longer lives - but not just live longer lives, live longer lives to their healthiest potential according to what they define as health, because health is different for all of us. That's what quality healthcare means for me. I do my daily work to ensure that and continue to make sure that what we're doing is number one. For example, when I think about quality delivery of healthcare, I can't just say that I'm just going to focus on the patient. I have to also make sure we're adequately training our nurses. Are we really giving them the resources they need? What are we doing to help them continue to develop? That's how I do what I do on a daily basis to deliver on that. Some days, I get it perfect. Some days, I don't, but every day the work continues. There's a lot of work to be done, but I am still grateful for the work we have done here.

JS: As an award winning nurse leader, what do you think are the attributes that made you become a great leader today? How will you continue to be a better leader?

NT: The evolution of leadership is continual for me. What has contributed to that is I never waited for the title to operate in a leadership capacity. I've always owned being a leader, no matter what I did. When I was a nurse tech, I'm going to lead as a nurse tech. When I'm the nurse on the floor, I'm going to lead as the nurse. My journey of leadership has been a continual one throughout my



entire professional career, because I didn't need a title. That's something that's important for nurses to understand. We don't need a title to lead. We're always leading and overseeing the care of those patients we're seeing. Communication is key, and not just communicating but effective communication. If I'm having a conversation with someone, I'm very conscious of making sure I'm not interrupting their thoughts. I've learned now to just let them complete that thought. The last thing that has definitely contributed to my leadership is I'm going to get down with my team. There's never going to be anything above me that I'm not going to do. I say that because I've realized when your team sees you're willing to get down with them, and we're going to all go through the struggles, highs, and lows together, they will do anything to help you continue to forward their agenda and the mission of the organization. I'm

never above anything. I'm never above a conversation. I'm never above it even if you're not my direct report, still come talk to me. I'm human just like you. I believe in letting people on my team shine and letting them operate in their zone of genius. There are a lot of things I'm not strong in and I'm okay to say that - it's about finding somebody on the team that is and developing them so they can shine, not being in a space where you feel like you don't want anybody else to outshine you. That's one of my biggest pet peeves, because we're all working together. That's been a very, very instrumental part of this leadership journey, which continues to evolve daily.

JS: So, Dr. Nicole, can you tell us more about Nicole Thomas INC? What is its mission and vision?

NT: Nicole Thomas INC is an educational firm that caters to healthcare professionals, specifically nurses just because I'm a nurse. What we do is provide nurses with resources, education, different workshops, and training to help them identify what their purpose is as a nurse, because nursing is multifactorial. What I've learned throughout my journey over 17 years, is that everyone has their own place as a nurse. We focus on nurses finding their purpose, and then equipping them with the necessary tools, resources, and connections so they can dominate in their purpose.

JS: Do you have any suggestions for our nurses for finding a mentor that will ultimately help them build the career they desire?

NT: Three things. The first thing is, you need to really and truly figure out who you are. Sometimes we may see people, especially in this era of

social media, and we're like, "Oh, my God, I love her. I want to be just like her, I want to do what she's doing. I want her to be my mentor." Then we get with that person and it's not what we thought it would be. The second thing nurses should do, as it pertains to finding a mentor, is getting outside of their comfort zone. What I love about nursing and our nursing community is that we stick together. You come for one nurse, you come in for all of us, and I absolutely love that. What has been instrumental in my success is getting outside of the walls of nursing and making connections outside of the healthcare industry. Those individuals have been very integral in helping me to achieve this level of success. All of those individuals are needed to help mold you. Getting outside of just the nursing room, and getting more social with some of those other professions is important. The last thing that's important when it comes to finding a mentor is realizing that mentoring is a reciprocal relationship. It's not just your mentor pouring in you. It's also you being able to pour into your mentor. We can both learn from each other. Yes, you want a lot of the knowledge that I have, but you can also teach me something, right?

JS: Can you tell us about your book, "In Health on Purpose: Awakening Your True Calling in the Healthcare Profession?"

NT: Oh, my God. That's my labor of love. I wrote this book in 2016. If I'm very transparent with you. I tried to leave the nursing profession three times. I absolutely hated it. I tried to get into law school. I tried to go into business school. I just wanted out of my profession. I didn't feel supported. I didn't really understand nursing, if I'm being very honest with you. I remember coming home one

*You have
to figure
out why
you're a
nurse.*

day - I was working at the hospital at this time - and falling and crying. I was in the shower, and I remember saying, "God, if you brought me here, I need you to show me why you brought me here and why you won't let me leave." Because all of those times I tried to leave, nothing worked. I could not get out of being a nurse. It was at that moment I really started to embrace Nicole. You have to figure out why you're a nurse. It doesn't matter what anyone else is doing. You have to find your purpose as a nurse. In this book, I talk about what that journey looked like for me being in health on purpose. More specifically, I provide tangible worksheets to really walk other nurses through what that looks like, finding your purpose as a nurse. Because here's the reality: it's the reality of purpose. It does not matter how many of the nurses are next to me, beside me, in front of me, whatever: no other nurse can do what it is that I can do as a nurse. The reason and rationale is because my purpose is specific to me. I really talk about what that looks like for us as individuals, and how we take who we are as individuals and ingrain that in who we are as nurses, and that's going to be the journey of us finding our purpose.



JS: I can't wait to read it. What's the easiest way to buy it? Amazon?

NT: You could definitely go on Amazon, or you can go on my website, www.NicoleThomasINC.com and purchase it there.

JS: Got it. So, what are the major changes and challenges you currently face in your nursing leadership role in this pandemic?

NT: The biggest challenge right now is really getting to a space where the passion of our colleagues is back in nursing. We've had a rough two and a half years - it feels like 10 years. That becomes a challenge. The passion - sometimes it's not there with individuals in the nursing profession. They still love being a nurse, but they're drained, they're tired, and rightfully so. The biggest challenge right now is, how do we heal that divide, so to speak, between the support and the resources our nurses need? I'm not saying that's the entire reason we have that challenge, because it's definitely not. It's multifactorial. It's just a lot of different factors that go into that, and it can become really

challenging. Again, it's that challenge of how can we do more with less? That's really the challenge.

JS: Yeah. We all know the current working conditions for nurses are tough. Like you said, we're all exhausted. What can be done to help with the nurse staffing shortage and burnout?

NT: I know the nursing shortage has been a big topic of discussion here recently. I know some feel there is a shortage, and some feel there's not really a shortage and that nurses are just leaving the bedside. I can tell you from an evidence-based perspective, there is an actual nursing shortage and we've been seeing this coming for years. The evidence has shown us that we were going to reach this place between 2025 and 2030. Unfortunately, the pandemic catapulted us there. The best way for us to address that is going to be a multifactorial approach. Number one, we have to start creating an earlier pipeline of nurses. One of the hospitals here in Louisiana just recently announced publicly that they are opening up a healthcare-career-based high school. That's how

we pipeline this, because you can't wait until they're already a senior or in college to try to get them into nursing. We have to start exposing them earlier into what that looks like to help them to make that decision. The second thing is that right now, when we think about the nursing shortage, and we think about bedside specifically, we have to find a way that we're going to be able to actually support our nurses. Support can mean different things for different people, but I mean effective support. What are we going to do right now to actually bring in additional staffing? What can we do to get more resources? What can we do effectively to do more with less? That's the reality of it. When was the last time I called one of the nurses that work on five south, for example, and told those nurses over the next month, "you're going to see your schedule change a little bit, and you're not going to physically be here in the hospital? Because we're investing in you to go to a professional development conference." We have to get tangible with these things. Just saying, "I support you," and doing certain, ice cream socials, peaceful socials—all of those things are not going to cut it in this day and age. We have to get

There is an actual nursing shortage and we've been seeing this coming for years.

strategic. Another thing that's going to have to be implemented if we want to talk about staffing shortages is keeping retention. How can we retain what we have here? The implementation of listening circles - evidence has shown us they work and that listening circles are safe spaces where nurses are able to come to, you know, talk about their problems, talk about areas of opportunity that they have. That has been one of my things for years, that I have advocated and fought for - nurses need to be at the table. There should be not one decision made within the healthcare space, period, without a nurse at the table, because everything is going to go back to nursing, from the infrastructure we use for informatics, to the policy.

JS: What are some changes you would love to see in healthcare after the COVID-19 pandemic?

NT: I would like to see an increase in advocacy - and not just advocacy for opinions, not just advocacy to say, "I listen to you," not just advocacy for photo ops, not just advocacy to ensure that it's aligned with the narrative of the story that you want to see, but advocacy where there's implementation of effective results, things we can measure, things we can actually come to an agreement on. I'm here to take care of my patients and make sure they have what they need and make sure that they go home and that they're alive. I understand that it is a multifactorial approach, and there's a lot of backend things that happen. I would like to see more open communication and dialogue. I would like to see more transparency. I think if hospital organizations started to explain more of the why, then there could be more understanding. We have to start giving some type of glimpse into

that. Because otherwise, you leave me to wonder. You lead me to make my own narrative and my own story. So, I think that is something that's going to have to change. Finally, we need more nurses in higher level executive positions. I don't just mean the nurse manager. I don't just mean the director of quality. I mean, the CEO, I mean a nurse that is sitting as the CFO.

JS: Absolutely. As an accomplished nursing leader, educator, and entrepreneur, how would you encourage our nurses and future nurses to keep going and to pursue their nursing career?

NT: Go against the grain, that's what I tell all of them. Go against the grain. Nothing has ever turned into something happened because it was ordinary. It happened because it was unheard of. Amazon was unheard of. They laughed at him, right? When you go back and you read his story, they thought he was crazy. They thought Mark Zuckerberg was crazy when he was in his dorm room, right? I always encourage nurses. Sometimes they come to me and say, "I have this crazy idea." No, it's not crazy. It may need to be refined a little bit more, and have some strategy behind it, but it's not crazy. We have to continue to innovate and elevate, and that means thinking outside the box. That means innovative thinking, going against what tradition says, so that we can get to that level. So new nurses, nurses that want to do it, go against the grain. Your idea is not crazy.

JS: What is the best message you can give to our nurses and future nurses out there who are interested in going down this road?

NT: After every rainstorm, there's



always sunshine. I want to encourage our new and especially our seasoned nurses who are tired and fed up - rightfully so - and have all of these feelings: number one, you're valid, your feelings are valid, but this is the greatest time for you to shift your perspective and really find out, "what is this moment teaching me? What is this moment teaching me about me as a person? What is this moment teaching me about me as a professional? And what can I do with it to turn it into something?" For our people thinking about becoming a nurse, I know they may be hearing a lot. I know they may be seeing a lot. Do not under any circumstances let that deter you from making that decision to become a nurse. Do not let that deter you. As with any industry, there's always going to be

ups and downs and highs and lows. Nursing is no different. We need all of you, we need everybody so we can truly improve the overall state of healthcare and nursing. So just be encouraged. Come and join us. You may be the person that may come in and change it. Don't let what you're seeing or hearing deter you. Is it going to be challenging work? Yes. Is it going to be hard work? Yes. Are you going to have some days where you're like, "What did I sign up for?" Yes, but it's going to be worth it for the impact you're going to make holistically.

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

NT: People are one of the most underutilized resources. About the NurseDeck community: everything you need to succeed is in someone else, so truly tapping into that community, finding your place within that community, and making those key connections is going to be instrumental. Everything you need to elevate, scale, grow, and become who it is you are supposed to be is in someone else, and they can help you with that. So take the time and be intentional with your networking and what you're doing inside of the NurseDeck community, so you can make those key relationships.

JS: Is there a topic you would like to discuss we have not yet mentioned?

NT: I'm hopeful some of the things we talked about have been helpful to those reading this, to truly help them to be able to push forward. Know that nursing is in a space right now where we can only go up from here, which is the beauty of it. Embrace that. Find

your place in that and see what you're going to do about that. It's easy for us to do the talking. The execution is hard. Start thinking about what you can do about the things you may not necessarily like, because there's always an area of opportunity there. 🙌



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Nurse Product Directory

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Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
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
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop



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nurse, you know
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life or a life will
touch yours.”
—Unknown*

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