

# NURSEDECK

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

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A close-up portrait of Kym Ali, MSN, RN, a Black woman with long, wavy, dark brown hair. She is smiling warmly, showing her teeth. She is wearing a white top and a large, ornate necklace with various colored beads and stones. The background is a plain, light color.

KYM ALI MSN, RN

AN EXCLUSIVE INTERVIEW REVEALS  
HOW THIS NURSE TRANSFORMED  
HERSELF INTO HOLISTIC WELLNESS  
GURU AND INFLUENCER

THE NURSE WITH A HEALING TOUCH  
HOLISTIC NURSING

nurse+deck

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## **A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.**

Where nurses share stories, resources & guides to help inspire and motivate.

*“When you’re a nurse, you know that every day you will touch a life or a life will touch yours.” — Unknown*

### **NEVILLE GUPTA**

Founder/CEO

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

### **GABRIELLE DIDATO**

Head of Influencer Marketing & Partnerships

### **LAKESHIA BATES**

Community Engagement Manager

### **DESTINY GORDON**

Brand Marketing Specialist



## FEATURED STORY

# KYM ALI MSN, RN THE NURSE WITH A HEALING TOUCH

By NurseDeck

Kym Ali, a native of the Washington D.C area, with a passion for travel, women's health, and interest in the flexible opportunities available in nursing, began in 2005 when she graduated Cum Laude from Florida International University with a Bachelor of Science in Nursing. She pursued her Master's in Nursing Education in 2016. Kym's early experiences in telemetry, mother-baby and international nursing have created a solid foundation for her current efforts toward implementing effective health and wellness programs.



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NurseDeck(ND): Kym, Welcome to NurseDeck Influencer Spotlight Show. Welcome to the platform.

Kym Ali (KA): It is my pleasure. Thank you for having me. I've been a registered nurse for 16 years now. I started my nursing career in maternity. I knew I always wanted to be a nurse because I am always that friend everyone came to for advice, and I have always been fascinated with women's health. And so, I did Maternity Nursing for about maybe seven years and got burned out and left the bedside. After that, I've done everything for school nursing, travel nursing, leadership, education, and even spent time abroad in Qatar. I was responsible for the activation. And now I have my own business.

ND: Burnout is a hot topic right now in Nursing and something we would want to know more about. How do you feel about the current working conditions for nurses, and do you think that leads to nurse burnout? Can you share your experience?



KA: The typical sign of burnout is the dread of going to work. It got to a point where my three days stretch, I started thinking about work on the 2nd day. The night before, I couldn't sleep. At work, I started to become cynical. And all the things that brought me joy and pleasure. I was no longer interested anymore. And that was when I knew I needed to make a change.

Nurses were burnt out before the pandemic. Now it has transitioned from burnout to PTSD, and it's almost like a combat situation. Nurses have to armor up every day and go to the hospital and fight the war against COVID. And it's starting to take a toll on them mentally, emotionally, and physically. And I am just concerned about the aftermath when the Delta variant starts to subside.

ND: What do you think can happen in the next five to ten months.

KA: Honestly, I am concerned because of the baby boomer nurses. They are turning in their resignation, retiring earlier than expected. You have a group of nurses that need to work who are getting burnout and looking for other alternatives. For example, I met a nurse the other day. She's teaching children in China. Many other nurses are also seeking odd jobs to make ends meet to get away from the bedside.

ND: What do you think can be done to help in their working conditions?

KA: The working conditions are pretty much inhumane. Nurses are going 14 hours a shift without bathroom breaks, a way to refuel, and the basic physiological needs are not being met. And not only that but having to watch patients die all over again.

Nurses should be allowed to have breaks. This could be nurses that have previously retired, nurses who have 1 foot out of the door but aren't quite ready to leave, need a break. Another strategy is to get creative with scheduling. So, if you have an FTE position, you could create 2 per diem positions. What you are doing is you are taking a budget for one nurse and creating more manpower. Another resource could be to see if nurses can come out of retirement and work part-time or per diem to take the burden off the nurses working full time.

Last but not least is support. You know, have mental health resources available for nurses. Make sure your nurses are eating well. Are they sleeping well? No one knows when the pandemic will go away, and we can't change the healthcare system, but we can change how we respond to it.



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ND: I'm curious to hear your solutions to somebody else's problems. How do we get those who, or the facilities' decision-makers who do not understand what it is to be a frontline worker?



How do we say or how do we even combat that issue because it is a misunderstanding of what it is that we need.

KA: I speak to a lot of nurse leaders because of what I do with my business. And a lot of the feedback that I'm getting is that "I want to help and support my nurses, but I am not getting the support I need from my leadership." And unfortunately, if you aren't in the situation, you are removed from it, and you don't care. All you care about is the bottom line. And unfortunately, I think once you know the CEOs, your C suite executives start to see financial implications of what is happening, then I believe we will begin to see change.

Qatar, for me, was an interesting nursing experience.

In terms of Nursing, unfortunately, nurses are not respected.

ND: What do we mean precisely by not respected?

KA: "Nurses are viewed as a maid. Come clean my bedpan, come clean my floor. The scope of practice is limited. So for assessment, if you are working, let say in an outpatient clinic setting, you are only responsible for the vital signs. You can't do assessments. In the inpatient setting, you can't do IV pushes; nurse practitioners are not recognized in Qatar.

ND: How did you end up working in Qatar?

KA: I've always loved to travel. In 2012, I met some American girls who lived and worked overseas, and they

told me about all the benefits. When I came back home to the States, I started actively looking for jobs abroad. I reached out to an international travel nursing agency, Helen Zigler. I was interested in going to Dubai at that time, but then they had the position in Qatar, which paid more. And so I applied and got it.

ND: being a nurse consultant or nurse retention consultant, obviously going back to burnout. It seems like it is what you are passionate about. Would you say that is correct?

KA: "Yes. Overall, my passion is helping people, nurses in particular. Just live their full potential and live on purpose. I'm a Certified behavior change specialist, which involves identifying certain mental blocks that we have on ourselves that prevent us from achieving our goals and living our best life. And so, if I can help even just one person reach their full potential in life, then I feel like I've done my job. So that is my mission and purpose.

ND: Well, have you seen facilities kind of tackle this nurse burnout dilemma, this moral dilemma that is going on? Have you seen any changes?

KA: Honestly, I have not really. Some facilities do have a peer support group, and that's when a colleague provides a listening ear to you when you are having a tough time—but going above and beyond and offering additional resources. No, not really.

ND: What does Kym Ali Consulting do? How are you providing backing, giving back, or teaching leaders how to manage a burnout workforce?



KA: Kym Ali Consulting services offer mental health coaching, resilience training, wellness programming and also diversity, equity, and inclusion, emotional intelligence. Each facility has its own needs. It's not cookie-cutter programming. It's customized programming based on facility and nurses' needs. So there are several options, I can do workshops. I can come in and do organizational audits and make recommendations. If you don't have a team to implement the advice, I can come in and implement it for you.

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ND: As a nursepreneur, how is it been like, what has it been like for you? What is it like for you?

KA: the hardest thing I have ever done. It is challenging because they don't teach us Entrepreneurship in Nursing school. Having to learn everything on my own, how to



network and do my own marketing. Constant business models, financing. It's been a lot.

I always tell people my business found me. I was not looking to start a business. About two years ago, I have multiple and traumatic events that happened to me, and as nurses, you know, denial, I'm fine, I can take care of myself. But all those prior events eventually started truly affecting my health. To the point one day when I was lying in bed, and I felt like I had a heart attack. The growing pain was excruciating. I thought I was going to die. I started researching how to heal from trauma when I became Change Behaviour Specialist and Mental Health first aid responder. And within weeks, I started a shift in my life. All because of my mindset, I was able to reframe what was happening around me. My friends started noticing that shift, and I started helping them, and they started getting results. And then I started doing clients, one on one clients. A couple of people requested that I come on board to healthcare organizations, so I started my business.

The great thing about Nurse Consulting is, depending on your niche, that you are leveraging your degree, your education, your previous experience to make recommendations to facilities. We make suggestions to our managers, or are we presenting to someone or making ISBAR to doctors, using our clinical knowledge and expertise to solve a problem. You get to make recommendations, and it is up to the organization to implement them.