

nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING



"The way we treat each other is just as important as the good care we provide."

RENEE THOMPSON

DNP, RN, FAAN

ADDRESSING THE SOURCES OF NURSE BULLYING AND INCIVILITY IN HEALTHCARE

CONSULTANT, CEO, AUTHOR
WORKPLACE BULLYING EXPERT



#INTHEFIELD

NURSE MEG SEES HERSELF LEADING AND REVOLUTIONIZING THE NEXT GENERATION OF NURSES

WHY HOSPITALS SHOULD BE REPURPOSING NURSES TO CAPITALIZE ON THEIR SKILLS

THE ETHICAL BOUNDARIES OF NURSEFLUENCERS

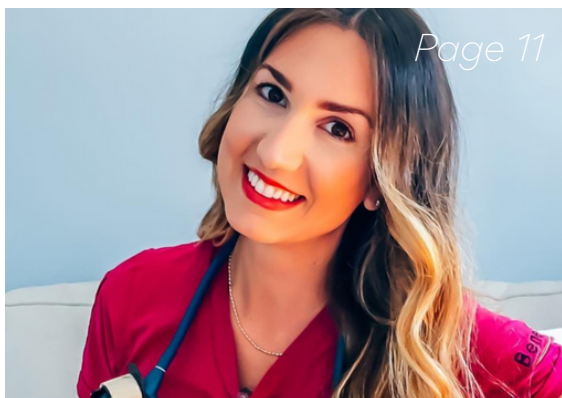
WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we share stories from nurses in the field and tips on everything from leadership, to mental health. At the heart are our weekly nurse features, highlighting nurses in innovation, education, and at the bedside.



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RENEE THOMPSON

Addressing the sources of nurse bullying and incivility in healthcare

We've all heard it before: "Nurses eat their young." But Renee is teaching us how to resolve the workplace incidents that bring this phrase to mind. Using helpful conversation starters and a tactic called "scripting," she explains how to address uncomfortable topics to make for a more effective nursing team. Plus, where does healthcare incivility come from, anyway? Why is it so prevalent in this field? Renee's got all the answers and more!

nurse social



New post

Question

Article



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

On NurseSocial, 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.

Photo/Video

File











Post Anonymously

post



Join the community

Our leaderboard shows which NurseSocial 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 the all-time top 10!

-  **Katrina Buchholz**
7,634
-  **Christina Aylo...**
3,546
-  **Carolyn Harmon...**
2,590
-  **Mariah Edgington**
2,228
-  **Rachel Grace**
2,226
-  **Ottamissiah Mo...**
1,561
-  **Melissa Sherman**
1,520
-  **Divyanshu sing...**
1,416
-  **Jennifer Rodri...**
1,325
-  **Bern Jennette ...**
1,110

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Apply to join

scrub*Verified*

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
- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
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- The opportunity to work with us on a long-term basis

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Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- 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.

CELEBRATING EXCELLENCE IN NURSING



2022 TOP 10

nurses advancing diversity & inclusion

At NurseDeck, we understand how much there is left to do to ensure a diverse and inclusive nursing workforce. From cultivating high school nursing programs to mandating DE&I training, there are so many ways to get closer to that goal. So, this month we're recognizing 10 nurses furthering diversity and inclusion in the field.

Nurses are called on to respond with sensitivity to everyone, regardless of race, disability, socioeconomic status, religion, or sexual orientation. Nurses seek ways to overcome barriers and deliver quality healthcare.

Nurses with insight and understanding of patient beliefs, attitudes, and perceptions have an advantage.

Nurses who are aware of a patient's culture, environment, and religious views may deliver more effective, culturally-informed care. Diversity and inclusion in nursing better ensures that all patients feel welcome and get the best care. This diversity puts patients at ease relating to nurses who speak the same language, share their religion, or have had similar life experiences.

*In the spirit of recognition, here are the **Top 10 nurses advancing diversity and inclusion**. Each has expertise, leadership skills, and a commitment to engage with patients of all ages to enhance and improve healthcare.*

Danielle McCamey DNP, ACNP-BC, FCCP



Dr. Danielle McCamey has nearly 20 years of nursing experience and over a decade as a board-certified acute care nurse practitioner. Her specialties range from perianesthesia care to palliative and critical care. Dr. McCamey founded DNP's of Color, a 501c3 nonprofit national organization that builds community and creates opportunities for nurses of color through networking, mentorship, and advocacy to increase diversity in doctoral studies, clinical practice, and leadership. In addition, she is the co-creator and chair of the Doctoral Nurses Collaborative, a group that joins DNP- and PhD-prepared nurses throughout her current health care system.

The Doctoral Nurses Collaborative provides mentorship, scholarship, and elevation of evidence-based practice. She earned her bachelor of science in nursing from the University of Virginia and both her master of science in acute care advanced practice and doctor of nursing practice from Georgetown University. She earned a Diversity, Equity, and Inclusion in the Workplace Certificate from the University of South Florida and a Nonprofit Management Executive Certificate from Georgetown University, Center for Public and Nonprofit Leadership. Dr. McCamey is a fellow in the American College of Chest Physicians. She was recently selected as chair of the Palliative and End of Life Care Network—where the focus is on education, raising awareness of palliative and end-of-life care in CHEST, and clinical practice.

2022 TOP 10

Dwyane Alleyne DNP, APRN, ACNP-C



Assistant Professor at the College of Nursing, **Dr. Dwayne Alleyne**, gives his all at everything he does. As an African American male in nursing, Alleyne focuses on leading by example. He emphasizes personal and academic growth, "I enjoy being involved with local and national organizations because they connect you with so many people- there are vast opportunities for growth." Alleyne is the co-founder of the Capitol Nurse Practitioner Group and is actively involved in the ANP national leadership team. In May of 2020, he earned his DNP from UofSC and was hired as faculty later that summer. Dwayne's heart is made of leadership, resiliency, compassion, and willingness.

Dr. Selena Ann Gilles joined NYU Rory Meyers College of Nursing in 2014 as clinical assistant professor in the undergraduate program. Gilles has a DNP from Monmouth University (2014), an MS in adult health nursing from Hunter College, City University of New York (cum laude, 2010), and a BS with a major in nursing degree from Long Island University (with honors, 2005). She is a certified clinical nurse educator and is also certified in critical care nursing.

She is the program director of the Greater NYC Black Nurses Association Opioid Overdose Prevention Program. She has strong community advocacy and passion for global health, currently working with organizations aimed to serve the underprivileged and underserved communities in Haiti and Ghana.

Selena Gilles DNP, ANP-BC, CNEcl, FNYAM



Casey Green

BSN, RN, CCRN, CTRN, CFRN, CEN, TCRN, CPEN



Casey Green has been a critical care nurse for 7 years working in the emergency department, various ICUs, and critical care ground transport nursing. She is also a nursing adjunct instructor and teaching clinical.

On July 8, 2021 she became the 85th nurse *EVER* to obtain all 5 emergency nursing certifications from the Board of Certification for Emergency Nursing (BCEN), after also obtaining her CCRN and CMC from the American Association of Critical-Care Nurses (AACN), all in 2021.

Stephen Davis
DNP, MHSA, FACHE, FAAN



Dr. Stephan Davis is the inaugural Executive Director of Inclusive Leadership Education for the department of health administration at Virginia Commonwealth University (VCU). He also serves as Assistant Dean of Diversity, Equity, and Inclusion for VCU's College of Health Professions, which houses programs across nine disciplines.

Dr. Davis is a fellow and national faculty member for the American College of Healthcare Executives (ACHE). He is the immediate past chair of the ACHE LGBTQ Healthcare Leaders Community and has served as an ACHE Regent-at-Large, a role created to foster diversity in the governance of ACHE. In addition, he serves as Chair of the Quality and Safety Faculty Forum for the Association of University Programs in Health Administration (AUPHA). Dr. Davis holds numerous board certifications, including credentials in healthcare quality, finance, strengths-based coaching, nursing leadership, and nursing education. For his significant and sustained contributions to health and healthcare, he was inducted as a Fellow of the American Academy of Nursing in October 2022.

Dr. Daihnia Dunkley is a senior lecturer in the Graduate Entry Pre-Specialty in Nursing (GEPN) and master's of science in nursing programs. She has an expansive clinical background in maternal-child nursing, hospital leadership, and academia. She earned her bachelor's degree in nursing from Hampton University, and both her master's of science in nursing education and doctor of philosophy degrees from University of Phoenix.

Having spent the formative years of her career doing the work to understand these complex problems, her focus shifted towards serving as a change agent by advocating for systematic improvement in matters of diversity, equity, and inclusion within the nursing profession, and eradicating racial health disparities. Her dissertation research focused on the experiences of Black female executive nurse leaders and created the inspiration for founding The League of Extraordinary Black Nurses; a nonprofit organization aimed at supporting current and future Black nurses through the guiding principles of leadership, mentorship, and scholarship.

Daihnia Dunkley
PhD, RN



Dr. Sheniece L. Martin-Stancil-El
DNP, RN, CNL



Dr. Sheniece L. Martin-Stancil-El is the inaugural Nursing Director for Diversity, Equity, and Inclusion, at the University of Rochester Medical Center, and an Assistant Professor of Clinical Nursing, at the University of Rochester School of Nursing.

As nursing director, Dr. Martin-Stancil-El leads diversity, equity, and inclusion initiatives within the Medical Center and partners with the Office of Equity and Inclusion and the University of Rochester School of Nursing. Before this, she served as Clinical Care Manager with the University of Rochester Primary Care Network.

Dr. Martin-Stancil-El has experience as a home care liaison nurse, acute care coordinator, and house supervisor in long term care. She was awarded the 2017 Michele Unger Leadership Award from University of Rochester School of Nursing.

She is an executive board member of the Rochester Chapter of the National Black Nurses Association, as Corresponding Secretary and Membership Chair. She is also an active member and holds an executive role as financial secretary for the Moorish Science Temple of America Inc, Branch Temple 11 in Syracuse, New York.

As Penn State College of Nursing's inaugural Associate Dean for Equity and Inclusion, **Dr. Sheldon D. Fields** is the first nursing administrator at Penn State to be formally charged with advocating for a culture of inclusivity throughout the nursing college and commonwealth and prioritizing diversity in nursing. "Nursing is having a racial reckoning of its own—similar to what we're dealing with in our country. The field of nursing is over 80 percent white, and the majority are women. Nursing is not a diverse profession, which is very problematic."

Sheldon D. Fields was selected as the 2021 recipient of the Lillian Sholtis Brunner Award for Innovation, a Penn Nursing Alumni Award that recognizes a Penn graduate for innovation in interprofessional, collaborative practice impacting the nursing profession and/or the health care delivery system.

Sheldon D. Fields

PhD, RN, CRNP, FNP-BC, AACRN,
FNAP, FAANP, FAAN



Shelitha R. Campbell

DNP, MSN, BSN, APRN, FNP-BC, PHN



An Oakland native, **Shelitha R. Campbell** was born, raised, and currently lives in Oakland with her family. The importance of living, raising a family, and working in a diverse community like Oakland, reflects her commitment to advancing the rich legacy that has been cultivated by social justice, empowerment, and fortitude. Guided by the philosophy of Maya Angelou, "Do the best you can until you know better. Then when you know better, do better," her personal educational journey as a lifelong learner has catapulted her into the realm of academia as an educator. Educating patients and students to empower themselves in achieving better health and more knowledge, checks the box of doing the best she can with the tools I have.

As the CEO of a local non-profit organization, A Sista's Touch, the work she does in the community is guided by the mission: To cultivate and celebrate Black Excellence through the personal and professional inspirations of African American women across all generations in the community; with a foundational focus on adolescent girls.

Dr. Julia Ugorji's career as a nurse faculty, clinical instructor, nurse leader, and nurse educator has spanned over 25 years of nursing in the United States and abroad. Her professional experience includes teaching in undergraduate and graduate nursing programs, and many years of clinical experience in diverse settings; mental health, community health, and med/surg. Dr. Ugorji is an author of several articles published with the Nigerian nurses and NBNA newsletters. She is a recipient of Carnegie foundation grant and academic scholarship awards. Dr. Ugorji has more than 15 professional presentations, participated in program development locally and internationally. Shares membership with several professional organizations and serve at different levels such as NANNNA President 2015.

As a seasoned immigrant nurse educator, Dr. Ugorji is a community leader, mentor, advocate, non-profit leader, with management proficiency working across public and private sectors Her research interest is focused on diversity, equity, and inclusion in nursing education and practice.

Julia Ugorji

DNP, MS, BSN



#InTheField

Nurse Meg sees herself leading and revolutionizing the next generation of nurses



Nurse Meg, a CVICU nurse in Orlando, Florida, wants to assist and help nurses become more proficient, confident, and passionate about their work.

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

A: FALSE

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

Absolutely! I teach anti-test anxiety strategies to nursing students and nurses studying for the NCLEX. I also teach new nurse survival basics.

Q: Ideally, where do you see yourself in 5 years?

A: I see myself leading and revolutionizing the next generation of nurses to be skilled, confident, and love their profession!!!!



WHY

hospitals should be repurposing nurses to capitalize on their skills

By RN Carolyn Harmon
NurseDeck Columnist

When the COVID-19 pandemic struck our world, nurses everywhere had a moment of reckoning and profound reflection on their careers and how nursing roles shaped their lives.

Many nurses opted to remain in their current position, some left the profession entirely, few volunteered for mandatory furloughs, and most adjusted their sails to accept whatever came their way.

Reflecting on all the ways nurses adjusted to the changing needs of their patients and organizations with real-time solutions during a rapidly changing time is awe-inspiring. The sheer resourcefulness and adaptability of nurses should be recognized and amplified at every opportunity.

As organizations continue to grapple with significant staffing shortages that threaten to collapse our healthcare delivery system, now more than ever nursing leaders and executives must consider strategies for nurses to be repurposed in ways that capitalize on their skills to meet patient and staffing needs. Rethinking nurse staffing models could be a potential game changer for organizations fighting to maintain a balance over operating and fiscal responsibilities amid budget constraints that continue to loom over healthcare conglomerates.

Team-based nursing and COVID-19 surge staff became prevalent nationwide as extreme staff shortages crippled bedside nursing, all of which should be looked at closely in the aftermath of the COVID-19 pandemic. Team nursing involves assigning non-critical care staff and providers to perform specific elements of care for critically ill patients, while staff with critical care experience focus on elements that require their expertise. Team nursing also requires the designation of a team leader that coordinates care among their team and patient assignment.

Utilizing nurses from other hospital areas and



using a team nursing approach to enhance nursing care in areas needing assistance is a great way to repurpose nurses from other units.

Implementing programs to cross-train nursing staff to provide flexibility and support is one aspect of this team nursing approach that could attract staff. Nurses are often reluctant to volunteer to float and work in other units after several years of uncertainty. Providing training on clear role expectations and sharpening a variety of skills is a key component of this solution. Being able to provide respite assistance to continued overburdened floors and giving options to nurses in areas that continue to flex and have reduced census is one solution to repurposing nurses. Instead of being mandated off, nurses could opt to gain their allotted time assisting another struggling unit.

Another solution is to elevate nursing staff to their highest scope of practice. LPNs provide incredible support and collaboration with the RNs they work together with. Many healthcare organizations have been reinserting LPNs back into the hospital



setting after a period of phasing them out, recognizing the benefit of blended nursing models. Elevating LPNs and other nursing staff to utilize their full capabilities should be a strong consideration for many reasons, aside from filling staff needs.

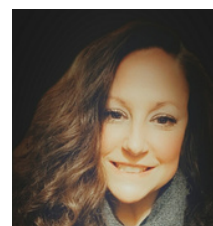
The number of nurse practitioner positions is projected to surge by 46% between 2021 and 2031. Advanced practice providers are already filling traditional medical roles by providing additional providers overseeing patient care in the hospital, specialty practices, and primary care settings. Giving APRNs and other advanced practice providers full scope of practice and autonomy would be a tremendous step in the right direction to also empower the nursing profession. This would be a measure to combat staggering provider shortages that continue to impact communities and healthcare organizations in harmful ways.

Taking a creative staffing approach and considering how remote and virtual healthcare transformed overnight during the COVID-19 pandemic. On-site roles shifted to virtual, and terms like “remote monitoring” and “telehealth” that seemed foreign became not only buzzwords but our reality during a shelter-in-place world. Hands-on and face-to-face care should never be replaced by technological improvements. However, innovation strategies should be

strongly considered when looking at alternative staffing models and the ways these could provide respite to providers and enhance healthcare. Seasoned nurses looking to leave the profession could be sought to perform remote monitoring or telehealth roles that would utilize their impeccable knowledge and skills, but in a way that may be better suited to their lifestyle or physical limitations. Encouraging nurses to consider a wide array of alternatives is a phenomenal way to end the great resignation that continues to significantly strain our nursing workforce.

I urge healthcare leaders to consider engaging their nursing staff to discuss all the ways nurses could be repurposed to provide for the changing needs of organizations, patients, and, more importantly, in ways that refuel job satisfaction for nursing staff that have lost their zest for their profession. Alternative roles, supporting other nurses, and utilizing a nurse’s highest scope of practice are great ways to break up the monotony of an unfulfilled career and give nurses a greater sense of control over an ever-changing healthcare climate.

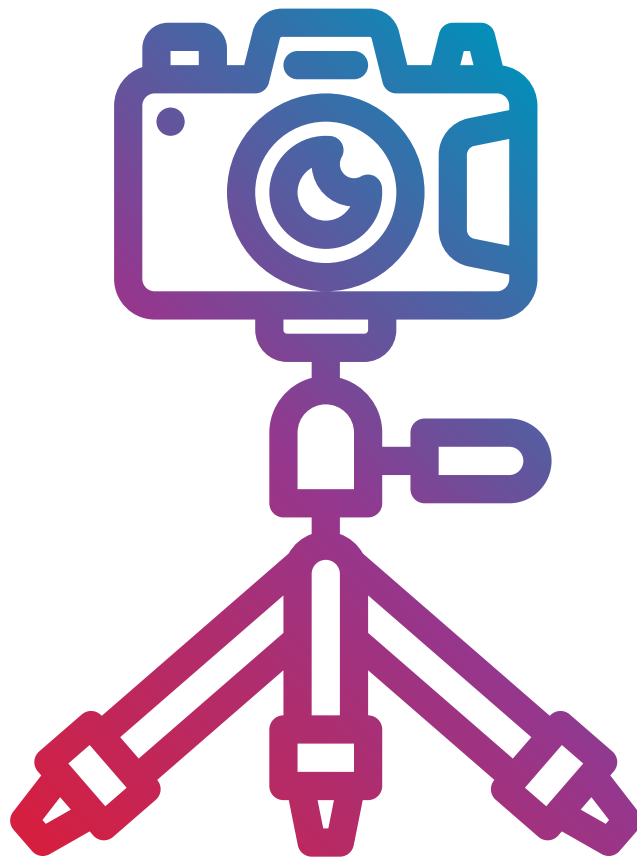
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Carolyn Harmon, BSN, RN, is a nurse columnist with NurseDeck. She has over 24 years of nursing experience. She is currently a Perioperative Optimization Clinic staff and charge nurse. She also has 14 years of knowledge acquired from her role as an adult and pediatric ER and trauma nurse. Carolyn is passionate about mentoring and supporting nurses in all stages of their careers, as well as healthy work environments. Find her on NurseSocial as @carolyn (Carolyn Harmon) and on Instagram as @carolyn_bsn_rn.

The ethical boundaries of nursefluencers

By RN Breanna Kinney-Orr
NurseDeck Ambassador



Search “NurseTok” on TikTok and you’ll be flooded with endless scrub-clad boomerangs. You’ll find masked nurses dancing in supply rooms, nurses on airplanes inviting you to join them for their next travel assignment, and nurses offering their specialty-dependent tips of the day. For virtually any nursing topic you are hoping to learn more about (or be entertained by), there’s a nurse waiting on your social feeds, ready to deliver content.

Successful “nursefluencers”—as they are aptly referred to now—tend to their feeds with the consummate attention usually reserved for full-time jobs. The job requirements include finding your niche, posting frequently, engaging with your followers, and voicing positions on trending (and oftentimes controversial) nursing topics. Gain enough popularity and you can monetize your account by promoting products, organizations, and services through affiliate links.

The latter aspect of nursefluencer life is the one with the most ethical gray area. Making recommendations as a medical professional comes with a heightened level of ethical responsibility that other non-medical influencers needn’t consider. When you factor in the added layer of generating income from your influencing prowess, the muddy waters of social media can darken considerably.

In this article, we will discuss the rising popularity of the nursefluencer, their potential as both misinformation-spreaders and misinformation-fighters, the importance of following (and being) ethical creators, and finally, how to figure out the nursefluencer-life for yourself.

NurseTok, et al.

The social sites you use tend to be generation-dependent. Facebook dominates with almost 3 billion monthly users, followed by YouTube, WhatsApp, Instagram, and TikTok. All have seen a meteoric rise in the past 10-15 years alone



and they each boast a healthy population of nursefluencers.

No matter which platform you prefer, the tendency for creators to post (only) their highlight reel has begun to shift—today’s audience favors authenticity. Nurses who have worked through the past several years yearn for solidarity with the burnout and compassion fatigue they’ve experienced as a result. Influencers who manage to connect with their audience on these levels—ranging from earnest, soul-baring posts to dark humor—wield an impressive level of clout.

Positioned at the intersection between lifestyle aesthetic and vetted health professional, nursefluencers possess a unique viewpoint on many different topics that followers are eager to consume. For a lot of nurses, that includes following their curiosity about the many different ways one can be a nurse. In this way, nursefluencers who post “day in the life” content provide a valuable window for both aspiring nurses and those looking to switch up their day jobs to peer through.

But there is also a dark side to nursefluencer life. The rise of misinformation and its ability to spread like wildfire across social media is a real concern. Some nursefluencers

participate passively—resharing information without vetting it appropriately, for instance—while others demonstrate a clear disregard for following the science on vital public health issues, like anti-vaxxers, for example.

The reasons for this dangerous trend are numerous—there are times it can be complicated to disentangle one’s personal life and opinions from one’s professional identity. But it was most apparent during the height of the COVID-19 pandemic just how dangerous and insidious these misinformation missteps could be.

When a pandemic and social media fame collide

Even before the COVID-19 pandemic arrived in 2020, popular social platforms like Instagram were a potent breeding ground for misinformation, conspiracy theories, and hate. The algorithms used by these sites have one purpose—keeping your attention. To accomplish this, they figure out what topics you view most and then expose you to more of the same. Choose to follow one account spouting misinformation, and several accounts with similar-type content will be offered up. The trouble is, increasing exposure to misinformation potentiates the possibility of a viewer attributing its abundance to well-established fact.

Harmful topics that trended during the pandemic were plentiful and pervasive: skepticism of masking, vaccine hesitancy, not to mention the requests for inappropriate treatment options like hydroxychloroquine. Assertive posts making bold claims capitalizing on the public’s fear and uncertainty did well. It’s no mystery why; controversial posts tend to get a lot of engagement and engagement drives exposure. Spin-off posts—many times crafted by malware bots—popped up by the thousands and amplified misinformation even further.

The politicizing of health information only added fuel to this dangerous fire. Nursefluencers are human, and as such, are

prone to the biases we all have. Depending on one’s political affiliation, views on vaccine mandates, CDC recommendations, and lockdown and quarantining policies can differ wildly from an opposing partisan even when the science on these topics is clear—and despite one’s status as a health professional who has pledged to care for the public.

Thankfully, misinformation-fighting campaigns have sprung up on social media in response in equal measure. #VerifyHealthcare, a hashtag campaign started by gastroenterologist and popular influencer Austin Chang, became so popular that it led to the creation of a new position at his hospital: Chief Medical Social Media Officer. In spaces where being a nurse can feel more like a personal brand than a profession, #VerifyHealthcare reminds practitioners to continually qualify their opinions with their education, specialty, and certifications.

Why nursefluencer ethics matter

Transparency in nursefluencer content is vital. Anyone can don a pair of scrubs and sling a stethoscope around their neck and come off as authentic in their thumbnails. But when creators choose to monetize their content, they enter into an ethical landscape that must be intentionally careful.

“Sponcon” is a term that describes sponsored content, otherwise recognizable as #ad posts. Build a big enough following and either brands will approach you, or you can seek out partnerships with them as a “brand ambassador” leveraging your audience. Product recommendations are relatively simple and clear-cut—scroll through any popular nursefluencer’s feed and you can spot them pretty readily.

But healthcare professionals have an added layer of ethical concern when it comes to recommending supplements and other OTC products. Without FDA approval, your recommendation as a nurse can inadvertently verify something that has only



murky pseudoscience backing it. Paid endorsement of products is akin to the bygone days of pharmaceutical reps “wining and dining” medical practices—a practice not tolerated anymore for good reason.

Shilling mediocre products is cringey, but it usually won't get you fired. Going against the clearly defined policies and procedures of your employer—not to mention the federal government—will. Which brings us to the biggest ethical concern for nursefluencers to consider: violating HIPAA. Posting any content from work is a big no-no. Relating horror stories about patients is equally forbidden. No matter how careful you try to be, a trail of breadcrumbs can be left for dedicated internet sleuths to follow more easily than you might think.

Is nursefluencer life for you?

Nursefluencers overall provide a valuable asset for the nurse community. Raising awareness for our profession, shining a light on important healthcare topics, advancing public health campaigns, and crusading against misinformation are all great platforms

to stand on. Virtual communities provide a vital respite for a burned out workforce, and connecting to those we wouldn't otherwise interact with can provide unique networking opportunities.

If your interest is piqued, Nursedeck offers tons of resources on how to get started as a nursefluencer. Here are some of the nursefluencer topics we have covered:

- advice from popular traveler, Nurse Rich
- increasing your reach as an aspiring influencer
- the best use of affiliate links
- how to amp up your video promotion skills
- the impact you can make as a nursefluencer
- even a webinar to skyrocket your social channels!

Above all, remember that our collective nurse voice is made stronger by representation and inclusion, and we all have a story to tell. We'd love to hear yours. 📣



Breanna Kinney-Orr has been a registered nurse since 2008. Her clinical background in is neuro, trauma, and ED nursing, as well as nursing leadership. After having two sets of identical twins (yes, really!), she started her career as a nurse-focused writer and content creator. Breanna has a passion for story-telling and amplifying the collective nurse voice. Find her on Nursesocial as @breanna_orr ad on Instagram as @breanna_nurse_host.

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.

A portrait of Renee Thompson, a woman with short brown hair, wearing glasses and a teal top, smiling. The background is white with a faint hexagonal pattern.

RENEE THOMPSON

DNP, RN, FAAN

Addressing the sources of nurse bullying and incivility in healthcare

an exclusive interview

Renee Thompson is a workplace bullying expert and CEO of the Healthy Workforce Institute, a training and consulting company designed to help healthcare companies create healthy work environments. Renee received her bachelor's degree in registered nursing, her master's degree in nursing education, and her doctorate of nursing practice from the University of Pittsburgh. Before the founding of her company, she served as a staff nurse and as the Head of Academic Partnerships with UPMC. She has written several books, including "Enough! Eradicate Bullying and Incivility in Healthcare: Strategies for Front Line Leaders."

Breanna Kinney-Orr (BKO): Welcome Renee Thompson! You are an author, speaker, DNP-educated founder and CEO of the Healthy Workforce Institute, which aims to break the cycle of nurses eating their young once and for all. We're going to chat all about that today. Super excited to have you here and welcome, Renee.

Renee Thompson (RT): Thank you for having me, Breanna, it's a topic that if you're a nurse, you know exactly what we're talking about, and that's sad. Anytime I have an opportunity to have an audience of other nurses, to actually just engage in a conversation about this issue, so we can address it, deal with it, put a stop to it once and for all, it's a good day for me.

BKO: I love that. Tell us how you got your start in nursing. This is sometimes my favorite question, because everybody has such a different path to get here. Can you share with us how that looked for you?

RT: Right out of high school, I went to the University of Pittsburgh. I'm originally from Pittsburgh, Pennsylvania, and I wanted to be an OBGYN physician. I wanted to deliver babies. I started pre-med, but then life got in the way. I got pregnant when I was 19 years old. I had somebody I grew up with - my high school sweetheart - so I got pregnant, got married, quit school. Then, two kids later, decided, "Alright, now what am I going to do?" And I thought, "Well, I don't know that I have the energy or the time or resources to become a physician." It was actually a group of other people - I was doing some work in a clinic and they said, "Girl, you need to be a nurse. You would be a really good nurse." I'm like, "Okay, I'll become a nurse, and I'll help deliver babies."

So I went to nursing school. Then I fell in love with the heart and I became a cardiac nurse, and then I became a neuro nurse after that. It was the best decision I could have made. I've been a nurse for 31 years, and I love everything there is about being a nurse.

BKO: Yes. You definitely give off like, super nurse energy, which I mean as the highest compliment. Tell us more about the background. Like you said, we've all experienced it, but the background of bullying and incivility in nursing. How did you land on this subject? How did it become a passion of yours?

RT: It's a great question. I actually couldn't have answered that very well when I started this work. But it's only because I've been on this journey for such a long time, I can look back and reflect and say, "That's why I did this." I've been a nurse for 31 years. I've pretty much done everything you can do as a nurse. That's one of the things I love about nursing. I've worked in hearts and brains, at the bedside. I've been a frontline manager. I've worked as an educator, I worked homecare, I worked for a managed care company. I was a quality manager. I ended up in an executive role where I was responsible for the professional development of about 10,000 nurses. It was when I was in that role, talking with a lot of other nurses that I realized, it didn't matter what role I had. It didn't matter what organization I worked for. I swear, there was always another group of nurses who made it their mission to make my life difficult. I just thought, you know what? Working in healthcare is hard enough. Especially now, it's hard enough without worrying about the people you're working with making it harder. We'd

say, "Well, that's just the way it is in nursing. You know, nurses eat their young." And I had a moment where I said, "Enough. I'm done with this." We've been talking about it for a century now but we're doing nothing about it. It really started with me just speaking about it, and then it really grew from there. Now I've become an institute and we're the only company in the world dedicated to eradicating bad behavior in healthcare alone. Unfortunately, we don't have to go outside of healthcare. We are plenty busy. Right here.

BKO: Yeah. Exactly. I love that you speak about how this impacts not just nurses between each other, but also patients and the delivery of health care itself. Can you tell us a little bit more about that?

RT: There are so many studies. We talk about evidence-based practice, research and nurses as nurse scientists. We have enough studies that we could probably host a 6 hour-10 hour, one week, virtual podcast on the numerous studies that show the negative impact disruptive behaviors have on one of the patients that we are about to serve. I always like to think in this way, when any one of us on the healthcare team is uncomfortable or not willing to communicate with anybody else on the healthcare team: Think about some of the people who we work with who are afraid to say anything- afraid to speak up. If any one of us are not willing or uncomfortable, it stops the flow of information. When we stop the flow of information that affects someone's mom, child, spouse or partner. I say this all the time, the way we treat each other is just as important as the good care we provide. Because it's how we treat each other that affects those patients, too.

We have so many studies that show that 87% of all medical errors can be attributed to some form of miscommunication, and a lot of that is because of behavior.

BKO: Yeah, I believe it. It's like science confirming the stuff that we've experienced anecdotally. It's one of those instances where I can just picture everybody's head nodding along like mine is right now. It's like thank you for validating my experiences, like knowing that it affects our patients. How could it not?

RT: I always think: What if that was your mom? You're about to make a mistake. Would you want somebody to call you on it or not say anything? Because they were afraid of how you would react? But what if that mistake was going to happen to your mother? Your child? We have to think in terms of how we're communicating and how we're treating each other. There's always some type of indirect or direct impact to the patients who are deserving.

BKO: Right. But I think when bullying and that type of behavior happens, it can feel isolating, like it's only happening to you. So I think maybe it would give nurses the courage to speak out if they knew. But talk to us a little bit about how nurses can identify this kind of behavior - something that's a personality clash? When does it escalate to the level of bullying? Or is there criteria that needs to be met?

RT: Yes. When I'm doing presentations, I always think, "What's the key takeaway that I want people to walk away with?" What is the quintessential, "You must understand this, and what bullying is, and what it's not."



We tend to label all bad behavior or all behavior that we don't like as bullying, and that's not accurate. So when we look at bullying itself, there has to be a target. So let's say I work with a group of nurses. And I'm nice to everyone except for you, Breanna. I don't know. There's just something about you. When I'm in charge, I give you the worst assignments. I don't help you. I try to find fault in everything you're doing, I'm fine with everyone else. It's just you I don't want. There has to be a target. That target could be one person or it could be a small group of people. "I've been a nurse here for 30-40 years and I don't like any of you young whippersnappers coming in. They know all that." "No, I will target all the new nurses" or "I'm the day shift and you night shift nurses don't do anything. They sleep all night long." The behavior has to be harmful. So if I roll my eyes at you, is that really harmful? The answer is no. Eye rolling by itself is not bullying. It's not nice, but it's not bullying. But if I don't give you all the information you need in a shift report, and I want you to look bad when physicians come in and round, it could be harmful to you. It also could be harmful to your patients.

Nurses giving each other the silent treatment, refusing to help certain people sink and swim – that's harmful to patients. Here's one of the most important considerations: It can't just be one time. It has to be repeated over time. If you're a nurse, and you're thinking, "Hmm, am I being bullied?" I want you to just spend a couple of weeks paying attention. Am I the only one this person is treating this way? Where's the harm here? Every time I come into work and see that I have to work with you, I have a visceral reaction and I'm in the bathroom, or some harm is being done to me, or I feel like I need to call off. I'm so distracted as I'm working with you that I'm not caring for my patients. That's harmful. Is this the first time you're treating me this way? Or is this a pattern that's bullying? We see other things like incivility. Incivility is the gossip, the cliques, the eye rolling. That's what we actually see most of in healthcare. It's not bullying. It's incivility. So that's the primary difference.

BKO: Yeah, well, thank you for defining it. I love the idea of role playing through this. So if you're a nurse that's been questioning these things, and you're listening– let's say

The way we treat each other is just as important as the good care we provide.

you sat down, you did what you just said, identified the pattern of behavior and answered those questions. What do you then want to tell nurses about how to face off with this problem they've identified?

RT: Right, because that's the point. I think we've been successful as a company because we focus on how to do something about it and speak up. We get super practical. We basically have three strategies, once you've raised awareness. Especially if you're someone who's dealing with this, and you do the whole, I'm going to spend a little bit of time investigating and yep, this is definitely a bullying situation. Maybe the behavior is not harmful, overtly, or maybe it's just not targeted towards you. But still, it's dealing with the co-worker who's treating you in a way that's incredibly disrespectful and unprofessional. Three strategies we recommend is first, just name the behavior. We have overt behaviors where somebody's yelling at you or criticizing you in front of other people- rolling their eyes at you in front of - that's covert. That's passive aggressive. So, start simple. Start with overt. Just name it. You're yelling at me in front of people, or criticizing me in front of patients. I just saw you roll your eyes at me. You're stomping down the hallway. You don't like your assignment that I just gave you. You're not asking them to stop. You're not counseling, coaching. Just identify the behavior and name it. That's a good starting point. We also then work with healthcare professionals to learn how to develop better assertive communication skills. So that is where you say, "Hey, Breanna, can I talk to you for a minute? Sometimes, I'm not sure you realize this, but sometimes you come across as a little intimidating or

aggressive, and I think it's really affecting whether or not people are willing to even ask you questions and you've been a nurse here for 30 years. You have a wealth of knowledge." That was an honest and respectful conversation. That's assertive communication. There's a way you can develop your assertive communication skills. If you're a nurse being treated in a condescending way, by a more experienced nurse, you can say, "Timeout here. You've been a nurse here for a really long time, there's so much I can learn from you. I'm not sure you realize this. Sometimes, though, you come across as a little intimidating and it makes me afraid to ask you a question - I want to learn from you about this." So just having those types of conversations, which takes it to that next level, then I've already given you a few of them. Scripting is my superpower. We've got tons of scripts. We use scripts for everything. You just identify the appropriate script and use it. So you could say things like, "I'm not sure you're aware," "Okay. I'm not sure you realize this." Or you can say, "You know, I'm really offended by what you just said to me.

BKO: Exactly. That's so true. Because when you're overcome with the emotion of what's happening to you, or your reaction to it, everything you come up with is going to be reactionary versus something intentional you can use to open up a dialog, as opposed to just deflecting.

RT: You're right. Because when your emotions are high, you can't think logically because your amygdala isn't running the show. I have a YouTube video series called Coffee and Conversations about nurse bullying. My favorite video of all time is when I interviewed my daughter who was



working at the time as a high school teacher. She was dealing with a coworker who would always embarrass her in front of other people. I gave her a script. She used it. And you know what? She worked with that teacher for another year and a half. That teacher never did anything like that to her again.

BKO: I always think of the behaviors that lead nurses to start bullying and there's like – the whole of just being burnt out. There are so many stressors and you can't relieve them at the moment. You're getting it from all sides – patients, families and short staffing and the multitude of things nurses face that lead to burnout. What are your thoughts on this? What can be done to address some of these working conditions for nurses so that it doesn't prime the environment for bullying to occur?

RT: I spend the majority of my time working with healthcare leaders. It's their biggest stressor, too. They know they're asking their employees to do more and more with less and less. The simple solution is that we need more nurses. We need more staff. Well, where are you going to get them? It's this vicious cycle. I actually wrote an article about the great resignation and people leaving. They're leaving for various reasons involving higher salaries and all those things, but they're also leaving because of the culture, too. That's something that I know it takes the whole team to work on to make it a better environment for everyone - it can't just be one person's responsibility. We do a lot with healthcare teams to get very intentional about the type of culture that we want to create. How do you implement that? How do you make that living and breathing? How do you hardwire it? So we know it works.

However, just a couple of things related to that – I teach this. I teach how to be respectful and kind and a professional, but you know what? I act out every now and then under stress. All human beings can act badly. We're in stressful situations. Look at healthcare. We're in the most stressful industry known to man, especially the last couple of years. It's understood. We understand that when people are burned out and stressed out, they lash out. However, it's not an excuse. You can be frustrated, angry, scared, short staffed, all those things– you just can't be cruel to each other. That makes it worse. I think sometimes people forget that. So if you and I are working together, and I lash out at you, and I'm under a lot of stress for all the reasons that we know are happening right now, what do we do? “I need to come back to you when I'm in a calmer state. And, Breanna, I am so sorry that I took it out on you. Are we okay? I'm sorry. Are we okay?” Because human beings will never forget when somebody's been mean to them, especially in front of other people. And when you see somebody being a bystander versus owner – I see this a lot with people in a supportive role. Let's say you have a unit clerk being treated in a condescending, aggressive way by a physician. What do we normally do? We go, “Oh, boy, that poor thing.” We turn away. You need to walk up to whoever is behaving this way. It's my technique where you need to use a visual cue and a verbal cue. As a cue, I like to do the timeout sign. Like, “Time out, Dr. Rossi.” That way, you're talking to them and then say the person's name. “The way you're talking to Susan is extremely rude and unprofessional, and you need to stop.” It's a timeout, visual cue and then name the behavior. “Okay, you're yelling at Susan, you need to



stop the way you're talking to her right now." It's to speak up on behalf of someone else, and then support that other person. I don't know about you. But I would rather work short staffed with amazing nurses and an amazing team than fully staffed with lazy, lousy ones who are looking for the least amount of work,

BKO: Right now, it's so true. And also just to work in an environment, when you see that kind of positive behavior from your co-workers, you get the sense of like, "We're all in this together. That nurse would stand up for her, she would stand up for me." I think it would inspire you to do the same. I think just modeling that behavior to people that are watching because that also is contagious.

RT: It is. I mean, look at the reality TV shows we are into because it makes us feel better about ourselves. Some of that is polluting our brains and influencing us in ways that when you take a step back. We don't want that type of influence. We want to be inspired and influenced by positive


people. People who, despite anything that happens, they have a level of optimism that is not to say, all puppies and flowers, but "We're gonna get through this together. All right, here's the situation. This is what we got. We're swamped. Well, let's figure this out. Let's do this together." I still continued to practice as a bedside nurse until about four years ago, even though I've had this company now for 11. I went back to the bedside because I wanted to, as they say, keep my toe dipped in the water. I really wanted to know what it was like, being a bedside nurse again, and dealing with the various complexities of healthcare. I remember one time, they called me the night before to say, "Renee, is there any way you can come in early tomorrow?" I usually worked on Saturday from 11 a.m. to 7 p.m. Because mornings are when I do my focused work. It's when I write. They said, "We know that's your protected time. But is there any way that you can come in at seven o'clock?" And I was like, "I really don't want to do that. But how can I say no?" Oh my

God. They were so short that they'd never asked me to come in early before. It was the worst shift I ever had in that organization. It was horrible. But it ended up being the best shift, because every single person I worked with came up to me throughout the day and either hugged me or said, "Oh, my God, Renee, thank you so much for coming in. I don't know what we would have done without you. You know, I know that was your protected time. And you gave that up for us. Thank you so much." I felt so appreciated by my co-workers. It was a weekend. My manager wasn't there. My manager didn't know that they called me in. My peers did. They recognized me, so I think we need to do more of that. We need to help people that are making a difference and thanking people. You might not think thanking a nursing assistant for helping you with your patient makes a difference, but it does.

BKO: That's such a good point. That's another good segue into my next question. You wear so many hats. You're a consultant. You're a writer. You're a clinician. How do you manage that? I heard you use the phrase protected time, which I love – setting up those boundaries. But what do you attribute? What's the biggest factor that's helped you be successful with so many different things?

RT: Yes, you're so right. I do a lot of different things. There are some days that I struggled, trying to keep all the balls in the air, and not drop one of them. I'm crystal clear about what my priorities are, though. I'm one of these crazy people that I plan my year. I have strategic goals for my year, my quarter, my month, my week, my day. Like, "What are the top three things I need to get done?"

What would they be?" And I make sure that I do those first. I also take a look at knowing that I can't do this work alone. As a nurse, I would always seek out a mentor– someone who was better than me, and I would ask them for help. When I became an educator, I found one of our educators. I really admired her, so I asked her for help. I always sought support and help from someone who was successful in doing what I wanted to do. That didn't change when I became a business owner. I mean, I know how to be a nurse. But how do you run a business? Now, I'm in a pretty intense coaching program that is making a huge difference. I realized that I don't know everything. But I know that other people do and I just seek advice from them. And the other thing that I would say allows me to do everything that I want to do is that I have always been very mindful of the fact that I suffer from that whole "squirrel-shiny-object-syndrome." I have to protect myself. If I want to say yes to something, I actually go through a little list. "Okay, is this in alignment with my goals? If I do this, am I going to have to say no to something else? So I go through that before I say yes. And that allows me to somewhat manage my workload.



If you're being treated with cruelty by anybody at work, [...] please speak up. Tell someone about it.

BKO: I love the balance of personal development and seeking out mentors. We talk a lot about that on NurseDeck. I'm so glad that you mentioned that it has been instrumental in your own career as well. We have a big audience of nurses from all walks of life, all levels of education, all different working conditions. Right now, if you could give advice to the quote "every-nurse," what's one piece of advice you could give for them?

RT: I had mentioned earlier that I got pregnant, had to quit school, then went to nursing school after a couple of years. What I didn't share was that there was a period of time where I was on welfare. I didn't have \$5 to buy a book of stamps at the time. I was young and my family had moved across the country because my dad changed his job and everything. I felt very alone and honestly, sorry for myself for a while. Then I took a look around and said "This is not the type of life that I want to have." And I decided to do something about it. I took 100% responsibility for my life, my career, everything. I've always been this way. I don't blame anyone else. I always say that for most successful people, their single, consistent success habit is that they take full responsibility for their personal and their professional development. I would say that's my biggest advice: take responsibility for your own personal and professional development, because you can take that everywhere you go.

BKO: That's great. We network so much without even realizing that that's what we're doing. And I think if you're constantly the type of employee or team member that people want to work with, you will see opportunity after opportunity present itself. It's so true. So finally,



one thing we always love to talk about is community and the importance of community. We're, of course, trying to build this big virtual community. Can you talk a little bit about how the community can support nurses today?

RT: Oh, 100%. You know, that was the one thing when I left working full time for an employer. And then I was working out of my home office. You don't realize the benefits that you have working in an organization. I remember like, if I needed someone, "Hey, can you check this guy's lungs for me? I'm hearing some crackles, but I'm not sure." I've got people right there that I could talk to. So when I found myself at home, I realized the importance of community. I had to seek out other ways of really engaging with not like minded people. I would challenge everybody- you don't want to just hang out with people who are just like you. You want to challenge yourself. That's where I think as a nursing profession, being in a community where you feel safe, that

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rests your opinions without getting attacked, is important. But then also what's going to happen is, you'll bond with a few people that you do have some synergy with who are similar. That's what's going to help nurses get through what we're going through right now is to really bond and communicate with other nurses who are going through something similar, but under that framework of what can we do to become stronger and better because of it. You can't do that alone. You can only do it as a community.

BKO: Yeah, right. I think the work you're doing - it's novel. I love that you're taking the theoretical and putting a practical side to it like with the scripting. I feel like the tide is shifting and there's no doubt in my mind that work that you are doing and others are doing to shift this cultural experience that many of us have experienced. Thank you so much. We always like to end on a

note, if there's anything that we didn't talk about or discuss on our mentioned, if you would like to do that, or give you the floor to say farewell.

RT: I would like to end with a sort of message to anyone who's actually experiencing bullying right now, whether you think it's bullying or you're not sure. If you're being treated with cruelty by anybody at work, what we find is 40% of people who are dealing with this don't tell anyone. I'd just encourage any of you who are dealing with this: please speak up. Tell someone about it. It doesn't have to be formal. Seek out a trusted colleague. You're not alone. There are so many people who would support you. Don't suffer in silence. Because nursing is an incredible profession. It's not easy. We don't want to lose people just because they're being treated cruelly by the people who they're working with. It's not right. So please seek help. 🙏



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