

nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

*"I was a nurse
who had no idea
how to take care
of herself."*

TAURA BARR

PH.D., RN, NC-BC, FAHA

**HEALING THROUGH
SCIENCE, SPIRITUALITY,
& COMMUNITY**

ENTREPRENEUR,
EXECUTIVE COACH,
INNOVATOR, EDUCATOR

NURSE COLLEEN DESCRIBES HOW
WORKING WITH SUPPORTIVE &
HELPFUL COLLEAGUES HELPS HER
GET THROUGH DIFFICULT DAYS

WHAT DOES A HOME HEALTH CARE
NURSE DO—AND HOW DO I BECOME
ONE?

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.



Page 6

Nurse Colleen describes how working with supportive & helpful colleagues helps her get through difficult days



Page 11

TAURA BARR

Healing through science, spirituality, & community

Dr. Taura Barr - what a human! Her compassion and deep love for her work shine through as she speaks about her coaching business and incredible company she founded! In a deeply personal interview, Taura shares her insights on healing, wellbeing, innovation, and the fight for the future of nursing.



Page 7

What does a home health care nurse do—and how do I become one?

nurse+social LEADERBOARD



Melissa Sherman
78



Rachel Grace
64



Beverly Morgan
52



Nicole Whitworth
46



Mariah Edgington
34



Ottamissiah Mo...
33



NaKia Bradley
25



Mackenzie Likens
23



Marian Long-Sh...
23



Carolyn Harmon...
23

Our monthly 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 April'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.

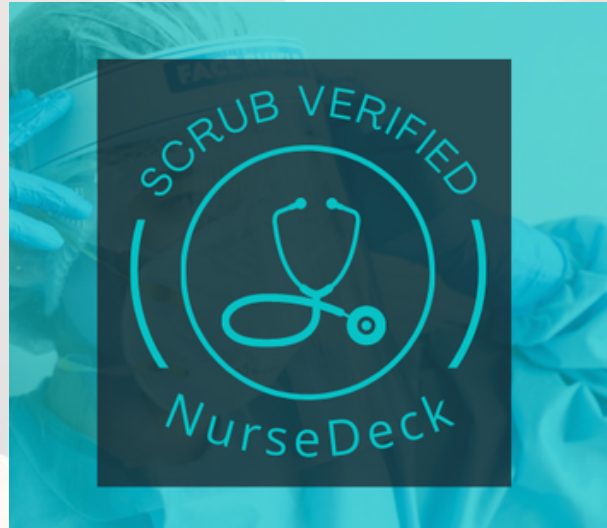
Join in at social.nursedeck.com

nurse+social

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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:

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- Get free NurseDeck gear monthly
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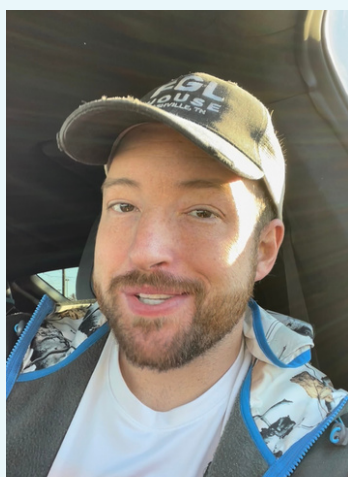
Entry qualifications:

- 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

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Travel Nurse Rich - Exclusive Content + Tips

Join for travel nurse tips and stay up to date with trending Tik Tok influencer: Travel Nurse Rich.

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

All members will first receive a FREE one week trial

Membership Rate:
One-time fee of \$35

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Nursepreneur Membership Program

Successful businesswoman and mentor RN Kym Ali is here to help nurses live life on their terms.

Nurses, the last two years have been challenging to say the least but, having our pay capped is the bottom line. If you are thinking about your next steps, you need to read this.

After a 16-year long nursing career, my mental and physical health took a toll on me, I had enough and threw in the towel. But that doesn't mean there isn't another path for you. I'm here to help show you step by step how to start a business and land your first client or shift careers. Imagine being sought after for your skills and expertise to help others. With my help, that is possible. You don't have to feel lost or wonder what to do with all the time, money, and education vested in nursing. I'm excited to announce a new community for nurses who want to supplement their income or replace it through entrepreneurship.

Sign up now for \$25 a month

#InTheField

Nurse Colleen describes how working with supportive & helpful colleagues helps her get through difficult days



Colleen Youmans, BSN, RN, is a fresh new graduate, and has been working on a med surg floor for going-on five months.

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

I would say I have seen it both ways. Luckily for myself I've had experienced nurses be wonderful and always offer help or explanation. There has only been one nurse I've worked with that I could say "eat their young."

Q. What does cultural competence mean for healthcare providers?

To understand everyone has different cultural beliefs and values which is extremely important for healthcare providers to understand and respect to provide personalized care for each patient.

Q: What is your experience with nurse unions?

So far it has been positive, but I'm also newly involved in one.

Q: What's one must-have that gets you through the tough days?

My other nurses. A majority are wonderful and extremely helpful. When someone has a high acuity group, everyone offers help and guidance. 🙌

What does a home
health care nurse do



– and how do I become one?

One of the greatest aspects of nursing is the variety of roles you can fill in the span of one career arc. Ask any nurse with decades of experience what fields they have dabbled in, and you'll never get the same answer twice! That's the beauty of nursing—you really can find the position that's best suited for you.

Becoming a Home Health Nurse (HHN) is a pretty doable transition for just about any nurse with decent clinical experience. HHNs are great communicators, able to speak plainly with both patients and its family members. They are flexible, able to change schedules, assignments, and acuity without becoming too discombobulated.

And lastly, they are compassionate—working in a number of different home settings invites you onto your patients' turf; remaining compassionate in lieu of judgmental, and being able to administer medication and maintain your professional composure no matter the state of the home environment is a major job requirement.

If those attributes fit you—then read on; it's now time to learn more about what exactly a HHN does on the daily, and how to get started in this field.

Types of home health nursing

HHNs are an autonomous bunch. Home care nurses are well-organized and enjoy the type of nursing where no two days are alike. Most home health jobs fall into one of three categories.

Staffed care

Staffed care demands the most involved care. Typically, during these shifts you will be assigned to a patient requiring round-the-clock care.

These patients are generally bed-bound, ventilator-dependent, and may be on

various other forms of life-support. If you value the relationships that you develop with patients over the long-term, this may be the best place to start your search.

Intermittent care

Intermittent care is sub-acute care that is task-based. Think wound-care, medication administration, including IV therapy, and post-op recovery care assistance. Visits are typically complete in a few hours at most, and a great deal of education is involved in order to restore the patient's ability to care for themselves.

Hospice care

Hospice care entails providing end-of-life care for terminal patients, along with supporting the family through the death transition of their loved one. Unlike the previous two forms of home health care, hospice nursing is specialized and you will need specific training/certifications to perform this job.

No matter which aspect of home health nursing attracts you, your duties will be similar to those you perform if the patient were in a hospital setting. For example, taking vitals and doing full assessments, updating care plans and communicating with the patients' care team with recommendations, medication administration, and continuous reassessments.

Being in a patient's home is an intimate experience. You'll also need to prepare to work in a variety of different settings, around pets, differing levels of cleanliness, as well as managing family expectations and education.

You'll need to remain not just well-organized, but anticipatory towards your potential needs of the day—there's no running to the supply room for what you may have forgotten!

What you'll make & how to start

Like any nursing job, what you can expect to bring in depends on your experience level and where you are located. In general, though, salaries range between \$70,000-\$90,000 a year starting out. Working full time and/or part-time positions (with no benefits) may net you a higher per-hour rate, but be sure to do your research for what you can expect in your area before taking on a new position.

In order to be considered as a competitive candidate, most home care staffing agencies require a bachelor's degree in Nursing (BSN). For nurses who hold a degree in nursing ADN, look into bridge programs —you may find that your potential employer has programs to help with tuition!

Also, considering the current nursing shortage and employee-centered labor market we're currently in, you may find potential employers to be more open to ADN-prepared nurses with experience than they have been in the past.

The good news is that most home health agencies don't require more than a current, valid registered nurse (RN)—and driver's—license, and some degree of nursing experience. For pediatric cases with specialized equipment, you'll likely find agencies willing to train on the job.

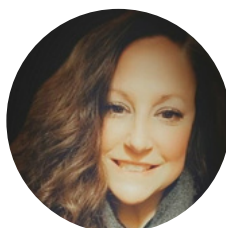
As noted above, the one type of home health care nursing that does require certifications and specialized training is hospice care.

If you've read this far nodding along, thinking nursing care might just be the perfect gig for you, then—great! Now you'll need to know where to get your foot in the door.



LinkedIn is a great place to start—both to find current job openings, and to get a feel for employees currently working at the organizations looking. Other job sites like Indeed, Zip Recruiter, and nurse.com are also good places to start for job postings.

And, if you're still in the 'gathering research' phase of your job search, we encourage you to peruse the 'groups section' on social.nursedeck.com! There you'll be able to connect with current home health nurses who will be more than willing to answer questions, network, and give you a helping hand! 🙌



*By Nurse Columnist
RN Carolyn Harmon*

nurse+deck

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 Taura Barr, a woman with blonde hair, smiling warmly. She is wearing a dark, patterned top and a necklace. The background is a wooden wall with vertical panels.

TAURA BARR

PH.D., RN, NC-BC, FAHA

Healing through
**science, spirituality,
& community**

an exclusive interview
By nursedeck

Taura Barr, Ph.D., RN, NC-BC, FAHA, is an internationally recognized scientist for her work in stroke and the immune system. In 2015, she left academia to launch Valtari Bio and Deep Roots Healing LLC, working since as a nurse entrepreneur and business coach. Taura remains the founding scientist of Valtari Bio, a startup companion diagnostics company focused on advancing the treatment of stroke, through the development of next-generation precision diagnostics. In 2021, she launched an executive coaching and consulting business to work with academic and healthcare organizations to jumpstart a culture of innovation. Connect with Taura on LinkedIn and find her at taurabarr.com.

Breanna Kinney-Orr (BKO): Dr. Taura Barr, thank you so much for joining us. You are an internationally recognized neuroscientist, an entrepreneur, certified yoga teacher, holistic health advocate, and educator. I can't wait to hear more about your story.

Taura Barr (TB): I'm so excited to be here, and I love what y'all are doing at NurseDeck. So, anyway I can support it, share my story, and inspire and encourage someone else - that's why I'm here.

BKO: Awesome. Let's start at the beginning: what got you into nursing, and what drives you now?

TB: I like to say I was a nurse long before I actually knew I was a nurse. I've always been fascinated by the body and how it works - particularly the brain. How we think and how we act - it just fascinated me. I had a really awesome biology teacher who shifted me to think about nursing. I



was thinking about biology, but he saw something in me that I didn't see myself and said, "I think you would be a fantastic nurse." I remember thinking, "that's interesting, I think someone in my family was a nurse." I started looking and sure enough! Right then and there I was like, "wow, this is exactly what I'm supposed to do." I love people. I love to talk to people - that's really important for me, connection, and conversation. I was fascinated with how the body worked and physiology, so combining the two of them is really what led me to nursing. I started my career in neuro trauma. I love the fast pace and the complexity of it. I'm a very curious person so I was always asking questions and trying to figure out, why is this happening? Why is this not happening? A mentor of mine said, "you've got this mindset for science and research, you should consider a Ph.D." I had planned on

“Placing all of the burden on the nurse to take care of themselves is not a solution.”

becoming a nurse practitioner and opening my own clinic, but she gently pushed me down this path, and it's been an amazing path - one that I didn't plan for myself. Over time, that path turned into another and I followed opportunities as they came up, and I've had an amazing career in nursing. I look at where I started and where I am now, and I can't even believe I've done half the things I've done. I never planned about it - and I'm a serious planner, but I've completely flipped that on its head, because everything I have done was not in the plan. I think that's just a word of encouragement for anyone who might be reading to recognize that sometimes the plan does change, and beautiful things can come out of a change in plan if you embrace it and look for a silver lining. As long as you're always aligning who you are with what you do, and what you really feel called to do, you're in the right place.

BKO: I love that. That's the best piece of advice for nurses: to follow your curiosity and see what excites you.

TB: Absolutely. It's curiosity, and it's also just being confident in yourself. Often when we're in situations, we tend to box ourselves in. We tend to think, "this is what I can do," as opposed to taking those blinders off and opening up to the possibility and things you never even imagined. When I started Valtari Bio - I never imagined I would start a company. I had actually almost said no to that, because it was completely out of my wheelhouse. I'm so glad I said, "yes." So it's curiosity and confidence, and following that intuitive feeling.

BKO: That's awesome. You do so many different things, and you wear so many different hats. What are you most passionate about?

TB: For me, it's about inspiring and encouraging my fellow nurses. I'm a deeply spiritual and intuitive person, and for many years I kept that part of me out of my work. Particularly in academia, it was just not as valued. When I had my health scare, which I'll tell you a little bit more about, that really helped me to regain my perspective. What I chose to do with that is to put all of my personal and professional experience into this package, and essentially rebuild everything from a place of alignment. Knowing who I am and what I'm really here to do and aligning with that every single day is how I got back on my feet. Now I'm really passionate about helping others create this life of alignment for their personal and professional life, and create joy and peace from those spaces. Most of what I do now is work with nurses and clinicians who have this inkling that there's something more out there. They might not be using their skill set to the best of their ability, or maybe they feel like they're stuck in their current role or they're questioning if something new might be out there. I help them to create this new path, whether it's a career shift or a new business, it's really creating this from a place of alignment.

BKO: I love that you said that. On a personal note, you mentioned the health event you went through, Can you talk a little more about how it impacted you?

TB: Yes, it was very traumatic for me. I was 12 weeks pregnant, and I had three other children at home. I was on the tenure track in academia, and I was running ragged, just running, and I had a blood clot, a pulmonary embolism. I woke up and I'm coughing up blood, and then I went through this period of complication

after complication after complication. I had an MI, I started bleeding in my lungs, and all the while I had this little baby boy growing inside of me. When I look back on that experience, what happened was that the trauma nurse in me came out and I went into survival mode. I didn't process anything, it was just, "let's get through this." By the grace of God, I delivered a beautiful baby boy that September, and he is now 8 years old. After that, I had to go through cardiac rehab because I couldn't walk up my steps without getting out of breath. I had a very good friend in the emergency room who said, "Taura, first of all, your clot was huge, and had it launched a centimeter to the left your heart would not have been able to take it. You've got to figure out what you're going to do with your life. You were running yourself ragged." So, I'm going through cardiac rehab, and then it just hits me: the fear, the panic, the depression, just the whole experience hit me. I went through about a year when I just tried to regain myself physically, mentally, spiritually, emotionally. When I came out of that, I recognized that the way I was working contributed to this event. I was not taking care of myself; I was a nurse who had no idea how to take care of herself. That led me down this path of just completely transforming what I did and how I did it. It took me about a year, and I ended up leaving the position I was in because it was such an unhealthy environment. I realized that everything I was doing individually was great, but then when I went back into this environment it was like, "oh, I can't fix this environment, and I've got to work on fixing myself first before I can ever go back to an environment like that." So I left. I still have my moments where I'm reminded of that event,



even so many years out. There's still fear there, panic; I can experience all those emotions again, and it's a great reminder for me that life is really short. If you're not doing what you feel you are called to do, and you're burning yourself out and you're draining yourself - it was a huge wake up call for me, and I now like to share this with others because I don't want people to get to the point that I was at where it took me two years to get back on my feet. I don't want that to happen to you. Take a hard look at what you're doing, and if it burns you out physically, mentally, spiritually, and emotionally, it might be time to shift or change.

BKO: That's an absolutely incredible story, thank you for sharing. That's super intense. Talk to us a little about what it means to be an academic nurse scientist. What does it take and what does your day-to-day look like when you're in that role?

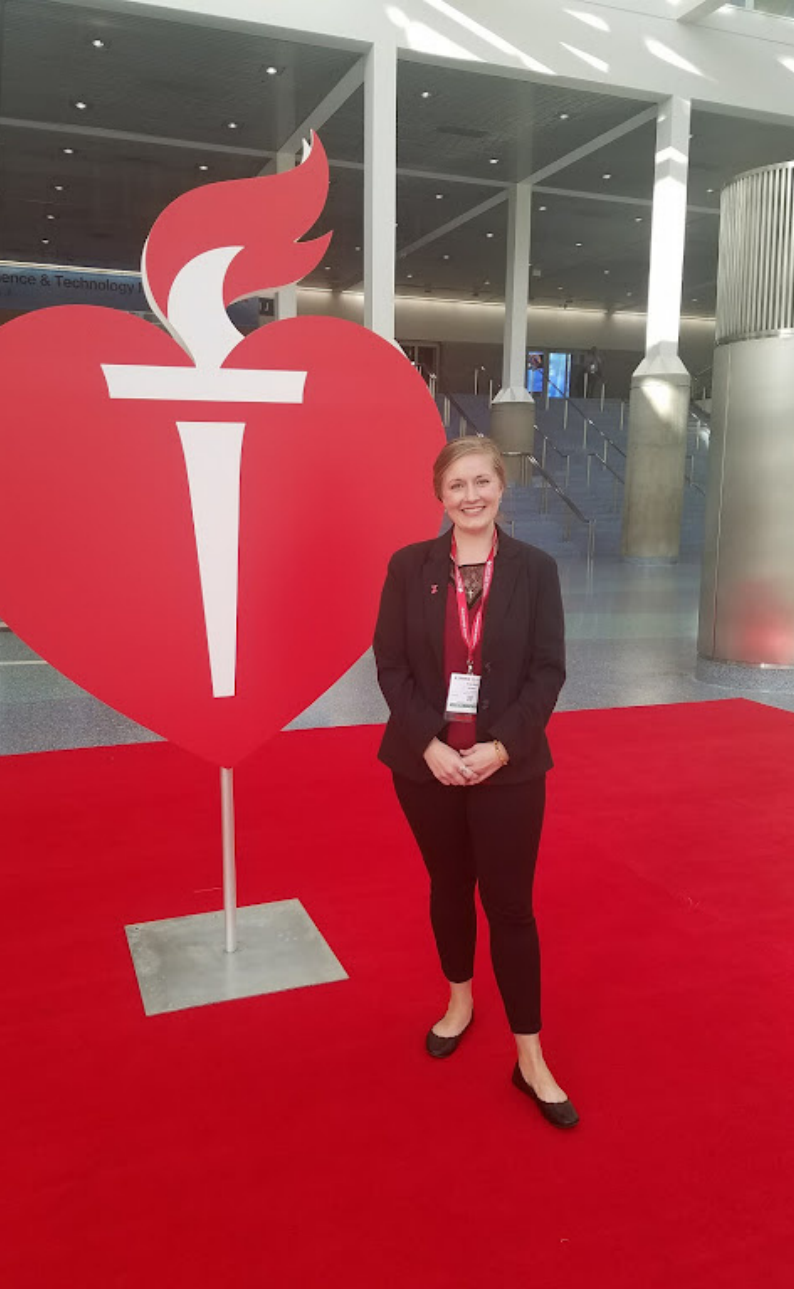
TB: Academic nurse scientist is all about asking questions, curiosity, wanting to improve something - whether that's a condition or a treatment path or a program. My path to academic nurse scientist was RN to Ph.D., and that was an accelerated track. It was a newer thing when I went through it, though now it's fairly common if you know academia is where you ultimately want to land. As a scientist, you're asking questions, you're really digging in. You find an area that really fascinates you and you study it, and you study it, and you study it. You identify where that gap is in that literature, and then your role as a nurse scientist is to try to fill that gap. When I was active in that role, I loved the intersection between the brain and immune system, and I wanted to understand more about how the immune system can impact the brain, particularly after a traumatic event like a stroke or head injury. So we did multiple studies and multiple trials, because

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there's still a lot we don't know about the interaction between the brain and the immune system. When I was really thinking about the path I wanted to go down, I knew it was going to be this combination between psychosocial and physiological. I love the body and how it works - that's what brought me to nursing, so how does this physiology impact psychology? That's what all of my research was when I was in academia. I had multiple grants at one point, large research teams, I did a lot of teaching as an academic nurse scientist. Your job is really to create new science.

BKO: So cool, that makes me want to learn more. Talk to us a little bit about Valtari Bio, the company you started, the mission and what your purpose is there.

TB: At Valtari, our goal is to bring to market a point-of-care blood test that measures this immune response to stroke so that we can, 1. quantify that somebody has had a stroke, because believe it or not we still are really good at doing that, and 2. see if this immune system pattern can tell us a little bit about how this person is recovering, or potentially could recover from that event. Everything we've done so far in Valtari has confirmed that there are these really interesting patterns in the immune system that can tell us whether or not someone's had a stroke, and how well they're going to recover from them because the immune system is so important in brain health. Right before COVID hit, we landed a large pharma partner that I am so thankful for, because in the post-COVID world a lot has changed for diagnostics. If you're not doing COVID research, the money has dried up. I praise God that we landed that partnership before



COVID because it's been incredibly hard to raise money in the diagnostic space, but we're doing it. When I started, my role in Valtari was chief science officer, and I still serve in the chief science officer role - I'm also a board member - but I have more of a backseat role from the day-to-day stuff. We have a team that's really managing a lot of that, which I'm thankful for. We have some trials going on right now, so I'm hopeful that everything looks good and we just keep going. The next five years for us are really critical years, and I am hopeful one day our test is there. It's for our nurses in the emergency room triaging stroke, and the prehospital setting stroke triage.

That's the goal. Valtari was my passion project as a scientist, and when I decided to leave academia, I left to build Valtari. I remember having a conversation with my husband, who was very nervous about that - he's not really an entrepreneur, and we had small kids. Plus, I'd had this really serious life, and two years later, I'm like, "I want to start a company and I want to leave my job." People were asking me, "are you crazy? Are you okay?" I just left my academic work altogether, and it was not easy to do that but I was leaving to build something I was really passionate about. It was definitely the right decision, and at around the same time I built Valtari, I also built Deep Roots Healing. For the first three years of Deep Roots Healing, it was for my healing. It was a website and a blog, and I shared my journey, I just shared what was on my heart. It was a great way for me to get some of these really big emotions out and to process them. Then I noticed when I was at conferences, I was telling people about the work I was doing in Valtari but I was also saying, "I had this really big event, and this is how I've transformed my life," and I noticed I was getting some clients coming in asking for help and support. So, Deep Roots grew into what it is today, which is holistic health and healing. I do a lot of coaching, a lot of mentoring, a lot of holistic health, and guidance about medicine. The ways I really transformed my life, I now share with others.

BKO: I just think that's so cool. I imagine it's very popular, because I think a lot of people feel it. You just have your one track or your other track, and they often don't mix.

TB: That's right. So many people right now are seeking - they're heart-

seeking. We're trying to fill this void with things right, and what Deep Roots is all about is alignment with who I am spiritually and a close relationship with God. I really rediscovered my relationship with God, and I felt comfortable talking about it again, because I had been for so long not allowed to even talk about it. When you have an event like that - I was able to get through a lot of that because of my relationship with God, but I'm not allowed to talk about that in academia. How do I even talk about it? "Okay, so why did you decide to start a company?" Well, I can't leave it out. It's just who I am now. I guarantee there are a lot of folks who feel that way - you might be feeling stifled spiritually. That's definitely a sign it's time to follow that path, rediscover that path, nurture that relationship, and take one step in front of the other.

BKO: Exactly. Can you talk a little about your thoughts on current working conditions for nurses? A lot of nurses are struggling and feeling like they're in a downward spiral in their careers. How does wellness play into that? How can you pull yourself up?

TB: Absolutely. I see a lot of lip service to wellness and not a lot of real stuff happening. If your solution, as an organization, is to provide a yoga class or meditation or coaching, where a nurse has to do that on her own time, and has to find time to go out and do those, that is not a solution. Placing all of the burden on the nurse to take care of themselves is not a solution. Organizationally, there are just mammoth things that need to happen. I have a client right now, and we talk a lot about this because in the role he's in he's really stuck between a rock and a hard place. He's doing a lot of work

personally on himself, but then he goes back into this environment every day where they're understaffed. So he's got a huge caseload, patients are more critical, and the rest of the staff and faculty are also burnt out. There's not a lot of camaraderie and support for one another, and it's an incredibly toxic environment, yet he feels so connected to being a nurse that the thought of leaving is causing so much anxiety and strain. My encouragement for anyone who might be resonating with this is to really take a step back and redefine your identity outside of nursing to better understand who you are. Who are you authentically at your core? What are your gifts? What are your skills? What are you talented at? What fills your soul? What do you enjoy doing and how could you be doing that? No judgment, no expectations, just ask yourself. I don't like to tell people to leave their jobs - that's never my my go-to - I like to try to figure out how to keep you where you are and help you flourish and thrive in your position. What I'm

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seeing, unfortunately, is in so many situations in healthcare right now, our hands are tied behind our back. There is not much we can do to change the environment. So, you've got to ask yourself, what's more important to you? Is it your well being? Is it your health? Or is it staying in this role you know is not good for you? It doesn't mean if you leave, you can't come back. I wish I had an answer, but I don't know what the path forward is for healthcare right now, particularly staffing. We have to completely shift the model on its head. What I like to remind my clients about is that healthcare is a business, it is about making money. We want patient outcomes to improve, we want to take care of our clinicians, but the bottom line is driven by money. That's what's driving these healthcare organizations; so if they're not making money, there's a problem. That's very out of alignment with why most people become a nurse. What you value is not ultimately what your organization values, and that's where the disconnect is coming from. On a much higher level, in terms of our

profession, we have to think about how nursing services can be reimbursed. We are a commodity, we are not a resource. We're a line item in the budget, and that has to change if we want organizations to take our health and wellbeing seriously. The way we change that is by voicing our concerns: standing up, being part of groups, like state coalition groups, to change some of this, because otherwise I'm not convinced the environment is going to change. We must be seen as equal to physicians and others, not as a line item in the budget.

BKO: Right, exactly. A lot of nurses are coming to that reckoning. How amazing would it be, if we ever get to a less-crisis-point in this pandemic, to find a way to build back nurses and build back their trust where they're working?

TB: That's right. I mean, this is huge, and this is where I'm moving, okay. For the last two years, I was entrepreneur in residence at the Ohio State College of Nursing, and what the evidence suggests is that when

we take care of our nurses, they're more productive, innovative, and creative. Intuitive, right? This makes perfect sense. If you're well, you're going to do a good job. If you look at these systems outside of healthcare, ideation rates are higher in institutions where they take care of their people. People are more productive, they're more creative when their wellbeing is taken care of. There is this bi-directional relationship between innovation and wellbeing that we aren't really thinking about using in healthcare. I've created a fellowship program, it's called the Innovation for Wellbeing Fellowship Program, as a consultant with Ohio State. The idea is that it's an organizational shift to create a culture that supports innovation and wellbeing, and it's an individual shift that prioritizes wellbeing and innovation and being creative and curious. When those two things come together, from an organizational standpoint and an individual standpoint, that's when things really begin to take off, because you can't expect it if it's just coming from one side or the other. In healthcare, the

“When we take care of our nurses, they're more productive, innovative, and creative.”

hope is that someday this fellowship is seen as of value to a healthcare institution - and we're creating the evidence. We have a paper about ready to go out, and the goal is really to show that when we take time to support the development of innovation, competence, and confidence, and we also nurture wellbeing, really awesome things happen. That's where I'm taking all of my experience, personally and professionally, and putting it into this horse.

BKO: So, so awesome. Let's get into the whole idea of the nurse coach, or the health coach, or the nurse entrepreneur, which is a very umbrella term, but if you want to help others be better versions of themselves, what tips do you have for nurses curious about that?

TB: With nurse coaching, we are at the cusp of this, just the beginning. We now have an exploratory code where we can be reimbursed. It's not quite there yet, but this is a huge change. Eventually, if we want nursing services to be reimbursed, these are the kinds of things we need to do. In the next few years, with evidence, that will turn into a reimbursable code, so at that point we will be able to reimburse for nurse coaching services, which is huge. We already are coaches, as nurses, we don't realize it. I like to say coaching is what you think of when you see a coach on the ball field. The idea of a coach is to bring out the best in another person, it's to help them see what they might not see in themselves - we've all got some blind spots. It's to gently hold them accountable to their goals. It's not to condole, it is to be that gentle, supportive guide, and to take the journey hand-in-hand with your client. I love coaching, it is so

aligned with who I am. When I tell my clients, “you’ve got to find something that fills your soul,” for me, it's sitting down and having a brainstorming session with someone, encouraging them. When I see those light bulbs go off and they say, “I never thought about that before.” That's what I like. It's hard to get clients, I'm going to be completely honest; it is not an easy thing. The biggest challenge I've had is just letting people know I exist. COVID has made it really hard, because I was doing some travel. I live in a really small rural town, which does not help at all. So, even if I get out into my little small rural town, my population of interest is really small. My first recommendation is, if you love the idea of coaching, Integrative Nurse Coach Academy was where I went through my training and did my certification - they are amazing. Really think about certification - credibility and reimbursement is why you want it. Secondly, take a hard look at where you are in terms of geography and niche. Who do you want to serve? Is there a market for that in your physical area? If there isn't a market geography-wise, then start getting really savvy on social media. If you don't have a LinkedIn account, start one now. LinkedIn is a conversation. That's all it is. It's about engagement, and if you want people to engage with you, you have to engage with them. It's about getting visible in order to get clients. The last part I've had a challenge with because I want to serve a lot of people - it's really important to get very specific and clear about who your client is because you have to be able to talk directly to them. You don't have to serve everyone. You are serving a very specific need, and when you're able to clearly articulate that, that's when the light bulbs go off for people. There could be 10 people sitting in the room, but one of

them is like, “she's my coach, I need to talk to her.” You don't want all 10 people in the room, you want that one person who's like I am ready to do this. That's my feedback. When I look at the really successful nurse coaches, they've done all those things really well. I would say I'm in between there; I haven't quite figured out the social media thing, to be honest. I'm working on it, but I live in a really small town, so I can't get out and do workshops. It has its pros and cons, and most of what I do is completely online, so it's trying to rise above the noise, which can be really hard.

BKO: Yeah, absolutely. We're big on community and providing a space where nurses don't have to explain themselves. Can you talk a little bit about the importance of community in your own life, virtual or belly-to-belly? How can it help nurses going forward right now?

TB: Absolutely. We were designed to be in community with each other. That's who we are as human beings, so when we aren't, we can't really thrive. There's something called the Blue Zone, but it's the idea of longevity: how do we live to be old and healthy, not just old? A primary theme is this idea of community and connection to one another. Our default as humans is, when we're feeling really bad and yucky, we want to isolate ourselves, we want to try to disconnect. I'm speaking from experience here - so your default isn't necessarily there to support you, and it's coming from this really primal place. Particularly when you're feeling overwhelmed, stressed, and burned out, connecting with others who are going through that experience is so important. When somebody understands because they've been there, they can support

you in ways other people just can't. Staying connected to people who've been there, particularly in safe environments where you can share how you're feeling without judgment, shame, or guilt. With clients going through my programs, we also have group calls every month. Anybody who's a client of mine gets access to these group conversations. What I find most valuable in these group conversations is that two people will meet for the first time, and start talking about mutual stress. They're like, "hey, let's talk after this call," and then they start making a relationship outside of the group call. That's really what it's all about, because I really believe we are here to bless others. Sometimes in our suffering and our challenge, we are given certain experiences we can then turn into blessings for others. Community is a big part of what I do, and connection is super important. &



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