nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

"It's not really intended for us to speak up when we feel like things are wrong."

ASHLEY WYNN-GRIMES

MSN, RN

DESTIGMATIZING CANNABIS EDUCATION IN NURSING

ENDOCANNABINOID SPECIALITY NURSE, EDUCATOR, AUTHOR, ADVOCATE

+ **NURSE APRIL** EXPLAINS HOW DEEP BREATHING HAS BECOME HER LIFESAVER

TRAVEL NURSING AND THE EFFECT ON PERMANENT NURSES' POSITIONS

PANDEMIC NURSING AIN'T OVER... HERE'S THE NURSING WORK THAT REMAINS TO BE DONE.

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.

nurse social

Groups Rewards Wallet Message

New post Question Article

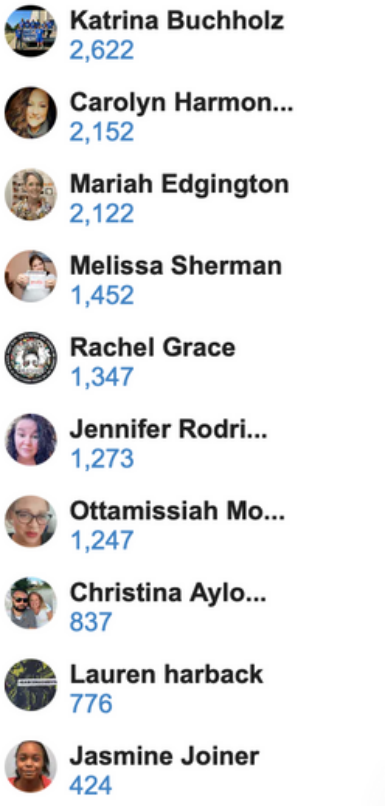
NurseDeck is for everyone. Whether you're a student, new to the field, seasoned scrub or retired - our community involves you.

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!



Join in at social.nursedeck.com

nurse social

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
- Get free NurseDeck gear monthly
- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis

How it works:

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.

nurse deck

#InTheField

Nurse April explains how deep breathing has become her lifesaver

Health content writer, NICU nurse, and part-time home health case manager in South Carolina RN April Rowe explains how she manages her day-to-day stresses through deep breathing and positive thought meditation.

Q: TRUE or FALSE: "nurses eat their young."
A: Yes, there are nursing/healthcare jobs with workplace cultures that continuously allow this type of bullying. It can even come from mid-level and upper management. Fostering healthy workplace relationships and continually educating staff and management helps to reduce nurses eating their young.

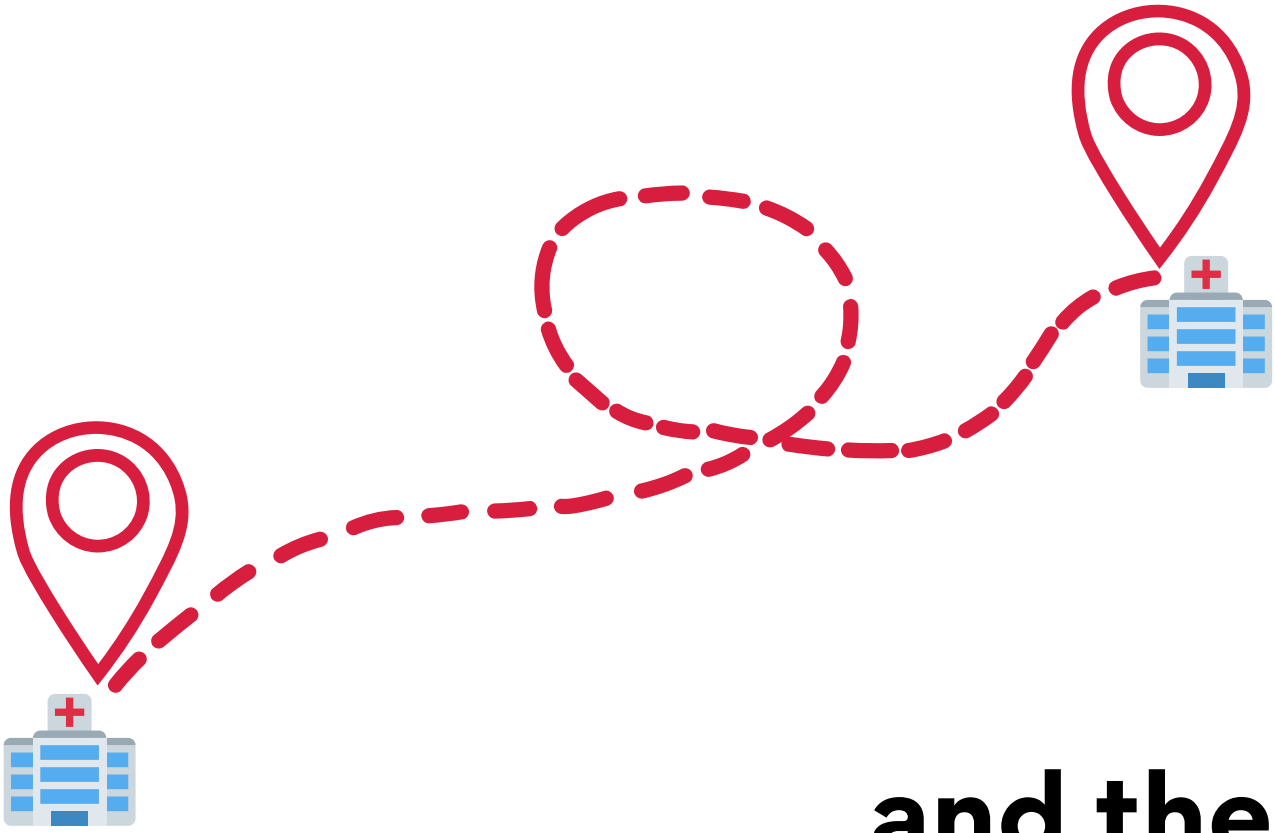
Q: What is your specialty and where are you based?
A: I am a health content writer and part-time home health case manager in Greenville, South Carolina. I worked for many years in the NICU and also have specialized in pediatric/adult hospice/palliative care.

Q: What does cultural competence mean for healthcare providers?:
A: As healthcare providers, we take an oath to devote our lives to the service and the well-being of those we care for. We come from different backgrounds, cultures and religious beliefs. We have different skin tones, speak different languages, eat different foods, etc. Acknowledging this fact promotes tolerance and acceptance.

Q: What is your experience with unions?
A: I was a member of the union at St. Mary's Regional Medical Center in Reno, NV. It was a positive experience.

Q: What's one must-have that gets you through the tough days?
Deep breathing has become a lifesaver. It's absolutely amazing the calming effects that a few minutes of deep breathing and positive thoughts/meditation has on my day-to-day stresses.

TRAVEL NURSING



and the effect on permanent nurses' positions

By RN Carolyn Harmon
NurseDeck Columnist

Travel nursing has surged almost 70% since 2020, coinciding with the onset of the Covid-19 pandemic. A need that filled gaps in staffing for the short term has become a more permanent, long-term solution to meeting staffing needs at many organizations. There are many conflicting feelings about the use of travel nurses versus permanent hospital nursing staff, and how this translates into the effect on permanent nursing positions.

There are many ethical and moral dilemmas on both sides of this debate. Many feel that travel agencies are exploiting the circumstances brought on by the pandemic. Some feel they are continuing to drive up pay scales and lining their pockets, knowing organizations are already barely getting by financially and with critical nurse staffing constraints impacting quality of care and crucial operations.

Many nurses have left their organizations to travel and often return as travelers to their same facility, receiving much higher pay scales. Yet others feel the flexibility of being willing to travel, floating to different units, and taking on difficult assignments offers a rationale for the pay gap.

Another perspective is that if organizations would invest in their current staff, fix safe staffing ratios, and offer competitive incentives to stay, they would not be in this predicament. Nurses leaving permanent staff positions to travel decreases the already short supply of nurses and increases the demand, further compounding an already problematic nursing shortage that has spanned more than a decade.

Another layer to this complex situation is long-term care facilities, which are also utilizing staffing agencies to fill critical needs of a patient population area that is often deemed difficult to work in and has had a certain stigma attached.

A pay disparity was already in place for nurses in long-term care, and this was

compounded by the extreme burnout and job fatigue brought on by the COVID-19 pandemic with nurses providing for additional needs of their patients with lockdowns in place.

These facilities are governed by Medicare and Medicaid reimbursement and regulations. Fixing issues in these environments to provide a means to retain staff is extremely tough since their bottom line cost-to-benefit ratios are dependent on government agencies and policies.

Nurses are uniting throughout the United States to have their voices heard as there is discussion in Washington about capping pay salaries for travel nurses in hopes to gain some sort of control over the situation. Hospital administrators are asking the government to step in as they are concerned about what they have labeled price gouging, a term meant to translate to products or goods, not patient care.

Agencies are saying their pay scales reflect

the high demand. Pay rates for travel nurses have surged 67% from January 2020 to January 2022. The rate of pay for travel nurses at facilities they work with rose by 164% from the fourth quarter of 2019 to the fourth quarter of 2021. These statistics reveal what a lucrative career move travel nursing can be, and how appealing it may be to many nurses who may be looking for alternative options to their current situation and a means to double or triple their salary.

The key point of an incredibly complicated situation is all the ways this impacts not only nurses but also the care we provide our patients. Most nurses feel a sense of relief and are grateful to have increased staff nurses available and assistance that is provided by travel nurses. This in turn means better care for our COVID-19 patients.

Travel nurses are continuing to keep healthcare organizations operational and provide much-needed and now relied upon relief to staff who are extremely burned out. Regardless of the position held on this polarizing topic, we must all come together to be sure staffing needs are met and that the care we provide our patients is the best care possible.

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.*

nurse deck

Pandemic nursing ain't over...

Here's the nursing work that remains to be done

By RN Breanna Kinney-Orr
NurseDeck Ambassador

Raise your hand if you, or someone you know, has acquired COVID in the past few weeks...

I'm willing to bet it's almost everyone reading this right now. Yet, mingling about in the community, I'm also willing to bet that basic COVID precautions — mask-wearing, social distancing, avoidance of large crowds — has seen no appreciable change.

This begs the question: with so much COVID out in the community at present, why the laissez faire response?

The reasons, of course, are multifactorial. One of the largest being that the daily confirmed death toll began a sharp decline this past winter. Daily death rates dropping from 2,609 in early February 2022 to 420 by early July helped create a false sense of security in the public as to the number of current cases being seen. But, there's a flaw in this thinking: dramatic decreases in death rates are more reflective of effective treatments and less virulence, not current transmission levels.

With so many recommendation changes seen in response to what we've learned about COVID in the past year — and the resulting hygiene theater that is so darn hard for people to let go of — it's understandable that people prefer to pass the buck when it comes to controlling infection. What remains true when infection levels rise is adherence to adequate ventilation and wearing good masks.

Businesses that want to project an image of "concerned community player" do have a harder time letting go of the performative cleaning routines. But by investing their dollars into ventilation improvements, they are making a much more solid contribution towards infection control than scrupulous counter wipe downs. We, as nurses, must also carry this message — masks and ventilation make all the difference — and be prepared to model responsible behavior for our communities (that are indeed watching).

The other half of responsible COVID nursing is pushing the idea that quarantines following positive test results must still happen. When your worst symptom is a runny nose, and you are surrounded by a social circle that anecdotally reports the same mild symptoms, it can be tempting to forget that COVID remains a serious risk to the immunocompromised and chronically ill. For myself, I have friends who have jumped on planes within 24 hours of a positive COVID test, presumably weighing their inconvenience at delaying travel as more harmful than exposing an entire plane full of people to their mild symptoms. For others, they are just unsure when to end an isolation period when their nonexistent symptoms clash with rapid tests that remain positive long after the 5-day isolation recommendation. As a nurse, I know I have a duty to speak up; even if, as a friend, I find it excruciatingly uncomfortable. But, I have done it, and will continue to do so.

(Even as we move from sub-variant to sub-variant, the recommendation hasn't changed — following a positive test, one must isolate for 5 days, and then may join the community for the next 5 days while masked, as long as symptoms are resolving and they are fever-free.)

Here is what's working: continued boosters, increasing herd immunity from natural exposure, the release of vaccines for younger children, as well as the aforementioned improvements made to ventilation and masking vigilance. All of these measures are moving us from pandemic to endemic status. Good news, yes, but, in other words, we will be living with COVID for some time.

More than anything, nurses need to continue the baton race of public health messaging. In our communities, we are trusted voices of health information — in our social spheres, that voice can carry far outside of our proximal communities, particularly if we have large audiences and many followers. There is a tendency for

people to assume that all of our attempts to control COVID have failed; after all, more than 1 million people have died from it. It is our job to remind them that this number could have been far worse.

Reminding people of the good that has come out of COVID is one helpful strategy. The incredible race to create a vaccine, the amazing effectiveness of antivirals, developments and access to monoclonal treatments — these have all been areas of real scientific progress. Misinformation will always present like a whack-a-mole game to those invested in pushing positive — and factual — public health messaging, but we must come armed with our hammers nonetheless.

The trust breakdown between the medical community and the public needs to be repaired. In particular, communities already vulnerable to health inequity via systemic racism continue to suffer the consequences of decreased access to reliable care. If our goal as nurses is to heal and educate our community, we must act as a fail-safe for the cracks in our (barely existent) public health system. No matter what area of nursing we draw a paycheck from — aesthetics to bedside ICU — we can all play a positive role in mending the infinitesimal cracks that perpetuate our broken systems. COVID, for all its demons, has provided a platform to advance these causes, and nurses are the way through.

Yes, fewer people are succumbing to COVID, and that's always a good metric. But, many, many people have lost beloved family and friends and will continue to do so. Many, many people are dealing with long COVID, and face murky prognoses. Part of our unspoken yet inherent job requirement is our ability to soften the edges of what COVID will mean to people in their daily, forever lives. This has always been the magic of nursing — medicine via relationship.

Eventually variants will no longer have the ability to evade detection in populations

who have dealt with numerous outbreaks and developed layered and nuanced immunity. In this way, we will move from pandemic to endemic status, at least by definition. But as nurses, we know that true health is much more than the absence of disease. Social connections, being productive, living a fulfilling and enjoyable life — these are also measures of health.

We will forever be pandemic nurses — our holistic approach, our ability to reach our patients through therapeutic rapport, our advocacy for the vulnerable AND ourselves — we have leveled up into a new dimension, and for that, we should be proud.

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

JAMIE SMITH
RN, NP, MSN
NURSEDECK AMBASSADOR & INTERVIEW HOST

Nurse Jamie hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck Community.

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.

I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base. I love that there are people like NurseDeck trying to shake things up because we desperately need it.

WANT TO HOST AN INTERVIEW?

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email julia@nursedeck.com.

ASHLEY WYNN-GRIMES

MSN, RN

Destigmatizing cannabis education in nursing

an exclusive interview

Ashley Wynn-Grimes, MS, RN, has worked as a nurse for over 14 years. She is an entrepreneur, and founded her education and coaching business, Cannabis Nursing Solutions, in 2020. She chairs the Cannabis Patient Advocacy Association in Maryland, and advocates for her patients regardless of the methods they choose to achieve wellness. She wrote a children's book, "Asa's Medicine," about a child who takes cannabis as medicine, and recently published a second book, "Stigmatized." She is an incredibly passionate and motivated person, with defined goals to bring knowledge of the endocannabinoid system into nurse's patient care.

Jamie Smith (JS): Ashley, we're so excited to interview you. Could you start by describing your current job and day-to-day responsibilities?

Ashley Wynn-Grimes (AWG): Hello, thanks so much! Right now, I am a full-time entrepreneur. Day-to-day it involves backend system building and networking. That's how I spend most of my days: meeting new people, educating new people, and that whole backend thing is very new to me and almost traumatizing at this point.

JS: So how did you get started in nursing? Can you walk us through your journey leading to your cannabis specialty and research?

AWG: I started like every other nurse: I went to a nursing program, I graduated, and I went to med surg because that's what they told me to do and that's what you're supposed to do when you graduate. I spent about four or five years in med surg, telemetry, and I ended up getting my master's in nursing education. When I

was doing that, I spent a lot of time in the float pool. I had three jobs, hopping around, it was great. After I got my master's degree, I worked in a transition practice program for new grad nurses in their first year. It was my job to love on them and make sure it wasn't traumatizing, so they wouldn't quit their jobs. Fast forward, I ended up in corporate hospital roles, so performance improvement, project management, etc., understanding hospital systems and how to implement on a large scale. Cannabis came haphazardly. I learned about it, I learned about the endocannabinoid system, I realized there was a discrepancy in what I knew about, and to me that was a green light to dig more into it and educate more people about it. That's where I am today.

> *A lot of what we do as nurses - we put bandaids on stuff.*

JS: That's awesome. You said you worked to support nurses through that transition - that's so cool. I wish I'd had something like that.

AWG: Back when I started, we didn't have that. You got your few weeks of orientation and that was it. You might have had a preceptor that wanted you to be there or you might not have - it didn't matter. That person was supposed to show you the ropes and it didn't matter if the rules were the rules. When I did that transition-to-practice program, they would have their preceptor - we would handpick the preceptor based on what I knew what their abilities were - and that program was unique because they would go to all the units throughout the hospital. If you're an ICU nurse, you wouldn't immediately go to the ICU, you'd spend some time in med surg, in the ED, in a step-down unit, and then some different specialty areas. I'd just pop up and check in! Bullying is a thing in the hospital, especially for new grads if they're not knowing stuff, so it's important to say, "hey, how's it going with your preceptor?" It's basically putting out a lot of fires that people experience regularly but, specifically for these new grads, just making sure they felt like they had somebody there for them. I would help implement programs and support the preceptors, just to make sure that first year for those new nurses was pretty much seamless.

JS: I think that's just amazing. So as the founder, can you tell us more about Cannabis Nursing Solutions, LLC and your children's book, "Asa's Medicine"?

AWG: Cannabis Nursing Solutions is intended to educate about cannabis medicine and empower nurses in moving into this stigmatized space. One of the things I've learned over the past couple of years is that it's very difficult for nurses to get educated about regular stuff on a regular day, but it's exponentially difficult to educate people on cannabis, or the endocannabinoid system. So we provide the training, the education, and also coaching, group coaching, and support so they can walk in this industry with confidence. "Asa's Medicine" came about through my advocacy work. In Maryland, children are allowed to access cannabis on school grounds. The bill passed here in 2020, and upon the passing of that bill they needed a guidelines workgroup that could pull together guidelines for schools to follow, and I was on that workgroup. Although it was well written by an intelligent group of people, and it was very comprehensive, I still had questions just as a nurse. It's just more questions to be asked about the experience of that child, the experience of teachers who have to support that child, the nurses who have to support that child, and then the experience with the children dealing with that child on a regular basis. So that's how "Asa's Medicine" came to be.

JS: Ashley, can you tell us about cannabinoid therapy and its contribution in improving patient and nurse quality?

AWG: Sure. Cannabinoid therapy actually refers to the cannabinoids found within the cannabis plant. I could talk for a really long time on this, but I'm going to try and make it as clear as possible in as few words as possible. So, in the cannabis plant there are what's called phytocannabinoids - cannabinoids for short - because we also have endocannabinoids, and those are also

cannabinoids. They mirror each other in a lot of ways, and they both bind to receptors in our endocannabinoid system. There are over 100 cannabinoids, but there are two that people are very familiar with - CBD and THC. Those are the ones we hear about all the time, we talk about all the time, but there are so many more that can be available to the patient to support their wellness. The purpose of cannabinoids and the endocannabinoid system is to maintain balance, homeostasis, or wellness. In a lot of cases, there's an opportunity for a patient who suffers a chronic condition to get support with cannabinoid therapy, and it doesn't necessarily have to include THC, which is something people are always fearful of. It's also not a reason to be deterred from consuming THC, because it has benefits. All that being said, the nurse, the health care provider, needs to be aware of the endocannabinoid system, and cannabinoids' impact on the bottom line. Right now, nurses pretty much ignore the fact that their patient has cannabinoids in the body. We do not ask questions that help us to understand the underlying reason why somebody would choose to consume it, we don't educate the patient on routes of consumption, we don't ask the patient where they are getting their medicine from, because all of that contributes to how well a patient can be. If you have cannabis, and it may be laced in pesticides, and you're laying there in the hospital, that could possibly be the reason why you're sitting there and you're sick today, but we don't ask those types of questions, or about the interactions with other medications. It blocks certain medications being broken down in some cases. So, there are a lot of questions that need to be asked, there's a lot of participation with a patient's care, and then also from a holistic standpoint, really caring for the whole patient where they are today. A lot of what we do as nurses - we put bandaids on stuff. We just tell people to go off and exercise and maybe diabetes will go away. Really taking some time to understand where that patient is, and being able to develop something more comprehensive, is where we talk about real quality of care. The theory is if we incorporate not only cannabinoid therapy but holistic healthcare practices into the patient's care, we will have better outcomes for the patient.

JS: You caught my attention. You mentioned chronic disease, does it help with pain? What are the physical benefits?

AWG: It can decrease inflammation.

Pain is the number one reason why patients will come in and consider cannabinoid therapy for their treatment option, because opioids aren't really intended to be long term. Usually it's a last straw, they're dealing with some other issues, and it's not really working. Then there's a whole host of other issues: seizure disorder, anxiety, for veterans post traumatic stress as a reason. Doctors do have the authority to recommend it for other conditions as well - nausea is another one, so patients on chemo and suffering from nausea or lack of eating can stimulate appetite. Sometimes the messaging gets misconstrued where it's curing issues, and it's not necessarily intended to be a cure. It's intended to be a tool for the patient to increase their quality of life.

JS: That's good to know. What are the major challenges you face in the cannabis industry? And how do you deal with them?

AWG: I think the biggest challenge is communicating in a way where it can be received. Cannabis, marijuana, whatever you want to call, it's been stigmatized. The 80s, 90s has been the war on drugs, it's been, "this is your mind on crack." We've gone through this era and it's been implanted in us subconsciously, where we're going to go toe-to-toe with what we believe about this medicine. I come to the conversation with a totally opposite perspective, and sometimes people aren't interested in hearing what I have to say. I was selling scrubs or something, everybody would be like, "yes, girl, let's get these scrubs." I'm wanting to educate people on cannabis, and it's like, "oh, no, you might kill my son," or "are you trying to say that nurses are supposed to smoke weed?" I didn't say any of

> *Sometimes people aren't interested in hearing what I have to say.*

those things, none of that is part of what I'm talking about, but for some reason that's what people hear when I'm speaking. That's probably the biggest issue I've faced.

JS: I can see that. How do you see the cannabis industry evolving?

AWG: It's going to evolve a whole lot, and we don't have a choice at this point. Multiple states have legalized cannabis in some capacity, whether it's for medical or recreational use, and all 50 states have access to CBD. The reality is that people are choosing to consume it and know nothing about what they're consuming, and at this point it's a billion dollar industry, I'm pretty sure we're almost at a trillion dollar industry. The dispensaries are definitely increasing their revenue over time. In 2020 they saw a big spike because people were at home suffering from anxiety. The fact of the matter is that we as providers are running into patients who are consuming, but not sharing that information openly because they are fearful about what that means and how people will look at them. It really is up to the nurse - who really isn't included in the industry at this point. There's a very clear division between

healthcare and the cannabis industry, and what I would like to see is healthcare and cannabis coming together a bit more seamlessly so the nurse's participation is a little more accepted. I just want to clarify my statement, because they do have doctors that are allowed to certify but there's a difference between the patient and the doctor because the doctor certifies, but they aren't required to provide education during the period of time that patient is consuming whatever medicine they chose to take. In regular health care settings, the doctor prescribes and then the nurse is that liaison between the patient and the doctor, and that's what's missing right now.

JS: Thank you for that. So, as someone who has been engaged in life coaching with nurses, how do you feel about the current working conditions for nurses? What do you think can be done to prioritize well-being, and retention of the nursing workforce?

AWG: It's appalling. To be honest with you, the life coaching piece of it is a newer aspect that I've added to my business model. What I found is that when people came to me for this education, it would stop right there. They would get the education and then go home and go take a nap. They didn't feel empowered to do anything with it, they didn't feel like it was a responsibility for them. For me, it is less about giving you something so you can give me some money, but more about making a difference. The reason why this exists is because I knew my voice could not be the only voice. I wanted to amplify my voice through others' voices, through the educational aspect of it. But if it stops with the people who come to my class - because you're depressed, because you're anxious, because you suffered trauma from working in the hospital setting for X amount of years or you feel disempowered for whatever reason - it just doesn't support the mission we're trying to set forth. All that being said, I feel like a lot of nurses are very complacent in their roles, and a lot of it is because we have to support our livelihoods, which is understandable, I just feel like we have more opportunity to shift healthcare because we are the

"It's not really intended for us to speak up when we feel like things are wrong."

nurse deck

largest health employee healthcare staff. After COVID, the lack of PPE, the lack of staffing right now, the lack of patient ratios - we're being put in so many situations, because we are the administrator of the care, where we are the last person between the patient and whatever is being offered to the patient. We bear the brunt of the blame more often than not. So that's why we're the ones always feeling like we need to pick up and handle more than we can bear - and it's a women-driven profession. That's something already innately embedded in our society as women to be able to do it all. I'm definitely not happy with the way things have played out for myself and for others. When I learned what real advocacy is, it was a culture shock to me. I was like, “ph, wow, I'm supposed to use my voice to say something that's different than everybody else.” It really took a mental flip switch to say, “hey, you are supposed to do these things, and you should have been doing these things, but why weren't you?” It's because of the way the system is set up. It's not really intended for us to speak up when we feel like things are wrong.

JS: What is your best message to our future nurses to accelerate their passion in nursing, and pursue the nursing career?

AWG: First, know why you're doing what you're doing. I think a lot of us want to be nurses or are nurses because we have a true passion for caring for people. A lot of times, it gets lost in all of the chaos around us. Whatever it is you're intended to do, wherever you see your passion to be, don't forget that and refine it. That way, the impact that you're supposed to make makes sense. We have to be there to care for patients at the end of the day, it is definitely not my messaging to tell people to leave the bedside, no matter how chaotic it is, because we are required to be there in order for healthcare to function. At the same time, we are individuals that need to be empowered and uplifted. Take some time to realize the hero that you actually are, and what makes you that hero. What are the things you were designed to do that make you who you are? Don't forget your extracurricular activities. Don't forget to exercise, don't forget to get sleep. Don't forget to care for the family that supports you while you're away from your home for 14 hours at a time. Don't forget those things. I'm working on a book called “Stigmatized,” and it actually walks through the hero's journey in a different approach, where I pull out some of the major archetypes that exist in the full human perspective. It only walks through nine of the twelve archetypes because obviously, I haven't fulfilled my purpose. I haven't become the whole version of me I'm supposed to be, but there are some very distinct moments in time where I feel like I personally was exhibiting these hero-like traits and I didn't realize it, and it caused me to almost combat the evolution that was intended to happen. I break down the characteristics of each archetype, and then apply it to that nurse in different moments of time and pull it together, so they themselves can create the story of what their hero's journey actually looks like.

JS: You’re writing a book? When do you think it will be out? Book writing is tough - I wrote one and it took me four and a half years.

AWG: Yes, book writing is not easy. It wasn't actually writing it that was difficult because it was sitting right on my heart when I wrote it, but the

actual process of getting it edited, getting it right, sharing it with friends in its most raw form, and getting feedback, all of these things since I've written it have definitely been transformational, I'm hoping we'll be able to have it released soon, definitely before the end of the year. It just walks through my experience, my 14 years as a nurse. It talks about postpartum depression, another area where people are stigmatized often. It talks about nursing school - a lot of people don't realize the challenge of going through nursing school compared to some of these other degree programs - my first years as a nurse, those transitions, when I was retaliated against, when I experienced bullying, and really empowering myself to identify who I was in that moment, and how that played into who I am today.

JS: That's awesome, I can't wait to read it. What are your thoughts on the community? How do you think nurses can benefit from the NurseDeck community for nurses?

AWG: I believe we need a place to communicate with each other in a very safe space. I don't know how radical this thought is, I haven't really tested it out with anybody else: we do have professional organizations, but I don't know if they are necessarily places where the average floor nurse can really feel safe expressing themselves. NurseDeck is a benign community to pull together ideas and support each other and express yourself. I think we need that more often than not. I mentioned bullying, that we're a woman-driven profession, and "nurses eat their young" is a real thing, so we have to find places where we can go to not feel the burden of being eaten alive, because maybe you didn't know something or you made a mistake. So, it's definitely imperative.

Nurse Product Directory

NAME	Product	Learn More
Lorna Brown, LPN	Career Coaching Services	lbcareercoaching.services
Richard Darnell	Travel Nurse Rich - Private Membership Group	social.nursedeck.com/group/travel-nurse-rich-private-membership
Melissa Sherman, RN	Magical School Nurse Designs	www.magicalschoolnurse.org
Netra Norris, RN	Mental Savvy Nurse Program	netranorrisemprise.com
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	revitalizelife.teachable.com
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	thecorporatenurse.co
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	www.kymali.com social.nursedeck.com/group/kym-alis-membership-program
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	nursekeith.com
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	theresabrownrn.com
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop

A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.

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

"When you're a nurse, you know that every day you will touch a life or a life will touch yours."
—Unknown

MEET THE TEAM

NEVILLE GUPTA
Founder/CEO

JULIA TALIESIN
Chief Multimedia Editor

SARAH VALENTINE
Editorial Assistant

GABRIELLE DIDATO
Program Manager, Influencer Marketing & Partnerships

LAKESHIA BATES
Senior Project Manager

SUZANNE METCALF
Public Relations Specialist

LESLEY KOROMA
College Partnership Manager