

THE INSIDER'S PERSPECTIVE OF NURSING

"Enough clapping, more paying."

CENDRELLA CHAMY

PHN, BSN, B.S.C, MSN, MSED, CEN

THE UNIQUE CHALLENGES OF HOME CARE NURSING

DIRECTOR OF NURSING,
NURSE TRAINER,
INNOVATOR, ADVOCATE



THE VERSATILE NATURE OF CARDIOLOGY NURSING
NP BAILEY ESTES



THE 6 BEST SOFT SKILLS FOR NURSES TO PROVIDE A BETTER PATIENT EXPERIENCE

A SURVIVAL GUIDE FOR ER NURSES WORKING THE NIGHT SHIFT

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.



Page 5

The versatile nature of cardiology nursing
Bailey Estes, AGNP-C, MSN



Page 9

The 6 best soft skills for nurses to provide a better patient experience



Page 12

A survival guide for ER nurses working the night shift

Page 17



CENDRELLA CHAMY

The unique challenges of home care nursing

This nurse is leading the way for nurse leaders everywhere! Cendrella Chamy is a director of nursing working in homecare who uses her leadership to advocate for nurses and nurse issues. She teaches her nurses how to recognize signs of burnout and advocates against the idea of micromanaging in a healthcare environment. Learn about the impact of the pandemic on nursing in homecare and in nurse leadership in this fabulous feature!

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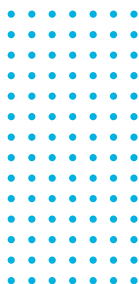
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- Katrina Buchholz**
2,622
- Carolyn Harmon...**
2,152
- Mariah Edgington**
2,122
- Melissa Sherman**
1,452
- Rachel Grace**
1,347
- Jennifer Rodri...**
1,273
- Ottamissiah Mo...**
1,247
- Christina Aylo...**
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THE VERSATILE NATURE OF
CARDIOLOGY NURSING

BAILEY ESTES
AGNP-C, MSN



MEET BAILEY

Bailey Estes AGNP-C, MSN is a cardiac cath lab scrub nurse and research nurse, as well as being the Chair of the ACC Cardiovascular Team Communications Committee. Bailey received her associate's degree in registered nursing from Texas State Technical College and her bachelor's in registered nursing from The University of Texas at Arlington. She attended South University to receive her master's degree as an adult gerontology primary care nurse practitioner. She has over ten years of experience working with cardiology patients at Hendrick Health System.

How did you get started in nursing? What led you to cardiovascular nursing?

I originally never saw myself as a nurse. I knew I always wanted to help people and do something that was dynamic and changing every day. My first few years of college was just exploring different options. My grandpa was pretty sick with cardiovascular disease, my second year in college. I was going to school in the city where he was getting all his treatments. I helped out my mom and helped my grandma with him, just trying to be there for support. One day they're like, "You should be a nurse. You'd be really great at this." And I was like, "Yeah, I don't think so. I don't think that's for me. I don't want to touch people." I went home that night and thought about it. I was like, "That's it. I think they're right. I think my mom's right. I want something that helps people – something that is new and dynamic." So I got my CNA and was able to work at that same hospital that treated my grandpa and learn from the cardiovascular nurses there and have just always stayed in that specialty. I had gotten my CNA and then worked for a year while I did some classes online. Then got my LPN and worked on a telemetry floor while working on my RN.

How did you get involved in clinical research?

That was one of those other things I thought I would never end up seeing myself doing. After I got my RN transferred down, I worked

in the cath lab. After a couple years of doing that, I started to go to a couple of conferences, just trying to gain more knowledge about cardiovascular disease, PAD, and peripheral arterial disease. I worked really closely with a physician that's like, "Hey, we've got some cool cases, if you want to make some case reports." I was like, "Okay, that sounds great." So I really had a lot of mentorship from physicians within my institution that helped me out a lot. Otherwise, I don't know anything about research or even case reports. So, we worked our way up, did some retrospective studies, just looking at outcomes of our patients, and how we can make things better – and I really enjoyed it. I found it exciting. From there, it's slowly grown over the past couple years, and we now have a full research department within our institution and are looking at partnering with different industries and other facilities. It's exciting to see how it's grown. It is something I never thought I'd see myself doing but never say never! You never know what's going to catch your interest. It's really important to have people to lift you up, because it helped me to continue on with my education and really aspire to be more than just a nurse, to really look deeper into it, and how I can treat patients and interact with their care, but also make our facilities better. I really enjoyed that.

What are your biggest accomplishments in terms of your clinical studies and treating



peripheral artery disease and critical limb ischemia?

I'd say the biggest accomplishments – even though in the grand scheme of things they may seem small, but are big to me – are looking at our patient population, gaining a bigger understanding of who they are, what kind of comorbidities they have, what are their social determinants of health, and putting that into play, when they come in and we treat them. When you understand that all as a whole, you're able to treat them better and anticipate their needs before they leave the hospital. Some of the research we did looked at the amputation population in our hospital. From that, we saw we needed to do some more interventions to better care for these patients, and we developed our own PAD and CLI program to help navigate these patients while they're in the hospital so they don't end up falling through the cracks. The patient education and understanding part is the biggest hurdle we're trying to overcome – having them understand why you need to stop smoking, why you need to control your diabetes, and helping give them those resources to take a little bit of control over their comorbidities because they have the same have comorbidities as our cardiac patients.

You are the chair of the American College of Cardiology Communications Committee.

How did you come about that? What is your goal as the chair of the committee?

I got involved with the American College of Cardiology back in 2018. Throughout the years I have networked and got contacts and mentors throughout the college, which has been really beneficial. I got involved with the cardiovascular team, which is nurses, cardiovascular techs, pharmacists, and advanced practice providers– a really big array of people that are exciting to work with and learn from. As I got involved with them – they have a communications committee, and the goal of that committee is to bring together the different workgroups of the college and help disseminate the content that each of the different workgroups are doing, or the college as a whole is doing, and just keeping everyone on board with all the different things that are going on, because the college is huge. My goal with the committee was really to help boost the social media platform – engaging more nurses and allied health providers. Historically, the college has a really big cardiovascular team, but not as many nurses, so I'm hoping to get more nurses involved on social media and in cardiovascular nursing.

What would you tell someone who is looking to get involved in cardiology nursing?

Definitely get involved with the American College of Cardiology. Join the cardiovascular team, and reach out to me. I always tell

everyone, email me, message me on social media. I'm always excited to get people involved and see what you are interested in. One of the things I love about cardiology is that it's very versatile. You can be interested in lipids, the education, the rehab, the revascularization part of it. There's a place for everybody and their passion. We want to help you find that.

What's in store for the future of cardiovascular care? What do you want the future of cardiovascular care to be like?

I think cardiovascular care is growing. It's very dynamic. Cardiovascular disease remains one of the number one causes of death not only in America, but globally. The direction of cardiovascular care is really going to multidisciplinary team care, which I love, because it really uses the strengths of allied health professionals such as nurses, pharmacists, and advanced care providers. We have so many clinics and opportunities for advanced care providers to specialize in these complex illnesses, and really help to bridge the gap of where our physicians and healthcare systems can't support all these things at once.

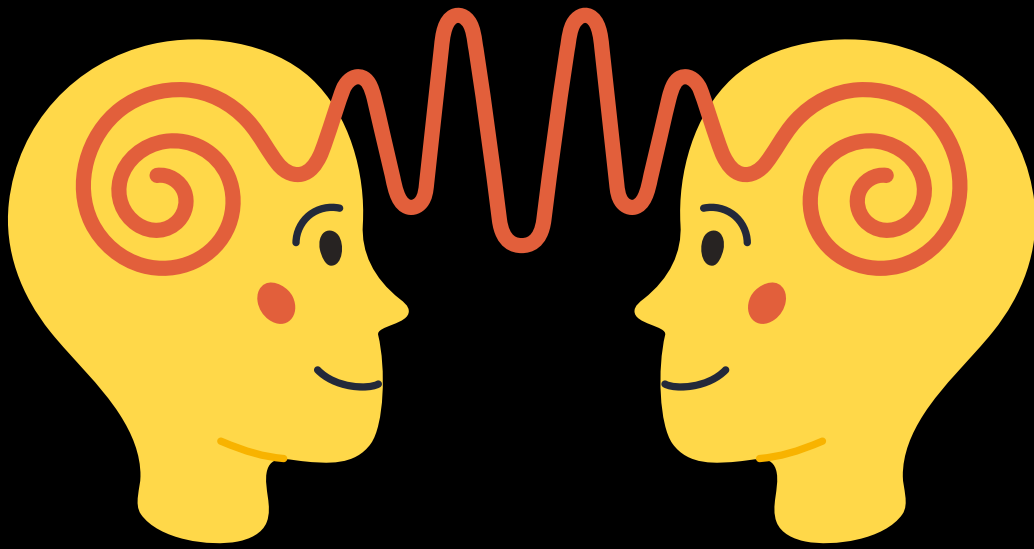


Is there a topic you would like to mention that we haven't brought up yet?

I want to highlight the fact that cardiovascular nursing is a great, great field, and it holds so many opportunities to get involved and to specialize and really feel like you're involved in care and outcomes. It's never boring. There's always something new going on. 🐾



There's a place for everybody and their passion.



The 6 best *soft skills* for nurses to provide a better patient experience

By RN Carolyn Harmon
NurseDeck Columnist

Nurses are the heart and soul of patient care.

We are the most visible part of the healthcare team and deliver the most direct care to the patient. We are the ones left explaining what the physician has communicated to the patient. We are the ones left helping the patient process treatment plans in ways that impact their response and outcome. We constantly assess and document patient care while responding quickly to these results. The experience patients have is predominantly based on the nursing care provided. To be a proficient nurse and provide optimal care and a better patient experience for your patients, you need hard and soft skills.

Hard skills are measurable and quantifiable skills that pertain to a specific area of expertise. They are taught through formal training and education. Soft skills are subjective personal attributes required to succeed in a work environment. These are developed over time with experience and are difficult to measure. Below are six top soft skills essential to providing a better patient experience.

Communication

Imagine you identify a critical need for a patient. Maybe you need to know the appropriate questions to ask a patient to be able to dig deep to understand their condition and how this relates to their care. Perhaps your patient and their family are making a difficult treatment decision. Suppose your patient has had a decline in health, and you must provide detailed information to oncoming staff or the provider managing their care.

Communicating and documenting important information related to patient care is critical to the patient's outcome and experience. Effective and complete documentation is an essential part of the patient's care and health records. Other healthcare team members rely heavily on nurses' communication, which impacts their roles, decisions, and care. It is imperative to have exceptional



communication skills to collaborate effectively with your patient, their family, physicians, advanced practice providers, and all team members.

Critical thinking & creative problem solving

Nurses must think fast and do faster. We have the innate ability to be several steps ahead of a patient situation and different scenarios - which is the exact thing that makes us extraordinary caregivers. To do this, we must be critical thinkers and master problem solvers. It is vital to process information and data rapidly in order to apply it to changing patient conditions. Understanding disease process concepts and applying them clinically is necessary to deliver optimal care.

Adaptability

Adapting to changing situations and patient health statuses is a critical skill necessary to provide optimal care. The ability to adjust your sails during any given time to meet the needs of the patient or your team is crucial. A nurse's adaptability directly impacts patient care and outcomes. Being able to thrive in the changing environment of the healthcare setting is a key soft skill.

Initiative & strong work ethic

Taking the initiative to do what needs to be done, often during challenging times, is something nurses do daily that can be demanding. Often this is a difficult task or a tough conversation with a patient. Working hard and helping other team members is key and goes along with being a strong nurse with leadership skills. The cohesiveness of a unit depends on a strong work ethic and taking the initiative to meet the needs of the patient.

Professionalism & conflict resolution

How we outwardly appear to our colleagues and patients directly impacts our patient's perception of their care and trust in their providers. When we interact with our patients with respect and professionalism, they feel confident in the care provided. Conducting ourselves professionally with our colleagues sets up mutual respect where information and communication flow freely, enhancing collaboration.

Conflict resolution is a crucial component of being professional. The ability to resolve matters in a way that is respectful and calm leads to a healthy work environment that positively impacts patient care. Professionalism also includes keeping up with organizational education requirements and seeking professional development - all of which keep nurses current on regulations and competencies.

Compassion, empathy, & resilience

Showing patients compassion and empathy are critical in impacting their experience. When patients feel heard, cared for, and understood, they feel confident in their care team, which affects their care. When patients are confident in their care team, they are happier. This reduces the stress of the nurse, but more importantly, it impacts the patient outcome.

Resilience is the ability to face challenging situations while remaining focused and optimistic. Being resilient is tied to being mindful of your physical and mental health

and how these directly impact your ability to provide compassionate and empathetic care to others. Prioritizing caregiver well-being and health is crucial to patient safety, quality of care, and patient experience.

Soft skills can be difficult to measure, yet they are essential to the success of a nurse and the patient experience.

In the current state of healthcare, patients have a higher acuity of illness, reduced lengths of stay, and are often transferred to multiple units. These all impact their care, experience, and hospital reimbursement making skilled nursing imperative. Underdeveloped soft skills can lead to a breakdown in communication, medication and treatment errors, job dissatisfaction, and poor patient experiences - all of which lead to poor patient outcomes.

Now is a great time to reflect on your soft skills and consider ways they can be maintained and improved. ☺



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.

A SURVIVAL GUIDE

FOR ER NURSES
WORKING THE NIGHT
SHIFT

Life can be challenging for nurses in an emergency room (ER). Day and night, it continues to receive patients and assess their conditions for appropriate treatment. The ER can be a hectic place by day. With tons of patients needing immediate help the moment they arrive in the frantic atmosphere, it's no walk in the park.

The night shift is no different. The ER is still open well into the night, and nurses have to function with slightly limited resources.

Although the task may be daunting, don't worry. We've compiled a tell-all ER nurse guide that may help you survive the night shift.

ER NIGHT SHIFT NURSES IN A NUTSHELL

When you are assigned to a night shift for the first time, you may feel some misgivings. These feelings are entirely valid.

ER night shift nurses are there to ensure continued patient care. As we all know, hospitals do not stop catering to patients just because normal 'business hours' are over.

Especially in a place as busy as the ER, it's essential to ensure that nurses are ready to take charge and assist patients.

As an ER night shift nurse, you are one of the most important people in the hospital. When most other people are asleep, you are awake and running to ensure the ER runs smoothly.

That is why ER night shift nurses are valued so highly. There are even some incentives for night shift nurses to help entice nurses.

Most night shifts pay around \$4 to \$5 more for night shifts. This can depend on the state, with some increasing salaries by 10%. Weekends are even more highly incentivized.

With the average pay of an ER nurse being



around \$45.01, expect a higher paycheck for being a night shift ER nurse.

However, this does come with its distinct struggles. This is why this ER nurse guide is here to provide helpful information.

COMMON STRUGGLES OF AN ER NIGHT SHIFT NURSE

Limited resources compared to day staff.

As you are working during the night, departments in the hospital that follow normal business hours are closed.

This means that certain resources, such as the physical and occupational therapy department, are not there to call upon like you usually would.

A lesser volume of personnel working during the night shift means fewer people to work with.

Although this typically does not present a problem, it may be a struggle when you need to find someone that may have easily been contacted during the day for a patient in critical need of care.

You may have to work with less experienced staff.

The ER night shift nurse isn't a sought-after position due to its marked differences from the day shift.



A study has found that night shift nurses are often younger and not married. This may mean that you have to work with a staff that is also competently trained but less experienced than the day shift staff.

Use this opportunity as an excellent way to practice your patient skills and improve camaraderie with your co-workers.

As you are smaller in number, you may find it less overwhelming to start forming a work bond with them.

You can also improve your patient skills without added factors such as family members visiting.

Larger number of patients to take care of.

Less personnel employed during night shifts equals more patients to take care of.

Nurse-to-patient ratio is larger compared to the day shift. Most nurse-to-patient ratios are increased during night shifts to 1:5 or 1:6.

This may scare you, especially because you will be working in the ER. However, it will also train you to become a better nurse.

Your experience will shape you into an ER nurse that is more independent, adaptable, and quick to react.

Normal sleep cycle is broken.

One of the biggest problems with night shifts is the disruption of the normal sleep cycle.

While your body is designed to follow a 24-hour Circadian rhythm that dictates you sleep at night, night shift nurses have to do the opposite.

This is why many night shift nurses experience decreased melatonin levels at night.

It's crucial to establish a healthy sleep cycle despite being on the night shift. Otherwise, it could lead to many health issues, burnout, and job dissatisfaction and even affect patient care.

MUST BRING ITEMS FOR THE ER NIGHT SHIFT NURSE

Light meals & snacks

Avoid eating heavy meals during night shifts. This may lead to stomach pains and even indigestion. Try to bring light meals such as salads for your night shift to fill you up.

The cafeteria is also closed at these hours, so bringing snacks will combat the hunger pangs you may feel. Small snacks such as trail mix and nuts can also help.

Water bottle

Have a handy water bottle ready to fill with

your desired drink anytime.

Fill it with water for hydration during long nights, or bring caffeine with you in the form of coffee or tea for when you need to stay awake and alert.

Sunglasses

Wearing sunglasses while at home is a small hack to help trick your body into darker surroundings.

It combats the morning light and can help you prepare for sleep by dimming your surroundings and mimicking the night's natural darkness.

Comfy socks and/or a weighted blanket

It can get cold at night in the ER, so wear your comfiest socks to avoid cold feet.

A weighted blanket will also help you ward off the chill during your night shift, especially during the colder months.

TIPS TO HELP YOU SURVIVE THE NIGHT

Establish a routine sleep cycle

One of the most important things to do is to establish a routine sleep cycle.

As a night shift ER nurse, your hormone levels and normal sleep cycle are highly disrupted. This can lead to health issues.

Keep yourself healthy by creating a sleep cycle and sticking to it. Go to sleep at the same time every day, wake up at the same time, and ensure that you get eight hours of uninterrupted sleep.

Choose water & exercise over caffeine

Limit your caffeine intake. While this may help you stay awake for long hours of the night, it can also be unhealthy.

Instead of caffeine, hydrate yourself with water. Dehydration can lead to anxiety and poor performance, hindering you as a nurse.

If you find yourself sleepy, try doing small

exercises such as choosing the stairs instead of the elevator. You can even do something as simple as jog in place for a few seconds or do some stretches.

Try nutritious meals during your shift

Actively choose the nutritious option. Bring salads that are light but filling, and include carbs, protein, and healthy fats. Mix up your snacks to include trail mix or beef jerky as well as chips, fruit, and granola bars.

Your body will thank you for it.

Find easy-to-do activities to stay awake

Staying awake can get tricky, so find something that interests you. Listen to a podcast, read a book, solve a crossword puzzle, or listen to music.

As long as it keeps you alert and does not distract or disturb other people, it can be a great way to keep you awake.


Find time for self-care & socialization after work

It can be so easy to dissociate from people and forget you have a life when you're not keeping the same hours as everyone else. This can burn you out.

Always remember that you are a person before you are a night shift ER nurse. Do self-care activities that make you feel good.

Find time to catch up with friends and family, no matter how quickly. This will ground you and help you avoid burnout.

WE KNOW - IT'S TOUGH

Being a night shift ER nurse is no easy task. It comes with many struggles and obstacles that you may encounter. Keep calm, take a deep breath, and breathe. With this ER nurse guide, we give you everything you need to know to conquer the world of night shifts in the ER. 

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.

CENDRELLA CHAMY

PHN, BSN, B.S.C, MSN, MSED, CEN

The unique challenges of home care nursing

an exclusive interview

Cendrella Chamy is the Director of Nursing at Lana Life Care in Dubai, United Arab Emirates. She received her master's degree in public health education and promotion from Lebanese University in 2013. She worked as an intensive care nurse at her university hospital before moving to work in homecare in 2013, when she began working as a home care manager. In 2017, she worked as a clinical educator and training manager at the Al Zahra hospital in Dubai before moving to her job at Lana Life Care.

Jamie Smith (JS): Hi, Cendrella thanks for being here. Can you tell us more about your current role? What do you do?

Cendrella Chamy (CC): Hello! Currently, I'm the director of nursing at Atlanta Life Care, which is a home healthcare company. We provide nursing services, at home physiotherapy services, infusion, all kinds of health care services, but in the client's house.

JS: Neat. So how did you get started in nursing? Can you walk us through your journey leading to where you are today?

CC: Sure. I'm from Lebanon, which is in the Middle East. When I decided to be a nurse, I was confronted by my whole family, especially my father. They were saying, "You're smart. You have some potential. Why would you go and be a nurse?" - like this is something degrading. I had to fight to do nursing at university. My father said, quote, "You want to waste four years in college to give clients a bed bath or to give patients showers. This is your dream, this is your career goal." It was so hard for me to explain to everyone that this is not nursing. In the Middle Eastern background, if you are not accomplished or if you couldn't succeed in school, you go and do nursing, so it was a bit tough for me at the start, but I had a clear career path. I knew I would be good at this and I knew I would succeed and I would move forward in my career. I started as a critical care nurse - I loved the ICU. When you are a nurse you go through different departments and you choose whatever department you feel like is you. When I went to the ICU, I fell in love with it. That was my first job, actually. I was a registered nurse in the ICU, and I



stayed in the intensive care unit for three years, then I rounded a bit in the critical care area, like the cardiac care unit. I always came back to the intensive care unit. I started being in different committees in the hospital like being an educational link nurse and infection control link nurse to grow my knowledge outside of only the nursing department. I moved ahead and started to be promoted to educator and charge nurse. Then I got married and moved to Dubai. I started here, and I went through the homecare business. Back home we don't have these options to have luxury services at your home like homecare. I liked the fact that I wanted to learn more and more about it, so I started as a charge nurse and then moved forward to nurse

manager and then I became director of nursing.

JS: What do you think is the biggest factor that helped you become successful?

CC: There are so many factors. I never limited myself to my job description. I remember when I started, everyone was telling me, "You're so enthusiastic. Time will teach you. You will learn to settle down and not be all over the place," which never happened. I always like to throw myself everywhere, wherever there's the opportunity to learn. I volunteer like I'm a registered nurse - whenever there's a training, I go and do it. I was working back home in the University Medical Hospital, so all the students from doctors to nurses will come to us, and we have to orient them and train them and let them know how the unit works. I used to be that person training everyone. My fellow nurses told me, "Why are you giving yourself so much work? Just focus on what you are doing." And I'd say, "No, I like to do this, this is my opportunity to learn." Really, when you are young, single, with no kids, this is the time to learn. Now you don't have the

When you are in the executive area, you forget what it was when you were actually a nurse working

time you had when you were young, so when you're starting, you have to go and go everywhere. Don't limit yourself to one job description - do everything, whatever they give, you take it, even if people are taking advantage of you. In the end, this is your career. You are building lots of knowledge out of it, so you take advantage of them, and then let them take advantage of you. Also, be very ethical. When you're doing healthcare, you must have strong ethics or you will not move forward in your career. Treat the patient as if they are your own family. This is how you grow, but know your limits. When you feel like it's too much, go back, settle down, take time off, unwind, and then go back stronger, so you will prevent going through burnout.

JS: What a powerful message. Can you tell us about your advocacy as a director of nursing?

CC: In the Middle East, usually management tends to be vertical, but I always go for a flat management style. The problem is when you are in the executive area, you forget what it was when you were actually a nurse working. You tend to give so many tasks and overestimate or give lots of trust. Hiring the right staff, having the right attitude, giving them the freedom to actually practice and giving them voice is important. Let them speak out. Forget micromanagement for nurse managers, for charge nurses - let the unit manage itself - and you look for results. If you get the results, let them do whatever they want. This will give you a better result. If you didn't get the result, then you can go and give tips, but there should always be a no blame policy. Never blame someone. See what's wrong, and then correct it. Sometimes, if staff is

underperforming, maybe they didn't have proper training or they are given nine people to manage and are overloaded with work. We have to go through the system to make the system work for the nurses, not make the nurse comply with the system. This is how it should be. The nurse career is invisible and undervalued. In the hospital, you have to give them the value they deserve because there is no work in healthcare without a nurse. We must empower them, let them speak up, give them the proper knowledge, and make a system where they are actually able to work.

JS: I respect how you keep an open mind. What do you do differently when managing nurses in hospitals and nurses for home healthcare settings?

CC: It's a completely different setup. In the hospital, it's a bit easier to manage a nurse because the nurse is not completely responsible for everything. You have a physician who has given orders. You have a lot of things to support the nurse. You have a full system backing you up. When you are managing staff in the hospital, you have several departments that are well established. When you are doing home care, the nurse is alone in the house. There is no physician, in case anything happens. You have to be on call 24/7. If the patient starts to deteriorate, you have to know and immediately call an ambulance. Nurses are completely alone. They need to be excellent and they need to be very well trained, and they need to know exactly the condition of the client and when to call for help. It's a bit tougher in a home care setting and the nurse has to be vigilant 24/7, which is also more stressful than being in a hospital. This is why the nurse turnover in home care is way higher than hospitals,

because it's too much stress and even longer working hours than in the hospital. So staff tends to work two, three years maximum and then they shift either to a hospital or different career path.

JS: That is really interesting because I've had nursing friends who leave the hospital to go to the home health world, because they think it'll be less stressful and, like you said, it turns out to be more challenging because in the hospital, you've got that layer of support. Whereas if you're at home, it is you and if something happens, you've got to figure out quickly what to do, because you are on call 24/7. There's more to it than what people realize.

CC: Exactly. They think, "If I go and manage one client in his house, it's much less work than in the hospital." But, actually, it's not. You are completely independent. You have to be on your toes. Anything that happens at home, there is no one else. You are the one who is in charge.

JS: What are the major changes and challenges you currently face in your role in this time of the pandemic?

CC: We had a global emergency where nurses are really needed and we don't have enough staff to cover the cases. In the hospital, at least you would put all the clients in one unit and you will have one or two nurses manage. But at home, each client expected one nurse to be with them. They didn't go to hospital because they were afraid of the pandemic, especially for patients who have an immunity issue like cancer. It was a struggle for the business because you can only send one nurse to one house, then you have to do a COVID test and wait one day or two days to

send them to the other house, which was very hard. The client's expectation to have one staff nurse all the time was also hard. We even had hospitals approaching us that said, "We need staff from you. Please help us because we are short on staff." It was very stressful for the staff. Most of them resigned and just chose different career paths. Most of them took some leave and said, "No, I don't want to risk my family's health." It was chaotic, between training the staff you had and having been short staffed with the huge number of patients – and the uncertainty and not knowing what will happen next and the high rate of deaths between healthcare workers. The good thing is in Dubai, the death rate for the health care workers was less. Even the total deaths from the pandemic was not a huge number because the population here is young and healthy. Everyone is here in Dubai to work so the elderly population is less. Even the COVID-19 symptoms when it came to nurses, it was much less. Thankfully, we didn't lose the staff because of the pandemic. Everyone was very vigilant.

JS: As a director of nursing and someone who leads an innovative team, what solutions do you think we can work on with the growing nursing shortage accelerated by the pandemic?

CC: The pandemic opened the eyes of the healthcare system. It highlighted many flaws and issues. Even though every healthcare system, every hospital has a crisis management committee, no one was prepared for this pandemic. It just hit us very hard. We are now going through a proactive approach, not reactive. We have to be prepared. If you don't protect your healthcare




system, who will take care of the clients? You have to take care of your staff to take care of the patient. You must now understand the importance of training. What we did to try to overlap this shortage was through caregivers and nurse assistants. We have different names in every country, but caregivers have no nursing degree, they have taken some courses and they know how to take blood pressure, blood sugar – things like that - but they cannot give medication. We focus on these caregivers. We train them for a full month on how to understand the human body and the basic treatment of a few conditions like hypertension and diabetes. So one end will be in charge of only giving medication and the caregiver will do the task like taking blood pressure, taking blood sugar, doing one dressing – clinical things that can be trained, and only medication administration can be done by a nurse. So train the staff you have. Let them take care and reduce the flow or the workload from your ER.

JS: Are there better ways leadership can help resolve nurse burnout?

CC: For sure. Leadership has to be understanding. You have to inform your nurses – let them know, “These are the signs and symptoms of burnout.” Let them know first that they can speak. People feel like, “If I say this, they will think I'm not good. I cannot work under stress so maybe I will lose my job.” They tend to keep their stress hidden because they are too ashamed to admit they have an issue. So, explaining to them that this is okay - you can be stressed, you can take time out, you can take care of yourself - this is what the leadership should do: support, mentor, and then give solutions. We used to have Zumba classes for all the nurses. One day they had a Zumba class for free, which they could come and enjoy, and just let go and enjoy themselves. You can have a committee where nurses can sit down, especially if they have dealt with the death of a client or a very stressful situation. They can sit and talk to a psychologist. Let them unwind. Give them the freedom of speech. Let them speak up and be more supportive. The most important thing is that the nurse comes to you and says, “I'm burnt out, I'm stressed.” Sometimes the management is not really involved, they don't see the nurse on a daily basis, so they need to empower the nurse to come to them and tell them “I'm stressed. I need time out,” and this is when they act.

JS: I agree with you wholeheartedly. What would you like to see the healthcare delivery system in the post-pandemic world?

CC: We would like to see nurses not only be supported as heroes; we would like to see them getting paid for what they deserve. They should get the praise they deserve. They should stop being the invisible part



The most important thing is that the nurse comes to you.

of the hospital or at a lower level than the physician. They are the ones who get the clients, but nurses are actually the heart. The nurses are the ones who are at the bedside. They are the first point of contact with the patient. They deal with the physician. They deal with management. They deal with the physiotherapist and the dietician. The nurse is actually the center of the multidisciplinary team. Enough clapping, more paying.

JS: As a well accomplished nursing leader, how do you encourage our future nurses to keep going and pursue their nursing career?

CC: If you like something, don't let your environment push you down. If you like being a nurse, be a nurse – but if you're doing it only for the money, because this is a guaranteed job, and for the recognition, or to get an opportunity to travel, this is the wrong, wrong, wrong idea. When you actually see how hard it is to be a nurse, that is the type of nurse that gets burned out quickly because they don't like the job and they're just doing it for the money. First, understand what nursing is. Go to a hospital and be an orientation volunteer. Volunteering is really important. You see what you're going through before and you can see if

this is what you can do. Have a strong ethical background and go everywhere. Find your passion and follow it and you will be fine. When I first started, they told me you have to go through lots of studies, but don't put a Ph.D. as your ultimate goal. If you need a Ph.D., go for the Ph.D. I did a master's in education and promotion of health, but I didn't use it. If I didn't have a master's, nothing in my career would change. Work hard, work smart, and you will reach whatever you plan to reach. It is a tough career. It's a very tough career. It's very rewarding, but it is tough. You must have the right attitude and the right personality.

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

CC: When I went through some of the interviews, it was very inspiring. You see lots of different nurses' accomplishments and career paths. You can see a travel nurse; you saw a poet; you see lots of things and also you see their backstories - how they became a nurse and what were their struggles and how they accomplished getting where they are right now. It's inspiring to see the stories from different types of people in your community. It's nice to have a place that unites all nurses. ☺





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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



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