

*"[Nurses] are needed."*

## **CERINENA McLEAN**

MSN, APRN, FNP-C

**MANAGING STAFFING IN  
HEALTHCARE CRISES  
AND LOW-PAY STATES**

*NURSE PRACTITIONER, CEO,  
STAFFING SPECIALIST*



THE HIGHS AND LOWS OF NURSING  
**LPN CHARLENE  
HARROD-OWUAMANA**

WHY THERE'S SUCH A SHORTAGE  
OF CLINICAL PLACEMENTS

WHY ARE SO MANY NURSES  
ANTI-SCIENCE?

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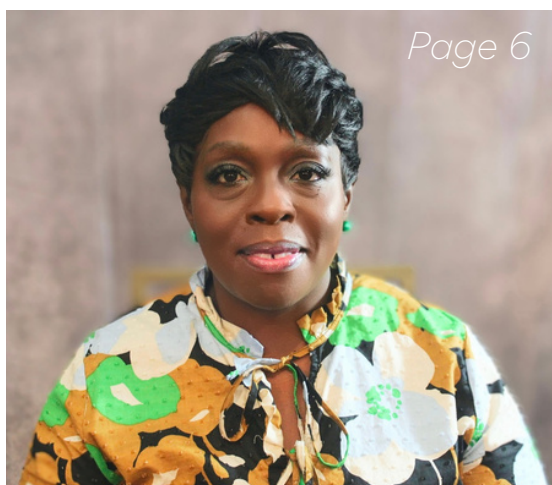
# WHAT'S INSIDE...

*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.*



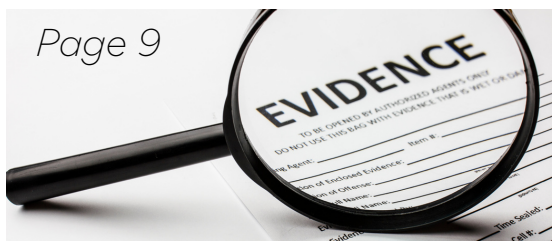
Page 5

Why there's such a shortage of clinical placements



Page 6

The highs and lows of nursing  
**LPN Charlene Harrod-Owuamana**



Page 9

Why are so many nurses anti-science?



Page 13

**CERINENA McLEAN**  
**Managing staffing in healthcare crises and low-pay states**

Cerinena McClean is invested in the future of nursing. In 2020, she founded Healing Hands Medical Staffing, which works to match nurses with new jobs. Cerinena is here to give us the scoop on battling burnout, The best new aspects of healthcare innovation, and some of the biggest challenges to come to staffing post-COVID 19.

# nurse social



Groups



Rewards



Wallet



Message

New post

Question

Article



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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...**  
837
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# WHY THERE'S SUCH A SHORTAGE OF CLINICAL PLACEMENTS

The number of available nursing educators dramatically impacts the number of students accepted into nursing programs. As educational institutions remain unable to scale up the number of nursing educators in desperately needed ways, they are faced with another growing crisis.

There are also critical shortages of clinical placement sites willing to accommodate nursing programs. Because of this, an integral piece of nursing education that student nurses need is left hanging in the balance.

Hospitals across the nation are struggling to continue operations related to extreme nursing shortages, and yet it has never been a more difficult time to become a nurse. This paradox is one that remains a constant battle in a post-pandemic world where the need for nurses continues to grow at the same alarming rate that nurses are exceedingly leaving traditional bedside roles or the profession altogether.

An insufficient supply of nursing instructors and clinical placement sites directly affects the ability to increase enrollment. A 2020 [study](#) conducted by the American Association of Colleges of Nursing (AACN) found that among 386 schools, 66,274 qualified applicants to baccalaureate nursing programs were rejected.

There were many reasons cited, however, the most frequently reported reason (254 schools, 69%) was a lack of clinical sites. Furthermore, 150 schools (40%) reported that inadequate availability of clinical sites was the single deciding factor in their inability to accept all qualified applicants. This is also considering that the AACN reported in 2019 that 80,407 eligible nursing students were turned away, further establishing a very concerning pattern.

Nursing educational institutions and those in nursing leadership roles are met with the dilemma of deciding the best approach to fix this mounting problem that many thought



would resolve as the pandemic dwindled down. With many COVID-19 restrictions lifted, some organizations have begun receiving students in person again.

Yet many have limited student learners for a variety of reasons. Hospitals are still extremely overburdened and many feel taking on students would further tax an already stressed system.

Nurses are reluctant to take on students due to extreme burnout, concerns regarding already overwhelmed work environments, and staffing ratios that have units flexed to capacities unable to accept any additional workload. Many nurses feel taking on a student would further hamper their ability to complete their work and provide required patient care, which is already challenging.

Strategies used to innovate hands-on learning through the use of the internet, distance learning, and simulation labs have been successful alternatives during the pandemic. However, real-life, hands-on



learning is crucial to nursing students' critical thinking and development to become successful, proficient nurses. Clinical experiences are essential to building the vital skills necessary to effectively care for patients and provide quality care, all proven incredibly difficult to cultivate in a virtual environment. Significant gaps in student nurse competencies have been a strong concern after several years of practically all remote learning.

A multi-faceted approach to dealing with a complex problem needs substantial consideration. One alternative is creative and innovative strategies to provide clinical experiences and expand on what is already in place with a blend of virtual and in-person learning.

Finding non-traditional locations for students to gain the needed experience should also be strongly considered. Healthcare organizations and higher education must forge strong alliances that promote cohesive environments conducive to learning that are amenable to students.

Hospitals must also work with existing staff and work environments to make them more receptive and accommodating to students. Strong support of staff willing to take on students is another key consideration. A vital component of the education of nursing students is their clinical experiences.

This is dramatically shaped by the nurses

who bond with their student nurses while precepting them. Nurses who have disengaged from their work roles and organization are less likely to volunteer to take on students or provide optimal learning experiences.

The fate of the nursing profession is in the hands of those innovating nursing education in ways that provide effective learning environments for students. Clinical experiences are the best way to bridge the gap between critical thinking and the development of nursing students with theoretical learning inside the classroom. Clinical sites must be made widely available to nursing programs. We must ensure the success of nursing students, who are the future of healthcare.

3



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

The  
HIGHS  
and  
*lows*  
of  
nursing

LPN Charlene  
Harrod-Owuamana





## MEET CHARLENE

*Charlene Harrod-Owuamana is a licensed practical nurse with over a decade of experience in nursing. Her passion is pediatric care, but she's held many leadership positions on nonprofit boards over the years. She currently resides in Maryland, where she is a clinical nurse lead for LifeBridge Health, an LPN member on the Maryland Board of Nursing, and CEO of Owuamana Enterprises. She's also recently published two books: "A Silent Epidemic: Nursing and Depression" anthology, and "The Magic Nurse: Vaccine versus Shots". She's also the founder and host of the Nurses Lounge Radio Show.*

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### **How did you get started in nursing? What led you to writing and hosting?**

What got me so excited with nursing was when I was a little girl, I used to go to this clinic, I used to see this nurse who I was so fascinated with. She was the only African American nurse at the clinic at that time, which was back in the 80s. She would always explain everything she was doing to me, which is what really inspired me to become a nurse. She was a universally trusted person at that clinic who I could say anything or ask anything to, and she would explain it to me. I was just so fascinated by her job. She showed me nurses were the best in a clinic. You saw the doctor for maybe five or ten minutes, but the nurses really spent time with you, getting your vitals, and asking you how you felt. She just had that nurturing, caring attitude.

### **I see you've completed 18 books over the past three years. Can you tell us more about your books such as "A Silent Epidemic: Nursing and Depression" anthology, and "The Magic Nurse: Vaccine versus Shots"? What inspired you to write these?**

For me, being a nurse who suffered from depression earlier in my career, I decided, "how can I best serve the people who serve others?" I did a little bit of research to find out if there were nurses like me, who were going through some type of depression. I was doing homecare for a little bit and my nursing supervisor was a very seasoned nurse. One

particular day, one of my patients passed away and I felt like I wasn't myself that day. I knew I had gone to visit four patients, and I said to my supervisor, "I went to see four patients today, and I don't remember what I talked to them about, because I was thinking about my patient who passed away." We had a conversation, and I asked if there was any way I could come back into the office after two weeks until I got myself acclimated to what was going on with my life at work versus my life at home. She said, "we're going to bring you back to the office after a month," and that showed me my nurse manager was worried about her nursing staff and how we deal with death. In hospitals, nurses do deal with death, but when you're in someone's home, you get that familial closeness, you get to know the family, you get to know the patients, you get to know their walk in life. I realized I needed to share my story so other managers, as well as other avenues in healthcare could also benefit from that experience. So they could get the feeling of what nurses really look for. I stayed in home care for nine years, so that was a job I was not only comfortable in, but also the nurse manager made it worth my while to stay there because she understood and supported us. That's what nurses do: They teach, they share their story, so the people who are coming behind us can experience some of that, and maybe that will change other managers and their outlook on how they represent their nurses. My other book, called The Magic

Nurse, is so dear to me. I've been a pediatric nurse for 12 years, and I went on an assignment in California that prompted me to write that book. Several kids were coming in on a daily basis to get their vaccine for COVID, and I observed them. They were fearful because their parents told them they were coming to get a shot, and I'm sitting there thinking about everything under the sun, in order to not to say they were getting a shot. I came up with the analogy of a vaccine versus a shot, because when you tell kids they're coming to get a vaccine, it's something they don't know about, and it's a different word. When I told the kids they were getting a vaccine, I explained it to them and let them touch and feel. I let them touch the syringe, and I let them feel the syringe to know that it wasn't going to hurt. I talked to them about the solution that was in the vaccine and the syringe. It also gave them an opportunity to tell me what they felt about COVID. I would ask them their favorite colors, their favorite cartoons. I tell people when you work with pediatric patients, it is the most rewarding job because where else do you get to play all day? Going to California really opened my eyes that kids all over the world need to know they're going to get a vaccination. When I started talking about vaccines, they were so excited, they just wanted more information. Because the vaccine didn't hurt just as I told them, I got comments like, "oh, boy, it really didn't hurt," or "Mommy, you have to let her give you your vaccines, they really don't hurt." So, then I had adults come in to get their vaccines done by me as well! When I was in California, for three and a half months, it was so rewarding and exciting. I got to go to Google, Tesla, Facebook, to vaccinate their employees and tell them the importance of being vaccinated, and just to share some of my East Coast swag, so that they all know we all are in this to win this!

**That is super cool, and who knows, they might be a nurse when they grow up because it sounds like you have inspired them.**

Yes, and the most important part of being a

pediatric nurse is knowing how to work with kids with different illnesses. I see all kids as a kid. One time, a kid was lying on the floor and kept screaming, and I kept hearing him behind me. I was working at my station, conversing with the kids, and finally, I just happened to turn back and see him lying on the floor. I stopped for a minute and I went back, and I asked "Why are you on the floor?" He said, "Because I came here to get a shot, and I don't want to." I told him we're just going to go outside and take a walk, and have a conversation. I sat outside on a bench with him, and I asked him again why he was here. He said his mom told him he has to get a shot. I said, "let me tell you something, at my station I don't have any shots." He said that all the other nurses had shots, and I said, "well, at my station, I have a vaccine, and on top of that, I need a helper. Are you willing to help me and come to my station?" He said, "Okay." He asked if it was going to hurt, and I told it would hurt a little bit and then it would be gone. I asked him if he trusted me, and he said, "yes." For some unknown reason, I think touch with kids works. So I held both of my hands out, and he put his hand on my hand, and I said, "Okay, we're going to walk back in here. I'm going to give you your vaccine, you're going to be my helper, and it's going to be all over, and you're not going to feel anything. Then you can call your friends and tell them to come to my station. It will be alright." So we went in, I let him clean his arm with an alcohol wipe. I told him this was the only alcohol he was getting until he was 21, which made him laugh. I told him to make sure his arm was really clean so he was rubbing and rubbing, until I told him it was alright. I told him to look over at the TV screen, and that I was going to count from one to ten and on ten I'm gonna give it to you. So I said, "one, two," and he jumped. I said, "What are you jumping for? I didn't do anything, I'm gonna have to start all over again." I counted again, "one, two," and I gave it to him on three, then took the needle and stuck it behind my back, and kept counting until five. He said to me, "no way, you gave it to me and it didn't even hurt." After I gave him his vaccine, his mom came

over and she was crying. I couldn't figure out why. She said her son had autism, and he didn't like when people touched him. She asked how I got him to come back in here, and I told her we just had a conversation, I asked him to trust me, and he said he would. His mom was so grateful. I didn't know, but I figured I'd do the same thing I do for every other kid, and it made a world of difference to him and his family. I had to come back to give him his second shot. I've done all kinds of tricks to get kids to get vaccines. One day, we were at the center, and they had balloons, which are the best things to have at a vaccine site. I convinced the kid that if they got the vaccine, the orange balloon was going to turn green, but it was going to happen really quickly. So, when I gave them the vaccine, they would have to pay close attention to it, because if they didn't they would miss the color change. Several kids went for it. They got the vaccine and complained that the balloon never turned green, and I said, "I told you, it turns so quick, that you can't even see it with your eyes." That's why I say working with kids is such a wonderful feeling.

**I can tell you love it. Tell us more about the Nurses Lounge Radio Show. How did it start? What does it offer to listeners?**

The Nurses Lounge Radio Show was a platform I came up with because I always heard things about "lounges" where people can go. They have cigar lounges, they have Slurpee lounges, they have different kinds of lounges. I thought, what about our nurse lounge? We always go into the nurse's lounge and give reports. So why not bring that to a larger scale, where nurses can come on the Nurses Lounge show and talk a little bit about what happens in the actual nurse's lounge, where we talk about patients, illnesses, and experiences. We can get the word out to the community, and make them feel like they're part of us and our lounge where we give reports and get educated. It's a platform where I bring on experts; sometimes I bring on patients to describe what they're feeling so when someone listens to the radio show, they'll



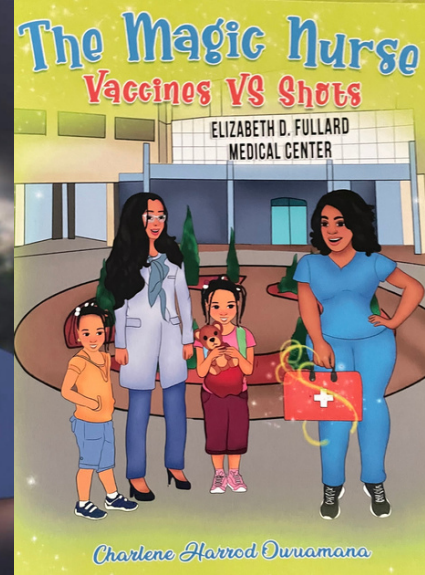
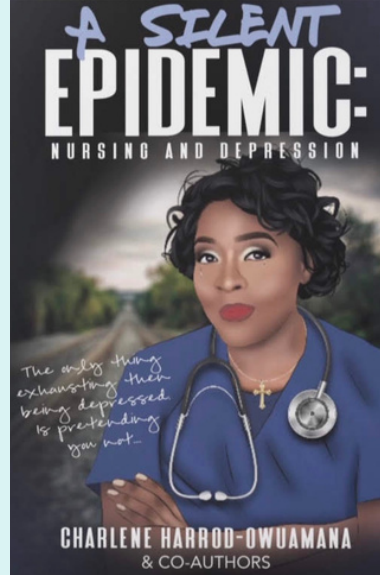
know they're not the only ones experiencing this type of illness or taking this type of medication, and experiencing what it does to the body. Whether the medication makes the hair fall out, or makes them feel really weak. I also have a kid's corner where the kids come on and talk about their education and how they view their education since COVID. Was it a good thing to do online schooling or are you better at school in person? I have had a lot of kids volunteer to come on and talk about their days since they went back to school. It's so important to let kids have a voice too. One little girl wanted to talk about her grandmother having diabetes and how she helps her. We also did a show on bullying, to talk to the kids about being bullied or bullying someone else. So it's generally a platform for the kids to talk about what they have on their mind that day, and we want to do the show in a positive way.

**How do you feel about the current working conditions for nurses? And how do you think we can strengthen the health care system today?**

They do have EAP, an employee assistance program, at certain offices, which helps with depression and mental health, to supposedly support you so that you don't get burned out. What I would like to see are senior nurses having a 15-minute break out, so the nurses can come and talk about their patients who have passed on, or their patients who weren't doing so well and had to be transferred to one of the critical care units, so we can raise the spirits in the hospital. I would love it if they could brighten up our nurses lounge and make them more colorful, so they'll be a more pleasing place for us to give reports instead of the solid white walls or the same lockers. Just give us some self care, in other words. Ask us what we would like to see. Give us a massage chair! Maybe we can pop in and get a massage on one of our breaks and then go back out and still be able to take care of your patients safely. I have several nurse friends, so when I need that break, I'll call one of my friends and tell them I'm having a rough day, describe the situation that I was in, and ask them if there was anything I could have done better. That's what we look for. We look for what we could have done better, to get a better outcome for our patients. Going to our colleagues can really help us understand what we could have done better, and make us feel a little better about the situation.

**What is the best message you can tell our nurses experiencing burnout and depression to boost morale and keep them going?**

I hear people say, "you're a nurse, you chose this field." I tell people, "No, I am a nurse and God chose this as my career. I don't have a field. I don't have a job. This is a career for me, and God placed me here to do exactly what he instilled in me: Trust, obedience, and most of all, love and care for those who need care." Stay true to yourself. If something is really bothering you, you should be able to go to your supervisor, and let them know how you feel on a personal and professional level. If you can't get anything done at that level, then go right up



the steps, and I guarantee that change will happen. When you feel that way, you can expect the other nurses to as well, leading to a domino effect. If you have any suggestions as to what your institution should start to do, trust me, someone else is feeling the same way you are. For me, it's these hands, God gave me these hands, and they are so blessed. When I have a patient that does not feel well, I turn my hand over, and I just hand it to them, and if they place their hands on my hand, it's almost like I can feel the happiness and joy coming into them. That's what inspires me as a nurse, that human touch. People nowadays put on gloves, and I say I'm a nurse from the old school where you didn't wear gloves to do all the procedures you were doing. It's just something about the human touch, it is so important. I give them the option if they want to hold my hand, and the normal thing for somebody to do when you hold your hand out is to place their hand on top of yours. Some people say that nobody ever offered them a hand. So I just found that to be my gift to patients. A pharmacist in California gave me the name "Magic Nurse," because she saw how I interacted with the kids, and the kids that were coming to my station weren't crying. It was just me introducing them to my world, and letting them know my world was also their world.

**Is there anything else you want to share?**

I would just like to say it doesn't take much to speak up for you and your colleagues, or to bring an issue to someone's attention in order to make the life that you want at your job pleasant.

# WHY ARE SO MANY NURSES ANTI-SCIENCE?



By RN Breanna Kinney-Orr  
NurseDeck Ambassador

Vaccines, transgender care, abortion: these are just a handful of trending topics nurses voice strong opinions over. But when the science is clear on these topics, why do some many nurses continue to speak out against them?

### **Facebook made me do it**

Since the advent of social media, our social spheres have widened considerably. It used to be that a nurse may bump up against differing opinions on controversial topics only within their proximal reach—co-workers, family, friends, and community members that they interact with fairly regularly.

News media presented wider viewpoints, of course, but there was really no way—outside of reading nursing publications, or perhaps while attending school—that nurses might encounter the deluge of strong and influential opinions that today’s nurses do via social media.

Here’s what we know—human beings form opinions and beliefs under the influence. We overestimate how much factual information comes into play, and underestimate the amount of emotional, experiential, anecdotal, and biased reasoning that affects our thinking.

We then tend to die on many hills, when it comes to defending these core beliefs. Add in religious faith, and belief systems become even more personalized and rigid. Once we think we know something, anyone with a conflicting opinion will be dismissed.

In our nursing lives, one would hope that our critical thinking skills and curious minds would seek out evidenced-based information only. Of course, we know that this is not what happens, at least when we live in worlds defined by murky and overlapping boundaries.

With the COVID-19 pandemic thrusting healthcare topics into the mainstream spotlight like never before, it seems like



there are more and more nurses popping up on social media sounding off with extreme beliefs. The thousands of comments under their posts tell us that just as many more share their flawed views.

This begs the question—with nursing being a science-based profession, why are so many nurses stuck in the rhetoric of false beliefs?

### **“Do your research”**

Oh, how I loathe this phrase. Often thrown out as an “I’m taking my toys and leaving” closing statement on social media comment threads, this dismissive phrase attempts to convey the message that there’s information the opposing party has not considered. (With the subtext being—and if you did, you would realize how wrong you are!)

Of course, as members of the scientific community, we should recognize how flawed this argument is. What it really conveys is that the “researcher” has Googled their way to finding a source that confirms their already solidified beliefs. They might as well type back “support my confirmation bias!”

The good news is the scientific community has already laid the groundwork for how research ought to be conducted. Peer-reviewed, reputable-sourced, duplicatable... are these concepts sounding familiar from



your stats class and beyond? Hopefully, so. A mind capable of critical thinking understands why your weary and patient professors would not accept Google sources on your works cited.

When it comes to our professional roles, it's impossible to keep bias completely off the table. We are human, and therefore experts at flawed behavior. Knowing this makes it all the more important to take an active role in monitoring our own conduct. When in doubt, the Nursing Code of Ethics helps to fill in the gray areas when it comes to counseling and educating our patients.

### **Autonomy, beneficence, justice, and non-maleficence**

The four principles of nursing practice—autonomy, beneficence, justice, and non-maleficence—serve to relieve us of the burden of deciding 'what's best' when it comes to public health truths. When our patients come to us for advice, it is from these ethical principles that we must operate. In the context of today's controversial topics—abortion, vaccines, and gun control, for example—let's examine them from a Nursing Code of Ethics perspective.

### **Autonomy**

The principle of autonomy dictates that we must support a patient's right to choose. Of course, "right to choose" has strong associations with abortion right now. Your own personal beliefs notwithstanding, our job as a nurse is to provide our patients with all available, evidence-based information so that they may choose what is best for them. There is no argument that pregnancy carried to term is risky, as are the known consequences to abortion bans. Choosing to terminate a pregnancy also carries risk. Both sides should be presented, and it's a patient's ethical right to choose.

### **Beneficence**

Beneficence is defined as acting with compassion towards others. This invites a whole spectrum of gray area because what one deems a compassionate act, another may not. The domain of public health is a good area to view this ethical principle within. What is good for most is a fair way to navigate the ethical waters here.

However, when it comes to health mandates—like vaccines, for example—one of the main arguments against them is that one's personal freedom is infringed upon. When

this also seems to contradict the principle of autonomy, as discussed above, what's a nurse to do?

Unfortunately, this is a debate with no correct answer. The truth is that vaccines do carry some risk, and the argument that bodily autonomy must reign supreme cannot be conveniently brushed aside when the subject matter is changed. That's precisely why arguing that abortion should be a choice but becoming vaccinated should not is problematic.

As nurses, it is our job to provide information, in the context of our patient's personal health histories. At the same time, we can provide the context of how these decisions affect communities as well. For example, pregnancy risk affects only the pregnant person, while a highly infected population affects us all. When we stick to this lane, we are working most in service—compassionately—for our patients' good.

### **Justice**

In the nursing context, justice refers to our duty to treat patients equally and fairly. In 2022, that extends to being advocates for our patients in a world where we know all patients are not coming to us from a level playing field. Systemic, institutionalized racism is just one area of healthcare inequity and while an important topic to examine, beyond the scope of this article. To the best of our abilities, we must do the work to free ourselves from our personal biases when it comes to providing care. That involves educating ourselves on the impact that abortion bans and other public health gaps have in our society. When we know better, we do better.

### **Non-maleficence**

Do no harm—perhaps the most well-known ethical principle. In the context of patient care, that means we have a duty to our patients to balance the care we provide with its overall impact on their health at large. In the larger public health sphere at the intersection of society and nursing, it means

staying abreast and vocal about practices that will ultimately harm our communities. (Texas and Florida, I'm looking at you)

It also means fighting misinformation. We nurses can't be both the sources of and the warriors against this trend.

In conclusion, nursing is not what it once was. Our reach is much greater today than in any other time. If we want to lay claim as the most trusted profession out there, we need to take that role seriously. Our voices are ones that are listened to, and at 4 million strong, we are a powerful force. Let's wield it responsibly.

8



**Breanna Kinney-Orr** has been a registered nurse since 2008. Her clinical background is in 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 and on Instagram as @breanna\_nurse\_host.



## INTERVIEW HOST



**BREANNA KINNEY-ORR, RN**  
NURSEDECK AMBASSADOR &  
INTERVIEW HOST

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

Breanna has been a Registered Nurse for 15 years. She specializes in creating communities where nurses are supported, focusing on amplifying nurses' voices across the healthcare community. She also specializes in content creation, editing, and copywriting, with an emphasis on medical, health, and wellness topics.

*I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base.*

*I love that there are people like NurseDeck trying to shake things up because we desperately need it.*

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## 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](mailto:julia@nursedeck.com).

# CERINENA McLEAN

MSN, APRN, FNP-C

## Managing staffing in healthcare crises & low-pay states

*an exclusive interview*

*Cerینena McLean is a family nurse practitioner and CEO and founder of Healing Hands Medical Staffing. She received her bachelor's in registered nursing from Clayton State University, and her master's in family nurse practitioner from Chamberlain University. In the past, she has served as a cardiology nurse, infusion nurse coordinator, and infectious disease nurse practitioner. In 2020, she served as the vice president of clinical operations at the Oasis Healthcare Service. In June of 2020, she founded Healing Hands Medical Staffing, a group designed to help nurses and nurse practitioners navigate the job seeking process.*

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Breanna Kinney-Orr (BKO): Cerinena, welcome. Thank you so much for doing this with us, and we're just going to jump right in. We always like to start at the beginning: how did you get your start in nursing? This is my favorite question hands down, because everyone has different ways they get into the field.

Cerinena McLean (CM): Thank you for having me. I wish I could say nursing was my first choice, but it wasn't; I always wanted to be a pediatrician. I started after high school. I went to Montclair State University, which is in New Jersey, and I studied biology in undergrad, with the intention to go to medical school. During my studies, unfortunately, my great-grandmother, whom I was very close with, had a stroke and, within a week, a heart attack. She was in the ICU for a few weeks, but the care she received was remarkable. The kind nurses and their bedside manners – it was like, “wow, this is different.” I never had any experience with the hospital setting, fortunately, and we were pretty



healthy, so that was my first encounter with that type of setting. I was like, “yeah, I'm not going to be a doctor, I want to be a nurse.” They just really changed my trajectory, so I moved down to Georgia, I went to nursing school, and the rest is history. I went on to become a nurse practitioner.

BKO: I love hearing stories like that. I also come from that same background as well, where I avoided trying to be a nurse, and then just sort of found it. Tell us more about your role as a hospitalist. You're part of a moving team of many other members of medical care teams for patients in the hospital. Can you tell us what your role is in that?

CM: I'm a general hospitalist,

*[Nurses] first need to know and understand that what they're doing is very important – that they are needed.*

meaning I'm not in a speciality like a cardiologist, just general medicine. The best thing about being a hospitalist is you have a team, and I love working with them. Working as a team, it just gives us that whole picture so we're able to treat the patient holistically. We have our nursing staff, our specialty groups, and together we provide the best care for the patients so the patient has the best outcome. We do it all. We are generalists that know bits and pieces of everything. What's outside of our scope is when we get our specialists on board, and we collaborate with them to ensure that the patient is being treated effectively.

BKO: Tell us, for nurses that are considering going into this, what's your day-to-day like? Do you start at nine and end at nine? Is it a 12-hour day? What's the schedule like?

CM: Well, as nurses know, it's never really a 12-hour day. My day typically starts at seven, it typically ends around 7:30 - 8 o'clock. Rounding on patients - you have a caseload, it could be from 10 patients to as much as 20 patients. Though you're rounding on all these patients, you're creating care plans, you're collaborating with different team members, your specialist, to make sure the patient is getting what they need each step of the way. We're also doing admissions throughout the emergency room, and continue to follow them until they are discharged. We also have patients that are being discharged home, so we're doing discharge planning. Patient's may be discharged to their residence, to a rehab facility or nursing facility, and occasionally, patient's have to be discharged to another facility for a higher level of care.

BKO: Absolutely. Thank you. Tell us about your company, Healing Hands Medical Staffing. I love nurse entrepreneurial stories. Tell us how you got into that and a little bit about your organization.

CM: So the short version - because I could talk about this all day - is that Healing Hands Medical Staffing was two years in the making before it was actually established. The goal was to have a staffing agency by nurses for nurses. With other agencies, it's usually a recruiter without medical or nursing experience. So the recruiter would look at the resume and say, "Oh, you're a nurse, wonderful. You have your nursing license, you have the job," but not knowing all the other things that goes behind that to make that nurse the perfect candidate. So I said, "okay, let's create a business to find the best nurses based on their knowledge, experience, compassion, motivation, and overall skills and allow them to work together so we can create a healthier community. The best nurses together have the best nursing practices, and that's how we get our patients the best care".

BKO: Like eHarmony for employers! It's a good idea. Most agencies, I just assume the person I'm talking to initially is not a medical person - they're just a staffing connector. But how much better would that be, if you really were speaking with someone who speaks the same language as you?

CM: I've gotten feedback from my candidates, and it makes them feel so much at ease, like, "somebody understands me." They get it. I think that's a part of our success. We get it, totally. We are able to negotiate with the employers on behalf of the nurses the work of a nurse mainly on



salary based on job description. We understand it's not an easy job at all. It's a lot of work, mentally and physically, so we're able to convey that to the employers to get that perfect fit.

BKO: How long have you been up and running with that?

CM: We're in our second year.

BKO: Wow. Amazing. So tell us about your experience, because we hear about staffing shortages, but also about traveler nurses and about how they wanted to cap their pay. Can you speak a little about being in the business you're in during these times?

CM: So, good and bad. It was great during the pandemic "We need you. We need you. We need you." And now we would say that you're

needed, but you have to be realistic regarding salary as well. We have those employers that do not want to increase their pay and we're trying to fill those positions but it's hard to fill because why would you want 30 dollars an hour for 8 hours a day, when you can get paid 70 an hour for half your shift doing something less strenuous on your body such as contact tracing or COVID testing. So we have to get really creative. In trying to understand the market, we have to explain to the employers, "if you want this position filled, we have to change the way we're thinking about this and salary must be competitive in the current job market.." At the same time candidates must also realistic. If a candidate is making 25 dollars an hour, for you to say you want \$100 to do the same job, that may not be possible.

BKO: And you're staffing people that are local?

CM: We're in Georgia, Kentucky, and Tennessee currently. The job market is different per state. I'm in Georgia, and Georgia is one of the lower paying states. I don't think our candidates understand that until I really break it down, like, "Where you're at right now, we just can't meet you there. The pay rates are based on locations."

BKO: Do people come in less concerned about the pay, but more about the atmosphere of the job? I mean, if they're in a super high stress place where they're getting super burnt out, did they come to you for that reason looking for a new placement? Or is it usually just about the higher paycheck?

CM: I'm going to be really honest with you. During the pandemic, I was getting the most requests about the


pay. A lot of it is, they're underpaid or not satisfied with their pay. So, we do have a lot of people coming to us for that reason. That's why they're leaving their current positions. But we'll have those nurses, usually older nurses that have been nurses for a while, because they need a slower pace.

BKO: Tell us your thoughts on just staffing in general. What do you think are some things that we can do to move in the right direction to alleviate staffing shortages?

CM: I think the biggest reason we're having such a shortage is burnout. If these bigger companies and hospitals compensated the nurses well, or maybe offered better health care coverage and things like that, I think nurses would stay. We have also gone so far from what I call team nursing. We need to figure out how to do that on the units to ensure the nurses aren't overwhelmed with high acuity patients.

BKO: That's a great point. Looking at your CV, you have overlapped a lot of your roles. How have you avoided getting burnt out doing all of this?

CM: I think I'm just used to always being busy, having multiple jobs. I have three things I live by. The order in my life is God, family, career, and everything else after. I usually take time to pray and figure out my stressors. Once I've identified it, depending on what it is, I either resolve it or if it's something maybe I need to delegate, I do. Other times I say, "you know, God, you take control, because I can't figure this out." For family time, we still have dinners with my parents every Sunday. My nieces and nephews, my siblings, my mom, my dad, of course, my husband and children, and we all



*It's just  
human  
nature to  
want to  
belong.*

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share quality time. "How was your week? How's things going?" We talk about things, we talk through things, and that definitely keeps me going and keeps me motivated.

BKO: I feel like you have a strong mantra. That's such a better approach. I think a lot of nurses are like, "I know, I need to be doing this self care thing, so I'm just going to throw a bunch of stuff on the wall and see what sticks." We have so many nurses feeling burnt out right now. It's such a big topic on our social channels. How do you think they can boost their own morale and keep themselves going? Do you have any tips or life advice?

CM: I think they first need to know and understand that what they're doing is very important – that they are needed. Even though the patients or the patient's family may not show appreciation at times, you're well-appreciated. They just need to understand that if you need time, it's okay. If you're burnt out, it's okay to talk to someone. Especially in this pandemic, so many of us experienced so many deaths, and it's okay not to be okay. Whether you need to take time off, take a little vacation, speak with someone like a



psychologist or psychiatrist or family, take that time for you. Treat yourself to a good restaurant, massage, shopping.. Whatever it is that makes that a time for yourself. It's very important. Once you get burnt out, few things happens. Patient will not get the best care that they deserve. You are not really focused on what you are doing. You're not paying close attention and may miss changes in patient's condition, critical labs, wrong medications and dosage may be administered, etc.. Mistakes will be easily made. Remember that we're dealing with people's lives, literally. Their lives are in our hands. And so we have to always be on point. We always have to have our A-game when we show up to work.

BKO: Absolutely. What are some of the biggest changes you hope to see come out of the pandemic?

CM: I think the biggest thing I hope stays after the pandemic is telemedicine. It's so beneficial to the elderly and also those that do not have access to care. Whether the reason is transportation or finances,

you can always see a provider via Telemedicine. To me, that's really important, because now they won't be out of medication, because most providers won't rewrite your prescription if you haven't seen them in a certain amount of months. If you have no access to your provider, now you're without medication. So if this continues to be in place, which I think it will be, it will help people around the world to ensure their health conditions are still being treated.

BKO: I love that. That's right on the money. Lastly, I'd love to talk about community and the feeling of community, within NurseDeck and nurses at-large. We get so isolated, especially just physically with all the PPE people wear at work. But the value of community – that's our big thing at NurseDeck. Tell us your thoughts on community – how can nurses benefit from being a part of any type of community, or any official organizations, or just friend groups?

CM: I think it's just human nature to want to belong. It's really important. I

also think it builds morale and confidence for someone to belong to a particular community. I love that, because there's so many of us nurses, that, if you can't relate to, let's say, a hospitalist, or if you can't relate to cardiology, or GI, there's so many different nursing communities that you can always feel like you have someone to talk with - someone that understands you, someone you can relate to. If you're burned out in that particular area in which you work, there's someone else that may have or is experiencing the same thing. As NurseDeck is concerned, I think it is a fantastic platform. There are so many ways you can expand your knowledge, so many ways you can expand your career. If it's something you're thinking, you can reach out and say, "Hey, how'd you get started?"

BKO: I find people are usually more than happy to answer those questions, even as intimidating as it can seem to be like, "can you give me a little bit of information about how you got from point A to point B?" Especially now that so many of us are looking for greener pastures or just to be valued somewhere. So, we always like to open it up and see if there's anything else you wanted to speak about or if you had any message for nurses out there reading your words. I'd like to give the floor to you.

CM: I just want people to understand, as I mentioned before, that you are valued, even if no one tells you. It's not easy, but don't give up. Nothing that is worth it is easy. Believe me. Keep on pushing.

8







## Nurse Product Directory

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



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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*

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