

GRESHAM

DNP, MSN, RN

ACHIEVING BALANCE WITH A FULL FAMILY AND WORK LIFE

DIRECTOR OF NURSING, CEO, AUTHOR, NURSE LEADER

BELIEVES NURSES NEED TO UNDERSTAND ALL CULTURES TO GIVE THE **BEST CARE**

HOW TO ADVOCATE AND CARE FOR YOURSELF AS A NURSE WHEN YOU'RE THE PATIENT

WHAT TO KNOW WHEN CHANGING YOUR NURSING SPECIALTY



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.



#InTheField
Nurse Altagracia believes
nurses need to understand all
cultures to give the best care



How to advocate & care for yourself as a nurse when you're the patient



What to know when changing your nursing specialty



EBONEE GRESHAM

Achieving balance with a full family and work life

Dr. Ebonee Gresham is a nurse who doesn't quit. She's the CEO of her own nursing and evidence-based med spa; she's the nursing leader of over 200 travel nurses; she's an author; and she's a COVID-preneur (with the fashion line to prove it). After a traumatic upbringing, difficulties in her advancement as a nurse, and having 10 kids, Dr. Gresham shows us this week that you only fail when you stop trying.











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 likeminded 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



Post Anonymously

post



Our leaderboard shows which NurseSocial users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for the all-time top 10!



Katrina Buchholz 7.634



Christina Aylo... 3.546



Carolyn Harmon... 2,590



Mariah Edgington 2,228



Rachel Grace 2,226



Ottamissiah Mo...



Melissa Sherman 1,520



Divyanshu sing... 1,416



Jennifer Rodri... 1.325



Bern Jennette ...

Join in at social.nursedeck.com

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Our community advocates are passionate nurses who share their stories with our community and their followers. There are many opportunities you will have as an advocate:

- Be a part of a community that celebrates diversity
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- Access to support & guidance from your network of ScrubVerified nurses
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Entry qualifications:

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- Submit at least one high resolution photo

Meet all requirements? Apply at nursedeck.com/scrub-verified.



InTheField

Nurse Altagracia believes nurses need to understand all cultures to give the best care



Q: TRUE or FALSE: "Nurses eat their young."

A: It breaks my heart that this is still valid... I was an LPN for years. After my sons were done with high school I decided to get my RN. I dealt with a preceptor at a local hospital that was a nightmare. I truly wish the hospital had the time and funds to give hospitality training. I was seasoned as a nurse and that

Nurse Altagracia, currently a Geriatrics and Nursing Home Assistant Director of Nursing Traveling, believes diversity is essential in nursing, and that nurses must be informed about and understand all cultures to provide the best care possible.

did give me the strength to go and move on. .. unfortunately this can deter and discourage new nurses.

Q: What does cultural competence mean for healthcare providers?

A: It is crucial because diversity is 100% in nursing. We have to understand all cultures in order to respect our demographics and give the best care possible. We also have diversity with our nurses. We must stay informed.

Q: What is your experience with nurse unions?

A: I worked in NY for 2years , 1199 was awesome. Otherwise no unions are in my current area.

Q: Before working in your current role, what was your nursing career path?

A: Teaching was my original career path , but everything worked out. I also teach as a Clinical Nurse Educator ϑ



How to advocate and care for yourself as a nurse

when you're the patient

By RN Carolyn Harmon NurseDeck Columnist Nurses spend a large portion of their shifts advocating for patients. We are often the strongest and loudest voices when speaking up regarding patient needs. We see and anticipate the tiniest details that require attention and pick up on all the obvious and hidden concerns of our patients and their families. We see and feel the patient's worry as they interact with their care team, comprehending with an almost sixth sense all of what is said and not said. The nurse often has the tough conversations, later discussing issues with the appropriate care provider. We are the ones who see and feel it all- the good, bad, ugly, and indifferent. When advocating and caring for our patients, there is no stone left unturned

But at some point in your life you, the nurse, will be the patient.

You've been handed a difficult diagnosis. You hear the phrase "treatment options" being discussed. You don't feel well and know you've let it go far past what would have been acceptable for a family member, friend, or patient. You are near tears of frustration hitting phone prompts to get to who you need to speak with. You find yourself pouring over literature you know probably isn't reputable while scouring the internet, searching for any and all info regarding your diagnosis. You are hitting the refresh button on your patient portal, trying to view test results that are crucial pieces of your treatment plan. You feel the intense need to fix things yourself, as you do for others. You are scared, frustrated, nervous, anxious, unprepared, and feel helpless.

All those experiences and issues we discuss with our patients to assist them in maneuvering their illnesses are yours now.

I have been in this position more times than I care to admit. The care nurses so meticulously deliver to others seems challenging to apply to ourselves. The profound need and ability to care for others often falls short when we are the patient. Not only is it harmful to ourselves, but it also

The care nurses so meticulously deliver to others seems challenging to apply to ourselves.

impacts the care we provide others. This must stop.

Make your health a priority

When we fail to recognize our needs, ways to practice self-care, or health declines, we reduce our ability to care for others. It's okay to put yourself and your needs first. It's imperative to set healthy boundaries that often feel selfish among those in healthcare that are extremely selfless caregivers. Prioritizing your health is an integral component of caring for others and, more importantly, advocating for your health and well-being.

Ask questions and trust your care provider

providers think nurses know everything, or it is implied, leading to critical information being left out. Assumptions are sometimes made that the nurse-patient is already knowledgeable about their condition, diagnosis, or treatment options. In many scenarios, this is not the case, and being the nurse caring for a particular illness is much different than finding yourself as the patient. Think about questions and concerns you may have. Write them down and take them to your appointment or contact your provider. Be sure you fully grasp what's going on. Understanding that your mindset and self-awareness are different when you are the patient can be challenging to recognize and come to terms with. We so easily advocate for our patients, yet often, when we are ill, we are the only advocate for ourselves which can be complicated. Sometimes it can be necessary for others to advocate for us.

We spend much of our careers double-



checking our work and the work of others to be sure our patients' care is optimal, and all safe practice standards are met. We often have difficulty giving up certain aspects of control of our care in ways that can be detrimental to our health. Nurses seem to think we are fixers of all, including ourselves. This leads to a breakdown in self-care and making our health a priority as we feel determined and pressured to figure things out on our own. It's okay to question your provider and the care you are receiving. However, trusting relationships are crucial, and we must apply that concept to the care we receive. Allow others to care for you the same way you care for others.

Speak and treat yourself like you would your patient

We are critical and demanding of ourselves, which is often exemplified when we are ill. We easily extend grace to our patients, family, and friends when they are sick, yet we expect ourselves to be invincible and continue despite all. It is also incredibly challenging for nurses who are exceptional multitaskers to slow down. We are do-it-yourselfers to the point of rarely asking for or accepting help. When in a personal health crisis, think of what you would say to a patient, family member, or friend. Follow through with your advice and treat yourself with the same kindness, patience, and understanding you so freely give others.

Advocating and caring for yourself when you are the patient are displays of self-love and self-perseverance that should never produce feelings of guilt or shame. Nurses embody healthcare, and we must lead by applying these attributes to ourselves. When we care for ourselves by prioritizing our health and well-being, we place ourselves in an optimal position to care for and advocate for others.

I recently found myself in the throes of a significant health crisis followed by a lengthy recovery after surgery, forcing me to rely on others for basic things. Both of these situations prompted me to take a critical look at myself and all the ways I have failed myself as a nurse in many circumstances. I eventually found myself painstakingly accepting help, slowing down, and trusting care team. These challenging experiences prompted me to discuss all the strategies mentioned in this article. Receiving support from others and caring for yourself are acts of strength and courage that should never be sidestepped or undervalued. I am grateful I maneuvered through these uncertain times. These experiences will enable me to be an even stronger advocate for my patients and provide a deeper understanding and sense of empathy.

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



Do you want to explore a different nursing specialty? For various reasons, many nurses who have spent months or even years in their specialty consider shifting to another. If you want to do the same, you need to know several things when changing your specialty as a nurse.

This guide will share with you all you need to know when changing your specialty as a nurse.

Common reasons why nurses change specialty

Why do some nurses change their specialty? Some people change their specialty because of their zodiac signs. On the other hand, many people still don't know the different types of nursing specialties that they can explore.

How do you know when it is time for you to shift to another specialty? Below are some of the common reasons for this significant career decision.

The passion for your specialty is gone.

Passion is what keeps you going. When you don't feel happy anymore when you think about your job and see it as more of a burden, you might lose your passion for it.

You can't blame yourself, though. Even in other fields, there are times when you lose your passion. What you can do about it is choose another specialty to focus on — one that sparks your interest and makes you get up in the morning.

A new specialty catches your interest.

Related and interconnected with the first reason, an interest in a different specialty may be a valid factor in deciding to shift. You may have come across a place or a scene where you saw how interesting a particular specialty is.

This curiosity is enough to let you consider transferring to that specialty. You are entirely free to do so. Do not hesitate to explore other specialties and see if they are a good



fit for you. Who knows, you might reignite your passion for nursing and find a growing love for this new specialty.

You feel stagnant and bored.

Do you feel that your work seems like a routine that does not excite you anymore? Don't you find yourself growing professionally and individually?

Some nurses feel bored in their jobs because they have been doing the same tasks for quite some time already. The feeling of staying the same and not growing can make you want to change your specialty. After all, most, if not all, want career growth.

You want a change of environment.

Are you tired of the same setting you are in while on duty? A change in environment is one of the reasons you may identify when changing your specialty as a nurse. You may want a change in scenery and different people to interact with.

When you change specialties, you will also be introduced to a new environment and a different set of people. These people are not limited to your co-workers and fellow staff. This also means a new set of patients with different needs, thus, new tasks and challenges.



Work-life balance is bad in your current specialty.

Is your specialty exhausting you and affecting your personal life? If you barely have any work-life balance because of your specialty, then it may be time you choose another one.

Work-life balance is essential to everyone. No matter how passionate you are as a nurse, it is still crucial that you have a life outside your healthcare facility. Some specialties are so demanding that you have less time for yourself. Once it starts feeling too toxic, feel free to look for another specialty as a nurse.

Is it difficult when changing your specialty as a nurse?

Sure, changing your specialty as a nurse may take a lot of effort, especially when your new specialty is entirely different from the one you are used to. However, if you genuinely put your heart into it, you will eventually get the hang of it.

Remember, though, that some specialties

require training and certification. If the specialty you are considering asks for further education, comply as much as possible. The knowledge and skills you gain through training and lectures will help you perform in your new role.

It is equally important to stay humble and grounded. Since you are a newbie in the specialty you pick, you may have to start from scratch. Take notes and listen to your seniors and those who have experience.

It's totally possible

Your nursing specialty isn't one size fits all. Just because your friend likes it doesn't mean you will enjoy it. It's all about what you are genuinely passionate about. There is a lot to know when changing your specialty as a nurse. The overall shift may be daunting, but it will surely be worth all the blood, sweat, and tears.

If you're looking for some guidance regarding your nursing specialty, check out NurseDeck's Knowledge Center. $\boldsymbol{\vartheta}$



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.



Dr. Ebonee Gresham is a Clinical Team Lead at SnapNurse, where she is a leader to hundreds of nurses sent to conduct assignments during the pandemic. Her bachelor's degree in registered nursing is from Georgia State University Perimeter College. Her MSN in Leadership and Management is from Walden University, and her doctorate in nursing practice is from the Georgia State School of Nursing and Health Professions. In the past, Dr. Gresham has served with the Georgia Department of Public Health as a supervisor and clinical nurse coordinator.

Jamie Smith (JS): Hi, everyone. Today, we are interviewing Dr. Ebonee Gresham. Tell us how did you get started in nursing? Share your journey with us.

Ebonee Gresham (EG): I'm excited to be here. Thank you. I got started in nursing pretty much when my mom passed away. She was in hospice. My mom was diagnosed with lung cancer. Before that, I was at Howard University in their pre med program. I wanted to be an OBGYN. When my mom got sick, I came home. I took care of her and I saw the care that she was given by her hospice nurses. I also had to learn many of those procedures myself by taking care of her and it interested me into nursing. So, I went to school for my associate's degree in nursing. Before I went to school for my associate, I went for my LPN. I was not admitted, unfortunately, into the LPN program, because they had too many students, and my GPA was only a 3.8. I was not accepted into their program, so I immediately went to the RN program and was accepted. That's when I started my journey in my associate's degree. It was really challenging for me because I had six kids at the time working full time in that program. But, I received my associate's degree after failing my med-surg course by two points. And yes, I had to start the program all over about a year later, but I did pass the following year. So that's how my journey began.

JS: Your message speaks loud and clear to folks listening, because just think about those who have failed. They think, "Well, gosh, is it worth it?" You've gone through a lot and have an interesting and an inspiring story. What is your purpose in life? What motivates you?

EG: Number one is my children. I

have 10 kids, and each and every one of them - seeing their faces, their smiles, just knowing I want to impact them. And just the community of other nurses. It really motivates me and inspires me to push and go beyond my limitations. I try to make sure I empower and inspire other nurses, as well. So my number one is my children. Number two, it's just the community I serve.

JS: I respect that. Tell us more about SnapNurse and your role there. Can you also share a bit about your experience as an incident commander during COVID-19?

EG: Yes. So COVID-19 was something totally different. I was actually the clinical nurse coordinator at the Georgia Department of Public Health at the height of COVID. I was working directly with the CDC at the health department and it was just amazing to learn so much, and to be able to implement policies and procedures, at a time where we were uncertain of what was going on. At SnapNurse, I took on the role as a lead manager. In my role as lead manager, I had 200 nurses out on the field at one time, administering anywhere between 4,000 to 5,000 COVID vaccines a day in Pomona, California. That role was very challenging. In my role as a nurse leader, I've always had direct reports - maybe about 20 - but not 200. To have that many people that come to you and need your leadership, it was exciting challenging, but rewarding as well. That role really took my career to another level, another height. I also served on different assignments with SnapNurse from LA to Alaska and currently in California.

JS: You mentioned SnapNurse. What exactly is that? Can you expand on that?

EG: SnapNurse is not only a staffing agency, but a med tech program. It's a med tech facility that will give you "on demand nursing." So there's a lot of facilities that need nursing care at this time - like, right now. And they are able to provide you with those nurses on demand using technology. They have something that's called Insta pay, meaning that when you've finished your shift, you get paid, and a lot of other agencies don't provide that. They're also really big on just making sure they have the right fit for that facility. So there's account managers that make sure that happens. They have a CEO, Sheree, who's very personable with each and every nurse, and they build that relationship and rapport with you so they place you in the right facility for you. So it's just that on demand nursing platform they have that's totally incredible and totally different from what we have ever seen in the past. So they don't really call themselves just a staffing agency, because they're more than just a staffing agency.

JS: What are the major challenges you faced in your role? And how do you go about managing those?

EG: One is being young, a young nurse and having my doctorate and being in those leadership roles. There's times where you'll have seasoned nurses who may have 20-30 years of nursing, and they may not want to listen to you or be receptive to your leadership, and it's an unfortunate situation. But what I do is make sure I set my expectations with each nurse I have as my direct report, and I allow them time to get to know me, and me to get to know them. I dig a little bit deeper beyond just my role as their leader - just kind of, "What do you like to do?" Or "Do you have pets?" Or "Where are



you from?" just to get to know them. Because sometimes, they just need to be familiar with you and understand that this is the role that you play, and then they'll become receptive to it. A lot of times change is just an issue. Everybody's not good with change. And so you introduce yourself as this transformative leader, that listening to everyone, I'm not here to just do what I say, but I do what I do. You won't find me just in the office somewhere, but I actually am on the floor, I'm right there on the pavement working with you. And whatever it is that you need, I am there to provide it for you.

JS: As the founder and the CEO of

Royalty Body Spa and Wellness, tell us about the services it offers and what inspired you to get into this kind of business.

EG: It's a holistic and wellness med spa, so we offer things like body contouring and postdoc care for men and women that receive cosmetic surgery. We do Yoni steams, teeth whitening, ionic foot baths, we also do sauna, detox blankets, just to help people to detox. I've also offered those services as well as classes to clinicians teach other professionals how to provide those services and provide them the the right way. Unfortunately, the body contouring arena is not regulated right now. So there are some people that are just opening up businesses and saying they're body contouring, but here you're actually getting it from a licensed professional registered nurse who will teach you about anatomy and physiology and things like that, to know the evidence based practice, why you're doing what you're doing, and also the customer service tactics behind it. What inspired me to open my business was the pandemic. When I was out working the pandemic, I was like, "Okay, what am I going to do after this? This is not going to be forever." And that's when I wanted to with other entrepreneurs and nurse practitioners as well. And that's when I began to get the information and the knowledge and the training that I needed to open up my own medical facility. It was absolutely amazing. It's what I teach to other nurses. Some people don't want to do that side for the next 20 or 30 years, but it's so much more you can do, you can do a lot more utilizing your degree than just bedside nursing.

JS: Tell us about your book!

If I can do it, they can do it, too.

EG: Yes. My book is "The Grit, The Grind and The Glory." It goes into detail. It's my memoir about my life. I talk about things like childhood traumas. I talked about things like me being a mom at the age of 16, a teenage mother. I talked about my mom, the time I went through with my mom being a single parent as well. Abandonment, like my father not being there, and just different choices I made in my younger years that affected my older years. I talked about things like being molested at a young age. I went into detail about things like that. Just to let people know that a lot of people go through some of these same things, but I am trying to empower and inspire people that you can still make it. You can still survive and thrive even through all that you've been through. It's okay, go through healing, get a counselor, to the point that you're healed. And then maybe you need to write a book to tell and share your story. Here I am today. I have a doctorate in nursing, I have multiple businesses, and I just want to share that so people are inspired, that if I can do it, they can do it, too. I just want to make sure that people realize there is healing. There's ways that you can go about being healed from your past. It does not have to define your present and to move forward.

JS: How do you feel about the current working conditions for nurses? How do you think we can





strengthen the health care system today?

EG: Well, number one, I think there is not a lot of emphasis placed on nurse mental health. We are the healers, but who is healing us? I know a lot of people will say, I think number two would be the income, that we are not given the compensation that we need, because we are the people that can keep you living. We are the people that make sure we are bedside. We're holding your hand. We're there 24/7, 12 hours a day, at that bed with that person, even when there's no doctor there, or respiratory is not there, or not even family. But at the same time, even with that stress, and that pressure, we have families outside of work and everything, too. I think yes, we're not compensated enough. But we also are not taken care of. This pandemic has really caused a lot of us to just break. We saw a lot that we may have not seen. I don't care if you were in the ICU, you still saw a lot that you

didn't have to see on a daily basis. And some of this was happening not only to our patients, but to our friends and family as well and some of our nurse colleagues, so it's really important. I think the community cares a lot more about the nursing community, just making sure that we have, even free mental health care, free therapy. If you need time off, that's not an issue because you are pressured or stressed whatever is going on without ramifications or being written up or losing your job because you just needed that moment to take some time off and decompress. I think that it's really important right now for us.

JS: You really caught my attention when you mentioned that there's not enough emphasis on mental health. The pandemic has heightened this completely and then you have the shortage of nurses. You're exactly right: we should be able to get therapy for free and mental health time off and not worry about losing



our jobs because we took that time off, because we have to take care of ourselves too.

EG: It got to a point during the crisis moment of COVID, that they were saying even if you had symptoms, you were to still work. That was absolutely ridiculous. I understand there was a shortage, but it's like, "I'm sick. So how do I heal someone else?" Also, they need to just do something with student loan debt, because we had gotten into a lot of debt with that. We are on the forefront fighting this pandemic. You could not do anything if you didn't have good nurses.

JS: Any words of encouragement to inspire nurses?

EG: Yes. I would say to keep goingto definitely network, to link up with other nurses to encourage and support and motivate one another. That's my biggest thing. You learn from one another, regardless of what your title is, or how many degrees you have. We all can learn from each other. Nursing support, whether it's a nursing student, or it's a novice nurse, or you have been a seasoned nurse for 30 years, is very important.

JS: Thank you for that. Is there a topic you would like to talk about that has not been discussed?

EG: I will say something to nurses who have children, because it really is a big topic for me, because I feel like I didn't have the support that I needed during my initial nursing years in my associate degree program. I would like to just encourage people to try to get as much support as you can, when you are going through nursing school, especially when you have children, because it's such a sacrifice already. But with you being a mom, whether you're a single mom, or even if you're a wife, it's so much time that you have to dedicate to this program, that you'll have some time that you won't have, you know, particularly for your children or for your significant other. So you have to make sure you build those networks and have that support system, when you're going through that program. And if you can build that before you actually start the program, because you'll definitely need it.

JS: As a coach, speaker, author, entrepreneur, and a mother of 10, have you ever felt burned out with everything you do?

EG: Definitely. I am human. Even superwoman needs а sometimes. And so when I have those burned out moments when I have too many balls going at one time, what I do is, I have this thing called "Press the Stop button." When I press the stop button in my life, I do not work. Okay? Even when I was in school, I would not do any work that day. My children know that I am not cooking, I'm not cleaning, that's just a day for me. And so if that means I need to go take a jog, if I need to journal, if I need to get a massage. I exercise. I

listen to audiobooks. And then to get back on my horse, you know, and get back on my game again. But yes, there are times that I am overwhelmed. But I know when those points, those trigger points happen. And I know when to stop.

JS: You mentioned trigger points-what are those trigger points? How do you even know that you're burnt out? What? What happens? How do you know?

EG: So usually, I'll get overwhelmed. And I'll feel a little anxiety as if things are not getting done. Or maybe I don't have enough time to get them done. I can feel that anxiety inside of me. Usually once a month, I'll get to a point where it's like water over your head. You're like, "Okay, I can't breathe." And then anxiety kicks in. And it feels like more things need to be done than I have the time to do it. And so at that point, I either can delegate or if I get really past my threshold. I know to stop and just reset, go get a massage, go get your nails done, get a pedicure, whatever you need to do. I'll tell one of my older kids or my husband, "Hey, you got cooking today, and I'll just take a break. I'll step back. I'll take a break so that I can regain my focus and kind of recharge."

JS: So sometimes do you take a break? And it's only like three or five minutes long?

EG: Oh, no. My break is at least 24 hours. Yeah, it's that bad. And I really feel overwhelmed. Because like you said, I juggle so much at one time. I'll sometimes take a weekend. I'll do a staycation. I'll go get an Airbnb, or I'll stay in one of my own Airbnbs because I actually am a super host of that as well. And I'll just take time off.



We are the healers, but who is healing us?

JS: You do a lot. So what are your thoughts on the community? How do you think nurses can benefit from the NurseDeck's community for nurses?

EG: I think what nurses can do to benefit from the community is to definitely subscribe to the community. And then definitely stay

engaged and in tune with what's going on. There's a lot of resources that are available. You can maybe even find a mentor and once you go through what the community has to offer, make sure you utilize those resources.

JS: What are other things going on with you now? And how can the community connect with you?

EG: I have a lot going on. I'm in the process of starting my own clothing actually lt's COVIDpreneur. I've trademarked it as well. The purpose of COVIDpreneur is for nurse entrepreneurs or anyone you know who decided to start a business during COVID. A lot of people lost their jobs or got laid off and things of that nature and they had to do what they had to do to survive. It came to me one day on an assignment. I said that COVIDpreneur, you had to do what you had to do to survive and here you are today. And so I have branded it, and I have my own T-shirts and things of that nature that I'm selling that should be out in a week. I'll have that on my social media. You can follow me on Instagram. It's @Dr_ ebonee_empowers, and I'm on Facebook as well as Dr. Ebony Gresham and yes, they can follow me on those platforms. 3



Nurse Product Directory

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Nurse Keith Holistic Career Coaching

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"I AM FIRST: A Guide for First Generation College Students"

CPR Associates of America

"A Nurse's Story"

Xapimed (competency tracking app)

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How to apply

- Create an official NurseDeck account
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