

# nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

## JOSE MICHAEL MARIA

FNP-BC, RN, CEN, TCRN

**THE NP WORKING FOR  
SUSTAINABLE  
CULTURE CHANGE IN  
NURSING**

FAMILY NURSE  
PRACTITIONER, PH.D.  
CANDIDATE, NURSE LEADER

### READ ABOUT

How to improve working conditions  
Finding community in tough times  
Making healthcare advancements

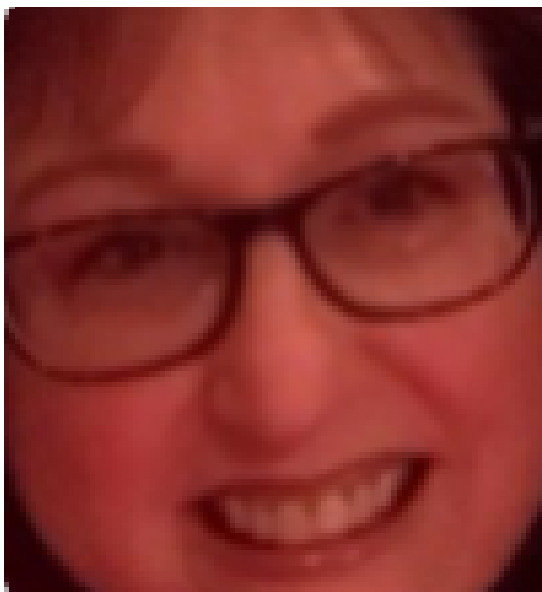
NURSE KIM TELLS US  
ABOUT HER BEST AND  
WORST DAY AS A NURSE

4 EXERCISE TIPS FOR BUSY  
NURSES

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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 #InTheField, 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*  
Nurse Kim tells us about her best and worst day as a nurse



*Page 6*  
4 exercise tips for busy nurses



*Page 8*

## **JOSE MICHAEL MARIA**

The NP working for sustainable culture change in nursing

Jose wears many hats - family nurse practitioner, emergency medicine RN, clinical professor, manuscript reviewer to name a few -all while studying for his Ph.D. and being a dad. He told NurseDeck how he does it.

# nurse+deck Social

## Apply to join Scrub Verified



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

- Be a part of a community that celebrates diversity
- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
- Get free NurseDeck gear monthly
- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis

### *How it works:*

Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

Meet all requirements? Apply at [nursedeck.com/scrub-verified](https://nursedeck.com/scrub-verified).

Join the community at [social.nursedeck.com](https://social.nursedeck.com)

# Interested in travel nursing?

There's a new group on NurseDeck Social.



## Travel Nurse Rich - Exclusive Content + Tips

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

Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside.

The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse just like him.

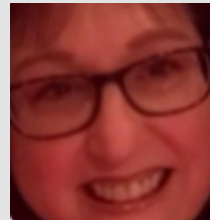
*All members will  
first receive a FREE  
one week trial*

**Membership Rate:**  
*One-time fee of  
\$35*

# #InTheField

## Nurse Kim tells us about her best and worst day as a nurse

*Kimberly J. Cole is a clinical nurse specialist from California. She shared with us her best/worst day as a nurse and honest self-care advice.*



**Q: TRUE or FALSE: “Nurses eat their young.”**

A: True.

**Q: What is your specialty and where are you based?**

A: Clinical Nurse Specialist - Adult Med/Surgical - Northern California

**Q: Any self-care or mental health tips for new nurses?**

A: Have fun! Laugh hard and don't be afraid to cry. We can't leave our work at work - because that's why we do what we do - but always try to debrief to relieve your burning questions/concerns - sometimes just asking if you could have done something different eases anxiety. Find a mentor - a nice one!!

**Q: Given the opportunity to speak to yourself on Day 1 of nursing school, what advice would you give?**

A: My best day as a nurse was around 21 years ago. We are a level II trauma center, and a patient (late teens) and her "friend" were in a

MVA - she broke her back and he, had a severe brain injury that he could not survive. She was on strict bed rest until surgery, and her friend (who was later known as her boyfriend) was about to be removed from life support. I was with her when she learned of his prognosis and the plan to remove him from life support. She wanted to say goodbye and her mother didn't think that was wise. In my heart, I knew this young girl needed to say goodbye to this young man, and I explained why this was important to her mother. We transported this girl on a gurney and placed her so she could be near him and she said her goodbyes. We were all sobbing before this was over. Our administration received a letter from this girl's mother thanking me for taking the time to holistically care for her daughter, to which she said, "she knew my daughter better than I did, and I will always be thankful she was her nurse." This is why I do what I do - it's the little things that sometimes are the most important to the patient. I learned to listen with my heart. ■



# 4 exercise tips for busy nurses

If anyone knows the importance of staying healthy and exercising, it's a nurse. Nurses know the positive impact simple daily exercises can have on an individual's life. Unfortunately, being knowledgeable isn't enough. Nurses need exercise too! But how are you supposed to exercise while being a busy nurse? Now, with the omicron variant sweeping the nation and crowding hospitals, recreational movement can feel even more difficult.

Your chaotic shift may leave you exhausted and dreading going to the gym. Your family has missed you all day and now wants your attention when you get home so exercising at home may be out of the question. Nurses are so passionate about their career and taking care of others- but some forget the need to take care of themselves too!

According to a Harvard Nurse study, more than half of nurses exercise for less than 2 hours a week due to long shifts. Nurses struggle to find time to exercise. Although nurses have a very stressful job, it's important to find the time to exercise. Your mental and physical health depend on it! Follow these simple tricks and tips for busy nurses to stay healthy!

Follow these simple tricks and tips for busy nurses to stay healthy.

### **Make small adjustments during your shift**

Some simple small adjustments can be made during a nurses shift that can add extra steps and improve health. This may not have the same impact as a full workout but making small adjustments will help!

- Park your car farther away from the entrance
- Take the stairs instead of the elevator
- Do calf raises while standing and charting
- Fit in some exercises during a lunch break (run the stairs, wall push ups, wall sits)

### **Build a routine**

If you work 12 hours shifts or have the ability to exercise on work days, building a routine will help stay consistent. Going before or after work may be an option for some nurses. Create an exercise schedule that works best for you.

Find quick effective exercises that you enjoy

For those nurses that have the ability to exercise before or after work, finding the most effective workout on a time crunch will be most beneficial. Try these quick exercises next time you need to workout.

- Run 20-30 minutes
- HIIT workouts
- Walk for 30 minutes
- 5 minute planks/ab workout

Doing a quick Google or Youtube search for quick exercises might be the best way to find what works best with limited time!

### **Find a workout friend**

Exercising with a partner may be easier for some nurses. Yes, finding time to workout is hard. But staying consistent may be even harder. Find a friend (maybe even another busy nurse) to exercise with. An accountability partner will avoid excuses and skipping out on workout sessions.

Nurses know the importance of exercising and staying healthy. Nurses work long shifts and have chaotic schedules. Exercising may be the last thing on their mind. Busy nurses need exercise too!

As busy as nurses get, it's vital to take the time to take care of themselves. Find that needed time to stay healthy..Your mental and physical health (and your patients) depend on it! ■



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## 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.*

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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).



A close-up portrait of Jose Michael Maria, a man with a shaved head and a goatee, looking directly at the camera. He is wearing a dark suit jacket over a light-colored, striped shirt. The background is a soft, out-of-focus light blue.

# JOSE MICHAEL MARIA

FNP-BC, RN, CEN, TCRN

## An exclusive interview: **The NP working for sustainable culture change in nursing**

By NurseDeck

Jose Michael Maria has extensive experience in the nursing field. He works as a family nurse practitioner at a clinic in New York and a clinical adjunct professor for Mercy College. With a background in emergency medicine as a registered nurse and manager, he also freelances for emergency departments on an “as needed” basis and works as a manuscript reviewer for the Journal of Emergency Nursing. As a leader, he spearheads cultural change through team building, re-engineering workflows, and improving policies and procedures. Jose is also a Ph.D. student at Molloy College, working towards a Doctorate of Philosophy in Nursing Science.

NurseDeck (ND): Hi everyone. Today we have Jose Michael - please introduce yourself.

Jose Michael Maria (JMM): Hi, I'm a family nurse practitioner working in primary care, and I also have a background as an RN in the emergency department.

ND: So, Jose, how do you feel about the current working conditions for nurses?

JMM: Well, you know, it's atrocious. Unfortunately, it's everyone, it's across the board, and no matter how hard or what intervention we try, the fact of the matter is the water just keeps coming in. Unless folks really take serious vaccination, that's the only way we're going to get some relief in terms of the numbers, the volume coming into the hospitals. Until that happens, it's just going to be continuous. It's like a multi-casualty incident just every single day, and you can only take so much. So it's understandable - everyone just doesn't actually question why they



got into the profession.

ND: I hear you 110%. Definitely on the vaccines - the way to help get the pandemic better is to get vaccinated. What do you think can be done to help with these current working conditions?

JMM: If we use a historical example, when March 2020 came and New York state shut down, what helped us here in New York City in particular is that the rest of the country pretty much shut down. We were able to get additional assistance. Our hospitals did not have elective surgeries, people weren't getting additional treatments outside of it, and then you had the creation of the COVID unit. But now, it's just everyday, so the only thing that can really happen is we have to go back to a way to prevent folks who don't need to go to the emergency department, who don't need to go to



*It's like a multi-casualty incident just every single day, and you can only take so much.*

the hospital, surgeries that don't need to occur that are purely elective, they need to just not happen right now. That allows for an availability of the staff in a local institution that knows the rules and regulations, and then partner them, give them the additional training they need. I was working contract sometime in April or May, and I was side-by-side with an OR nurse who was in the ER. She was completely out of her element, and I hugged her and I said, "let's do this. Let's make this happen. I got you, I got your back. You got my back, we'll make it happen." And it was a great few shifts - that's what you do. It's like shock - we're in a shock state and what happens? The body shuts down, we don't care about arms or legs, let's concentrate on the core.

ND: That's right. What are your thoughts on the community? And how do you think nurses can benefit from NurseDeck?

JMM: Well, it's always a great thing when you can speak of your experience. I think one of the things that makes nursing difficult is we always try to be stoic, even though we know we need help. You know, "Hey, can I help you with something?" "Oh, no, I got it. I got it." But we know it's okay to say, "yes, I actually do need help." That's hard for us because we are a competitive field, we compete with one another even though we don't really have to or need to, but that's the beauty of our practice. More and more blogs are open now to being more vulnerable than that, but it starts there. On NurseDeck, they can share stories, hear new experiences, and get something for themselves they can put into practice, as well.

ND: I agree. So, what do quality healthcare and patient care safety mean to you?

JMM: So quality, for me, means essentially satisfying the needs of the individual. When you come for healthcare services, you want a seamless flow. Unfortunately, because of how our current system works, there are just too many barriers. For example, in the emergency department we have boarders, and nurses, as much as they would love to care for boarders, they can't because we have ER patients, and inpatient nurses can't come down and take care of boarders. Nothing will happen with boarders until EMS says, "Hey, you know what? We're not going to pay you inpatient rates if the patient stays in the emergency department." I can guarantee you, within a week or two, hospitals are going to find a way to place patients on the inpatient units, and it's those types of things we nurses need to start advocating for because we need to know we need to play the system. We're getting





played, we need to play back.

ND: I like your response to that. So, this is a loaded question, but what are some changes you would love to see in healthcare right now?

JMM: For healthcare, I'd like to see - from a primary care setting - there's nothing more frustrating than getting a patient from a different provider and you have no idea what's been done for them in the past. So I would love for either some type of unified file format for EHR that allows interoperate ability, you know, given HIPAA. I was reading this wonderful book, and in France they have this card you take with you with your full medical history on it. You put it in the kiosks at whatever provider you can see and boom, there's everything that's ever been done for you so you're not wasting resources. When it comes to nursing, I would say we're the only mainstream-profession professional that does not bill for our services. We allow someone else to take that, and that doesn't make any sense to me. That takes us out of the playing field where - I don't play poker. I'm at the poker table and I

don't know what I'm looking at because I was never taught. So nurses, we want to be at the table. We got 100 years of experience, 100 years of data, but we can't move the needle because of the money. We're not in there, now if we're in there it's a different story because we know we bring value, that's a fact.

ND: That's exactly right. So what other advancements would you like to see in healthcare?

JMM: I would also say insurance reform. Back when ACA came out, Obamacare, only 24-some-odd states actually opted to increase the Medicaid line that you have. The rest of the states chose not to, so you have this huge bulk of folks that are just uncovered by insurance, and they end up in emergency departments. Who's paying for this? It all goes back to, "is healthcare a right? Is healthcare a business?" At the end of the day, it involves people. People need to make a living, and you make that living by getting paid for what you do.

ND: So the advancement you

mentioned, so you think it will impact nursing burnout?

JMM: Nurses are a unique group of individuals. I actually believe nurses are a specialty population. We have to look at the fact that nursing is still predominantly female - about 90% - so anything that impacts a woman's perspective, or folks who identify as women, you have to look at that. They talk about this in business circles, "Hey, how do we get the daycares open so women can go back to work." Here's a profession that is predominantly women, and we're sitting here like, "oh, what do we have to do to make this work?" Hello, you know the answer. I'm a guy, I love my kid, but that relationship between mom-kid, mom-mom, mom-sibling, it's completely unique and working around so many women has let me see that female perspective a lot better. So if you address these issues that women tend to experience because they're professionals working, you're going to decrease the burnout.

ND: How can we overcome the overwhelming work environment?

JMM: Sticking together and having



*If you address these issues that women tend to experience because they're professionals working, you're going to decrease the burnout.*



each other's backs. Sometimes, when we have an assignment, if we know we have a tough assignment, we try to do a little too much. If we have a light assignment, there are some of us who choose to not assist and there are some who really go all in. I think if everyone pitched in and leadership included - in my roles as manager and director, I walked the floor, I put on my scrubs at least one day a week, I come in early, and I get busy. I can't take an assignment in the event that I have some meeting to go to, but for the most part my staff comes first. That's what nurses need from leadership. For me, it doesn't make any sense, and no disrespect to leaders out there, that once you hit this management level somehow you can't go do backside work. That's what people want: when we're in the ER, and we're working alongside the chair of the department, or working alongside a medical director, nurses love that because we feed off of that. We got the leaders here, getting down and dirty with us. When you have managers or directors that are not, and they prefer to go to a meeting



versus getting down and dirty with the staff, I have a problem with.

ND: I mean, you go above and beyond. You're a full-time nurse practitioner, is that correct?

JMM: Yeah. One of my last shifts as a director, I was working both in an adult and pediatric ER, and two pediatric nurses called out and I was already short staffed. I couldn't get anyone. It was about one o'clock, and I called the chief nursing officer, "Listen, it's a Friday night. I'm going to go home, I'm going to pick it up, I'm going to come back, but don't expect me here on Monday." I worked side-by-side with them and the shift was fun. I was able to pull some stuff from the adult side because it was quiet for a while and I'm the boss, and it worked out. So those are sort of the things I think that we all need to really deal with.

ND: You've got this spirit in you - you're so fun and positive. So, how do you find balance with all that you do?

JMM: Time management, smart apps to remind me to do certain things between school, work, and contracts here and there, my children. You find the balance - initially, it's chaotic. Again, it's helped me to look at that woman's perspective, if I were a working mom and I had to do this. For two weeks, my wife had to go back home to take care of some family affairs and it was just me and my three children. That was hard. Three kids, and they're all below 7-years-old. They're in school and it was a tough job in the morning, picking them up, getting changed, cooking, doing the homework, then sitting down and doing my work. My kids will jump in on the Zoom classes. This is why I always say look, we have the answer: 90% of nurses are female. You address their issues, you address the biggest problem we have.

ND: You're going to school on top of everything else you've got?

JMM: Yeah, I'm enrolled in a Ph.D. in nursing at Molloy College.

ND: What do you think can be done about the understaffing issue nurses are facing?

JMM: Staffing has always been a challenge, right? Because we're dealing with human beings. On paper, we're dealing with inanimate objects. As a manager, you try to balance out the schedule, but we work with sick people and so a nurse is going to get sick - that happens. You need to be as flexible as possible with staff and if you have folks that can even give a couple of hours, don't tell them "no," bring them on board. The fact of the matter is you have a budget, you try to stick to the budget, but if you can't, you can't. At the end of the day, you can't allow your staff to drown because it's going to hurt you in the long run. If

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you're not flexible in your staffing, your staff is going to call out and then when you need them, they're going to say, "you know what? I'd love to come in, but the other day when I asked for that day off, I didn't get it." People have to realize you have such a shared responsibility. When I conduct the meeting, 30 minutes is what I want to say, the other half is the staff: let me know and then hold me accountable.

ND: That's a great response. So do you think unions can help with this?

JMM: I do, but unions are tricky. I've worked with, I've worked out of, and I've worked soft-against unions, being in a management role. Unions are a group of people, they can get people to move. That's always important. Anywhere I was in the role of a leader, the first thing was who are the delegates? I want to have a conversation with them, sit down, let's see where we meet eye-to-eye and what differences we have. Let's

at least solidify that eye-to-eye movement we have, and then we can work on the differences. Nothing against travel nurses - do your thing - hospitals are spending these huge buckets of money on travel nurses. Take a part of that - no union is going to tell you no at this moment - open up that contract, make a temporary clause, and shift some of that COVID money to your staff. Then it's supply and demand - if you keep your staff then the travel agencies now are the ones that have to do a little bit more to get them so that means that their cut becomes much smaller.

ND: That's exactly right. Jose, I must say I'm very impressed. You've got three kids, you've got your wife, you're in school to get your Ph.D. and that takes several years. You go above and beyond, thank you for your time today.

JMM: Thank you, I appreciate it. ■



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## **A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.**

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

*“When you’re a nurse, you know that every day you will touch a life or a life will touch yours.”*  
— Unknown

## MEET THE NURSEDECK TEAM

### **NEVILLE GUPTA**

**Founder/CEO**

As a strong advocate for the union between humanity and technology, Neville's focus leans toward tech influence on creating highly desirable working environments encompassing altruism, autonomy, human dignity, integrity, honesty and social justice.

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