

nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

*"If it doesn't
challenge
you, it
doesn't
change you."*

LEONORA MUHAMMAD

DNP BSN APRN AGPCNP-BC CCHP

**AFFECTING HEALTHCARE
THROUGH NURSE-LED
CHANGE**

NURSE EXECUTIVE,
CORRECTIONAL HEALTHCARE
SPECIALIST, LEADER, AUTHOR



#INTHEFIELD

NURSE KIM URGES
EVERYONE TO THINK BIG
& BELIEVE THEY ARE
CAPABLE

NAVIGATING INCIVILITY AND
BULLYING IN HEALTHCARE

THE 11 BEST JOBS FOR NURSES WITH
SOCIAL ANXIETY

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.



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LEONORA MUHAMMAD **Affecting healthcare through nurse-led change**

Dr. Leonora Muhammad is a correctional nursing specialist with over 15 years of leadership experience in the field. As the president of the St. Louis branch of the Black Nurses Association, she's all about community and helping young nurses, as well as some of the community's most medically disenfranchised people. Hear all about her nurse-centered leadership and initiatives to help vulnerable communities in this inspiring feature!

nurse social



New post

Question

Article



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

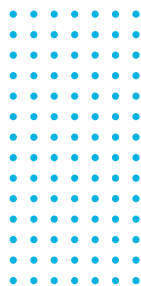
On NurseSocial, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

 Photo/Video

 File











Post Anonymously

post



Join the community

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

-  **Katrina Buchholz**
7,634
-  **Christina Aylo...**
3,546
-  **Carolyn Harmon...**
2,590
-  **Mariah Edgington**
2,228
-  **Rachel Grace**
2,226
-  **Ottamissiah Mo...**
1,561
-  **Melissa Sherman**
1,520
-  **Divyanshu sing...**
1,416
-  **Jennifer Rodri...**
1,325
-  **Bern Jennette ...**
1,110

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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:

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- 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

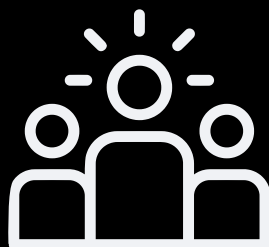
How it works:

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

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CELEBRATING EXCELLENCE IN NURSING



2022 TOP 10

chief nursing executives
who are *changing*
healthcare

At NurseDeck, we support nurses - period. Whether in bedside care or the C-suite, we applaud your work! This month, we're highlighting 10 incredible nurse executives making changes at the highest levels. We see you! Thank you for representing nurses at the table.



Toby Marsh

Chief Nursing and Patient Care Services Officer at UC Davis Medical Center



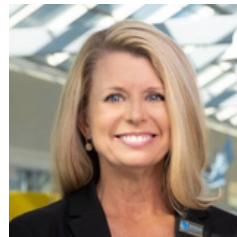
Jake Freeman

DNP, MBA, RN
Chief Nursing Officer , Atrium Health Wake Forest Baptist - Lexington Medical Center



Susan Russell

MSN, RN
Chief Nursing and Patient Safety Officer at Singing River Health System



Kris Maddalena

Senior Vice President & Chief Nursing Officer



Larry Strassner

PhD, MS, RN, FACHE
Chief Nursing Officer at Penn Medicine Lancaster General Health



Schekesia Meadough

MSN-Ed, RN, CDP
Chief Nurse Executive



Sylvain Trepanier

DNP, RN, CENP, FAONL, FAAN
SVP, System Chief Nursing Officer at Providence



Leonora Muhammad

DNP BSN APRN AGPCNP-BC CCHP
SVP, Chief Nurse Executive



Derek Curtis

DNP, MA, RN, NEA-BC
Associate Administrator / Chief Nursing Officer at Harris Health System, Lyndon B Johnson Hospital



Keri Nasenbeny

Associate Chief Nursing Officer at University of Washington Medical Center



= featured in *Insider's Perspective of Nursing*

#InTheField

Nurse Kim urges everyone to think big & believe they are capable



Columbus, Ohio administration and pediatrics nurse Kim Regis RN, DNP, NEA-BC, PNP-BC, BCC encourages everyone to think big, dream, and change the world. Always believe you are more capable than you realize.

Q: TRUE or FALSE: “nurses eat their young.”

A: True and False. Many systems and structures are built to facilitate and foster a healthy work environment. Nurses often continue the cycle of lateral violence until a strategy to disrupt it is implemented.

Q: What does cultural competence imply for healthcare providers?

A: Cultural competence is having the curiosity and drive to further one’s knowledge and understanding of other cultures and their practices and apply it to work. It is a great step toward inclusion, belonging, equity, and access.

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

A: You are more capable than you realize. I always dreamed, and I didn’t know then that my dreams and aspirations were small. Think big, change the world. 🙌

There is an epidemic of bullying and incivility in healthcare.

It may be one isolated incident or a series of events that can occur at any time in your career. First, let's get the definitions right: The American Nurses Association (ANA) defines bullying as "repeated, unwanted, harmful actions intended to humiliate, offend, and cause distress in the recipient." Incivility is more difficult to label but is "one or more rude, discourteous, or disrespectful actions that may not have a negative intent behind them."

The prevalence of these deep-rooted issues and disruptive behaviors are often the result of challenging work environments, burnout, and a lack of professional leadership skills. The tone for the culture of an entire organization is set by upper-level leadership that may not possess the skills or education on strategies to facilitate a healthy work environment. This can have a trickle-down effect and influence staff in a harmful way, and in turn, impact patient care negatively.

No one in healthcare is spared from these toxic behaviors. From nursing students to administrators, these disruptive behaviors impact all members of the healthcare team and the care we provide our patients. According to The Healthy Workforce Institute, 93% of healthcare workers have either experienced or witnessed acts of bullying, and 60% quit their jobs related to workplace bullying and incivility. These staggering statistics should make everyone sit up and take notice of this exceedingly alarming problem.

This year, I implemented a Peer Support and Mentoring Program in my department because I recognized that my unit would benefit from a program like this. We had a strong need for peer support, as we had undergone many leadership changes, were maneuvering a complete department restructuring while onboarding multiple new staff, and were still amidst the COVID-19 pandemic. The first topic discussed was toxic

work environments and difficult work relationships. While reaching out to staff and researching the program framework, I discovered just how prevalent these issues were among staff at different points in their career and, unfortunately, throughout the healthcare delivery system.

I have experienced these challenging problems as a nursing student, a new nurse, and even a seasoned nurse. I will never forget the helplessness I felt in managing these problematic situations or how inadequately prepared I was to address and escalate situations as appropriate. I even, at one point, debated leaving a role I loved related to these tremendous dilemmas. This led me to be a strong advocate for healthy work environments, and it's why I created a group on NurseSocial called Healthy Work Spaces. The purpose of this group is to have meaningful discussions on creating and maintaining a healthy work environment and discussing strategies to deal with conflict, bullying, incivility, and disruptive behaviors.

Here are three strategies I found helpful to navigate bullying and incivility (they can also be found in this video discussion with Dr. Renee Thompson, DNP, RN CSP of the Healthy Workforce Institute and on NurseSocial):

Become aware of your personality traits and disruptive behaviors.

Completing personality assessments can identify your strengths and weaknesses and those of your peers. Doing a self-assessment is the first step in creating a healthy work environment, as disruptive behaviors such as bullying and incivility can affect the entire culture of a department. Doing an inward reflection of yourself and becoming self-aware is critical before you can identify these in others. Many are unaware that their actions and behaviors are disruptive. Inward reflection is a great way to be sure you are not the problem or a contributor. Leading by example and conducting yourself in a way that is professional and respectful of others is critical, and lays the groundwork for others.

Use scripting when confronting a coworker or peer.

I have found scripting tremendously useful, as I have always struggled with conflict resolution and finding the right words in the moment. Using conversation starters and thinking about what you want to say ahead of time is extremely helpful. Leading with statements such as, "Our relationship is important to me..." and using words like, "You may not realize this but..." and then following these with, "Can we talk about this...?" These statements set the tone for a meaningful and productive conversation, as well as mutual respect, and naming the behavior instead of attacking the individual. Give recent examples of what behaviors you are confronting the coworker about. Separating the behavior from the individual is critical in setting the tone for the conversation as a discussion instead of a personal attack.

When you are in a difficult moment, it's always okay to inform the individual that you would like to discuss the topic at a later time. Making a statement like, "Let's continue this discussion after our shift and in a more private setting," or "Would you like to grab a coffee tomorrow and see how we can bridge our differences?" This gives everyone a chance to cool off and allows you time to prepare for the conversation and utilize a quieter environment. It also diffuses a tense moment, one that may be drawing attention from others, taking away from patient care, or happening in front of other staff or patients. Nothing is worse for a patient than seeing a heated exchange between members of their care team, which reduces trust in their providers.

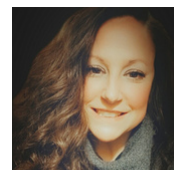
Document your conversation.

These conversations don't always go the way you expect. Documenting the conversation is a great way to reflect that things have improved or that you have attempted to confront a persistent problem that continues. It is also a record of events that have transpired and a form of journaling that can act as an emotional outlet for how

the situation is making you feel. Recording each exchange is helpful should you need to escalate a problem or look back at how a concern that was improved was managed. What we tolerate sets the tone for the entire work environment and culture, which is why escalating an ongoing problem is crucial for yourself and others. Sending a follow-up email after meeting with your leadership team regarding any issue is a great way to set up a paper trail of documentation and helps to establish accountability for all involved. Be sure the language in the email is strictly factual and professional, and created in a way that it would be acceptable if it was forwarded to more senior leadership.

Bullying and incivility in healthcare must be eliminated through strong nursing leadership and consistent accountability. Standards must be set, and individuals need to be responsible for their disruptive behaviors. Those in leadership positions must lead by example and set a tone of zero tolerance for bullying and incivility by following through with consequences for staff exhibiting these disruptive behaviors. Education on conflict resolution, specifically regarding bullying and incivility, must be at the forefront and implemented in every healthcare organization.

8



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

11

best jobs
for nurses
with social
anxiety

Being a nurse is a stressful job in itself, as you are subjected to different stressors. If you are dealing with anxiety, a demanding environment like a hospital's emergency room might not be your best option. There are many jobs for nurses with social anxiety you can explore, which are just as noble but slow-paced and less stressful.

Private Clinic Nurse

Deal with patients with different conditions but in a less demanding environment by working in a private clinic. Smaller clinics do not subject nurses to as much stress and pressure as big hospitals. Consider working in one if you are dealing with anxiety.

By being a private clinic nurse, you serve as the bridge that connects doctors, patients, and patients' loved ones. You assist doctors in assessment, monitoring, and giving patient care. Medical emergencies may also arise from time to time.

Community Health Nurse

Serving the public, especially communities that are marginalized, is possible through public health nursing. Being a community health or public health nurse is one of the best jobs for nurses with social anxiety.

In a nutshell, as a community nurse, you promote your advocacy of better decisions for the health of the greater population. That means analyzing different physical, psychosocial, and environmental factors that contribute to public health.

You also educate the public on health concerns while helping institutions create policies for a healthier population.

Private Duty Nurse

One way of delivering patient care while also managing your anxiety is by working as a private duty nurse. This position is always on the list of suggested jobs for nurses with social anxiety because, in this role, you are focused on caring for one patient at a time.

A private duty nurse attends to an assigned

patient at home or in the hospital. You coordinate with the patient's doctor on the current condition and the care plan you should deliver to ensure patient recovery. This also involves monitoring your patient's health status and giving treatment as prescribed by the doctor.

Palliative Care Nurse

Provide specialized medical care to patients who are living with serious illnesses by being a palliative care nurse. Palliative care nurses track patients' symptoms and give the proper assessment to address health issues. They play a huge role as they serve as the primary health care provider of the patient.

In the same way, as in private duty nursing, palliative care nurses see that the right medication is taken as scheduled and the best care possible is given. Nurses in this field also help in personal care activities like bathing and feeding.

Assisted Living Nurse

Have a special spot for seniors? Try practicing nursing in an assisted living community or home for the aged. Your role in this position is to take care of residents by ensuring they drink their medication, giving personal care, and helping them with everyday routines such as exercise and leisure activities.

The environment is relatively slow and predictable as you are dealing with the elderly. However, it would be best if you still were quick on your feet should an emergency arise. You extend the care and love these residents receive from their family members. It is truly one of the most fulfilling jobs for nurses with social anxiety.

School Nurse

Like working with youth? Consider being a school nurse! School nurses are the immediate go-to for students and school staff whenever they are feeling under the weather while at school.

Your purpose as a school nurse is to ensure

that each student is in good health and to address health concerns throughout the school day. This is a recommended job for nurses with social anxiety because the workload is not as fast-paced and demanding as working in the hospital.

Occupational Health Nurse

Just as schools need a nurse, companies also need a nurse in their workplace. This is where occupational health nursing comes in. Occupational health nurses work in the corporate world, ensuring the safety and health of the company's employees.

This job is quite different from a hospital setup. Your primary job is to assist the staff with health concerns and give first aid should the need arise. On top of that, you must work with the management to develop work policies for the well-being of the team.

Clinical Research Nurse

Interested in exploring medicine and the wonders of science? If so, clinical research will surely be a good fit for you. Clinical research studies often involve nurses who play a significant role during the entire run.

Clinical research nurses are in charge of keeping in touch with participants, ensuring they are well-informed and remain safe throughout the study. This includes organizing data and managing different aspects of the research. Participating as a clinical research nurse is one of the top-of-mind jobs for nurses with social anxiety.

Nursing Instructor

Take part in shaping and honing the nurses of tomorrow by being a nursing college professor or clinical instructor. This is perfect if you enjoy teaching, mentoring, and talking about nursing.

As a nursing instructor, you are tasked with preparing aspiring nurses for the real world and equipping them with the needed theoretical and practical knowledge. You may work in a university or a nursing school that is hospital-based.



Travel Nurse

Want to work in a hospital but do not want to commit long-term? Travel nursing is an option you may want to explore. Travel nurses are healthcare providers who are, in a way, considered freelance. They work short-term or for a certain period in hospitals, clinics, and healthcare facilities.

Travel nurses fill in the gaps whenever an institution has a nurse staffing shortage. As a travel nurse, you will do the duties that are typically expected of full-time nurses. You get the experience of working as a traditional nurse but have the flexibility to choose to work whenever you want.

Nurse Influencer

Nowadays, people look up to nurse influencers because they provide know-how, tips, and tricks on nursing. If you enjoy creating written, video, or audio content, you might enjoy being a nurse influencer.

You have control over the topics you want to discuss and how you present these topics. The things you can do are endless! You can inform, educate, or even entertain.

Exploring jobs for nurses with social anxiety

Working shifts in a hospital full-time might induce stress and anxiety, which may affect how you work. There are other alternatives that you can explore and still practice nursing. Many jobs for nurses with social anxiety will give you the same fulfillment as working in a hospital. 📌

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.

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.

LEONORA MUHAMMAD

DNP BSN APRN AGPCNP-BC CCHP

Affecting healthcare through nurse-led change

an exclusive interview

Dr. Leonora Muhammad is the SVP and chief nursing executive at YesCare, which provides correctional healthcare services, and has been since 2006. She received her associates degree in nursing science from Chamberlain University and her bachelor's in nursing practice from the University of Missouri-Saint Louis. She received her doctorate in nursing practice from Brandman University, where she became a Adult Geriatric Primary Care Nurse Practitioner. In 2020, she became a board member of the National Black Nurses Association, and in 2021, she became the president of the group's St. Louis branch.

Breanna Kinney-Orr (BKO): Hi! We are excited to have you join us. Dr. Muhammad is a best selling author, a speaker, and a correctional health care expert, who also happens to be the president of the Black Nurses Association of Greater St. Louis. We have lots to talk about today. Let's start right at the beginning. Tell us how you got into nursing and what led you to your current role?

Leonora Muhammad (LM): Thank you. I'm super excited about being here with you today. Back in 1995, I was actually working as a candy striper here in the St. Louis area, at local hospitals. My godmother worked there at the time. She's like, "Hey, you know you can be a candy striper? And you can have something to do over the summer time." I thought it was interesting, and I was able to go into the hospital. My mother went to nursing school, but she didn't quite finish, so I have a little bit of experience of her being a CNA and then going into nursing school, but this was a little bit different because I was able to really see them firsthand and actually see what they do. The biggest thing I noticed was how the patient responded to the nurses. They were very thankful for the care they were receiving in the hospital, and I just thought, "I want somebody to look at me like that." Between nursing and teaching, I went into nursing, but as I have evolved, I've gotten into teaching roles, so I got the best of both worlds.

BKO: I love how you were able to pick up on the team atmosphere that nursing plays a role in. I know exactly that feeling you're describing, how the patients react to nurses in particular, and how that can be such an attractive part of the job. It's nice to feel needed and like you can help people.



Did you go for the typical stepping stone of med surg and then branch out into different fields? How did you land in your current role?

LM: It's been a long journey. I took the stair step approach in my nursing career, so I pretty much did every step as the NA (Nursing Assistant) and then the CNA and then LPN and then got my associates degree, then bachelors, and then my doctorate degree. I did every step to get me to where I needed to be. After I graduated nursing school, I did a lot – a little bit of med surg, and then I went straight into geriatrics. I love the geriatric population. I love working in the skilled nursing facilities, because I had a grandma and I had neighbors

that were all geriatric that I cared for even at home. So, I was a little bit more comfortable working with those patients. I did that for about four years until I was working one night, and one of the nurses I was working with worked corrections at the local jail. She was telling me all about that. I was like, "Oh, my God, I had never thought about nursing in a correctional center or facility." It really piqued my interest. I said, "Hey, I'm going to try this out a little bit," because I was looking for a full time job for some time. I went there, and I've never left. That was in 2006. I've been in correctional healthcare for about 16 years this year. Most people don't say, "Hey, I'm a graduate in nursing school or medical school, and I'm going to go into corrections" - we kind of stumble upon it. Once you get in there, you either love it or you hate it. So staying there, we love it. That's why we do it, that patient population where we help, and they really need help.

“Most people don't say, “Hey, I'm a graduate [...] and I'm going to go into corrections” - we kind of stumble upon it.

BKO: What would you say is one of the most challenging aspects of correctional nursing? Either that you face yourself or that you think, on a larger scale, corrections nurses are facing today?

LM: Correctional nursing can be a challenge because of the different environment you're in, but the nursing care is all going to be the same because we treat patients right. That level of care and what we do to the patient is the same whether you're inside a correctional facility or outside of the correctional facility. The challenge we face is just the environment we are in - making sure we get the resources that we need. Also, being able to move accordingly to make sure the patient gets what they need. As long as we meet the same goals as our custody partners, and we're going towards the same goal, which is basically making sure the patient gets what they need, then that's pretty much the same as any other place you will work and provide nursing.

BKO: That's a good point. As a chief executive nurse, can you tell me a little bit about the advocacy part of that role? I know the patient population that you work with - a lot of those types of patients can fall through the cracks of many aspects of society, not just healthcare. How do you advocate for your patient population?

LM: Absolutely, because the patient's have a lot of care that is needed. When they come to our correctional facilities, they may not have access to medical care in the community. It's first about setting a baseline understanding of what the patient's needs are because it can be challenging. They have a whole list of chronic care illnesses



that they may be suffering from or behavioral health issues that they may have, also substance abuse issues. They are very complex patients, so we advocate for first identifying what their needs are, and making sure we get them enrolled in chronic care clinics, or any hidden health services they need to get them stabilized. It is really important for us for the patients to have a smooth transition back in the community. We really try to advocate in my role as a chief nurse, for those community partnerships and connections with the community so they can receive our patients. Most of the folks will get released. Each of them will stay incarcerated, but a lot of them will be released from the county that day, turn stabilized, and also have the opportunity to partner with community organizations. From a public health perspective, that's also something we advocate for. We stay in communications with public health departments from city to city in which we hold contracts. So, again, community partnership is key to this relationship.

BKO: I bet. Walk us through your approach in leading healthcare organizations through change.

LM: Everybody may not like change, but now we must change! We've seen that really quickly, we had to change a lot of different things. How I approached change management is through a process called ADKAR (Awareness, Desire, Knowledge, Ability and Reinforcement). We have to make sure people are aware things are going on, and let them know, "Hey, this is what the issue is," and give them knowledge to let them know this is why a change is needed. I walk them through this change management process. It's really just getting them to understand

what the issue is, buying into the issue, and understanding a need, but we also give them the tools they need to be successful with the change. When we think "COVID pop-up," they need proper PPE. In order to take care of the patient, we as executive leadership and organizations have to provide you with the needs you need to be successful. I'm giving them the tools of real force over time, then they're better suited to embrace the change, and be a willing participant in the change. If you do that, then I think the change is much, much easier.

BKO: Absolutely. Talk to us a little bit about current working conditions for nurses - particularly with regard to burnout and short staffing. These are things that would pop up for any nurse in their career before the pandemic, but since the pandemic, a lot of nurses just idle. They're in a state of burnout and exhaustion. How do you feel about that? What are your thoughts?

LM: Right now, staffing is a big concern all across the country. It has been even before we entered into a pandemic. It has always, for over the last 20 years, been an issue and a concern. We're getting more nurses interested in nursing, and to stay in nursing. What we have to do right now is to embrace our nurses and make sure they are taking care of themselves. Burnout is real. If we are not advocating for self care with the nursing staff, then you're going to have problems. Organizations and executive leaders have to really think about how we can address the self care issues of our staff, and reimagine how work-life balance works. We traditionally used to do 12 hour shifts. Maybe we need to rethink that. Maybe we get a four-day work week with less hours.

We just have to reimagine how we look at nursing, and what ways can we help our nurses to really focus on themselves. We have to take care of ourselves first, right? We take care of everything else. We go to the doctor to get our health care needs addressed, but we don't address that mental health and mental well being. We have to focus on that. That's what we have to do as organizations; then everything else is going to fall in line. People don't want to come to work. People don't want to stay within nursing. The other part of it is getting people interested in medicine. Nursing is a great career. There are different avenues. One thing folks may think is, "It's just bedside care," but it's also leading teams and leadership work in case management review, telephonic nursing. There are all kinds of different avenues for nurses. That's what we need to do to create awareness of the nursing career. We have to create the pipeline for nurses to want to come into the career.

BKO: I love what you were saying about how it does fall on the organization to shoulder some of the responsibility for nurses self care, instead of just saying like, "This is something you all should be doing." I've heard of some hospitals leading meditation classes and different things like that – so they feel like they're partnered up with their nurses, as opposed to just adding one more thing to their plate they're supposed to have a magical amount of time they can allocate to it. How do you go about identifying your own burnout? How do you think you're able to either prevent it or handle it, if you feel like you're right in the thick of it?

LM: Whenever I feel like I'm getting stressed or getting burnout,



I really carve in that time throughout the week. That calendar feels so fast. People have the ability to put meetings on their calendar, and things just pop up. I've started carving time in my calendar to say, "Hey, this is what I need to focus on between this hour and this hour," and within those hours, it's a little bit of self care. Just taking the time to have a coffee break, or taking a little time to say, "Hey, I'm going to read this article that I haven't got a chance to read." That's my one approach to how I handle the stress in the burnout. And, just hanging out with friends and other nurses and understanding what other nurses are doing. You've got to talk to your friends and talk to colleagues and have that time where you can connect with other people.


BKO: You're so right about that. There's such an element of healing, just being around people that have gone through something similar to you, where you don't need to explain all the backstory of it – you just get it.

I know you do a lot of speaking engagements as a motivational speaker. What would you say is your best advice for nurses or nursing leaders in particular, to keep them going and to keep making good contributions to the nursing world?

LM: My biggest thing I love to do is my commencement speeches in front of those students. Students that are coming out – they are scared. They are scared for a multitude of reasons. It's the NCLEX test - that's the first thing - and then secondly, how will they make it in this new age world of pandemics and short staff and all of that? Then, even having all the knowledge you believe you need to have at nursing school. You're not going to know everything overnight. That's the biggest thing that I love to do, is to talk to those students and encourage them that they can do it. If you see everybody else around you in this room has done it, then you absolutely can do it. My biggest advice is to get a mentor, because it was one thing I did not tap into when I was in nursing school. I thought, "I can do it. I can study on my own." Just navigating through the maze by myself. I really recommend that students – even seasoned nurses – get a mentor. That is so important. Being able to bounce things off of a preceptor or a mentor is something I really would recommend, and that's my biggest advice to anybody.

BKO: I agree completely. What are some things you would like to see in terms of changes in healthcare following the pandemic?

LM: Some of the changes have already happened – definitely increases in pay for nurses. Nurses work very, very hard, and they are in all kinds of different specialties within nursing,



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so make sure they get paid appropriately for the work that they do. Some of these facilities need to be compensated for that, because that's a lot of work. It's a lot of stress and focus, but they need to make sure each patient is getting the attention they need. I'm happy to say that has been happening in our communities and around the country. I'm very excited about it. An additional thing I want to see is more authority for our nurse practitioners. That's always still a push-thing. We provide very good patient care to our patients, and we should be able to practice accordingly. Again, when we talked about self care, making sure to infuse that into our policies within our organizations. We got to carve out some piece of that inside of what we do every single day. Those are some of the key things I want to push for.

BKO: I love that. Talk to us a little bit about the importance of community. At NurseDeck, we are a nurse-led community and we're huge on getting people into the same spaces to collaborate. You are the president of the Black Nurses Association, an amazing community to belong to to further professional development and network. Can you talk a little bit about what good support communities are for nurses today?



LM: Yeah, the Black Nurses Association of Greater St. Louis. We love getting out in the community. That's another thing that's important for you as a nurse in your nursing career. It is not just showing up to work every day – but how are you affecting the community in which you live. That is one of the reasons why I'm part of the BNA. I'm also on the board of directors of the National Black Nurses Association. We love to get out in the community, because when we get out there, we see that there's a lot of education that's needed with our patients. The community needs to see the nurses not just in facilities. We also live next door to you. Our world is different from the way it was 20-30 years ago, where everybody knew a neighbor. So, we've got to get out in the community so people can see that nurses are doing stuff inside of facilities, but also outside in the community. That's something we do within our organization. We go out, we do health fairs, we educate people about their health conditions, We do blood pressure checks and screenings, and try to be a liaison from the patient to community resources that they can tap into. We have been working with doing COVID vaccines and helping to distribute the COVID vaccines, and then also do testing in the community. It's a lot of different things to deliver to a homeless man working with homeless shelters and doing toy drives for people in need around Christmas. So the community is really big, and it is really big within the Black Nurses Association. On a national level, that's what we do, but the education piece of it is a huge piece; we have conferences that nurses can come to to learn more about different disease processes, and working with both pharmaceutical vendors to understand the medications we give

them and know what the current latest guidelines are. So, their community is really big and that's a reason why I'm part of it.

BKO: It's a great way to reconnect with your roots in nursing, if nurses haven't experienced that, because we have such a bigger reach than what we do when we clock in and out of work. Whether it's with our families or church communities, or any sort of grassroots local-based outreach, it really can help people feel more connected and purposeful in their work in organizations. The Black Nurses Association is one way to get your foot in the door, if you're not sure where you might be able to best serve people.

LM: Absolutely. We say the BNA is in our DNA, because it's really who we are. This is really our passion – providing patient care, and making sure everybody has what they need. That's really the goal of anybody, any person's world is just to have the basics of what we need, and be taken care of, and loved by family and take care of our children. We offer the same goals.

BKO: We always like to wrap these interviews up by giving you the floor if you have any messages for nurses that are out there. We love to get different perspectives and advice from our interviewees on nurses today.

LM: The biggest thing I would say, if it doesn't challenge you, it doesn't change you. So let's tap into it. For nursing students, it's like, "Oh, this is so hard." But how many nurses do we have in this country? Everybody that is a nurse has done it. You can do it. Things may be hard, but if it's not challenging, it's not going to change you. Just embrace the change. ☺



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Lorna Brown, LPN	Career Coaching Services	lbcareercoaching.services
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Drue Bailey, RN	Revitalize: mind • body • soul - coaching	revitalizelife.teachable.com
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Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	nursekeith.com
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	theresabrownrn.com
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop



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& 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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Hey nursing student -

Have you applied for the

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- Submit a one-page essay; tell us about yourself, your experience using NurseDeck, nurse related activities and what you hope to achieve as a nurse in your professional career after graduation (500-700 words max. and doubled spaced)
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trusted community by
empowering nurses to
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authenticity and
comradery are valued.**

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