

THE INSIDER'S PERSPECTIVE OF NURSING

"Never lose sight of where the work is being done. Never, never, never."

LORI ARMSTRONG

DNP, RN, NEA-BC

HOW NURSES CAN LIVE A LIFE OF LEADERSHIP

NURSE EXECUTIVE, THOUGHT LEADER, CONSULTANT, COACH

SAVING HEALTHCARE THROUGH SERVING NURSES
RN BRY REILLY



WITH NURSING IN CRISIS, WHY DO NURSES STAY IN THE PROFESSION?

NAVIGATING NURSING SCHOOL AS A SINGLE PARENT

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses in the field, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.



Saving healthcare through
serving nurses
RN Bry Reilly



With nursing in crisis, why do
nurses stay in the profession?



Navigating nursing school as a
single parent



LORI ARMSTRONG How nurses can live a life of leadership

Dr. Lori Armstrong told ALL in this indelible interview about what leadership looks like. She stands for the best of nursing leadership, and is out there sharing her knowledge! She inspires, provokes, and invites every nurse into the work of reshaping healthcare through connected, down-to-earth leadership. We can't say enough about this awesome nurse leader! This interview will get you psyched to step into those leadership shoes.

nurse social



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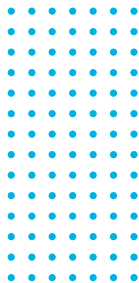
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Our leaderboard shows which NurseSocial users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing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

- Katrina Buchholz**
2,622
- Carolyn Harmon...**
2,152
- Mariah Edgington**
2,122
- Melissa Sherman**
1,452
- Rachel Grace**
1,347
- Jennifer Rodri...**
1,273
- Ottamissiah Mo...**
1,247
- Christina Aylo...**
837
- Lauren harback**
776
- Jasmine Joiner**
424

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*Saving healthcare through
serving nurses*

RN Bry Reilly





MEET BRY

Bry is an RN and a Board Certified Nurse Coach. She spent the first 5 years of her career dodging burnout. Knowing she couldn't sustain this personally or professionally she recommitted to herself. She got to the root of her self-sacrifice, took action on realistic self-care, and created relationships that were of equal give and take. In her private practice, she supports nurses in shifting their internal system so that together we can shift the healthcare system. She is honored to support others on this inside-out approach to nursing through group and 1:1 coaching. Find her in Instagram as @nursecoachbry, and join her NurseSocial group, Self Care with Nurse Coach Bry.

Can you tell us about your story as a nurse and what led you into nurse coaching?

I don't really remember deciding I was going to be a nurse. I grew up in a family of nurses, and it was just something I knew was always going to be part of my path. I spent the first five years of my career bouncing around, dodging burnout, and searching for fulfillment. I was in all these different specialties and wondering, "How am I supposed to do this?" I had this moment of realization - post night-shift, folding laundry - of I have created my entire life around serving others, professionally in the nursing role, but also personally, being the oldest sibling with primarily a single mom, being the friend that was always giving advice to everybody else. Setting myself up in this place where I was always giving to others and allowed me to really avoid myself. That really heightens the burnout in all areas, and nursing was really just the highlight for that. Through that realization, I began my own journey inward, really healing myself and understanding why I was the way I was, and why I was avoiding myself so much. Through that I was still working in the ICU, working night shifts. I had to really get creative around what it looks like for me to still show up for myself, while being in the season of nursing and life that I'm in right now. I discovered nurse coaching and really began my journey into the nurse coaching world. I left the ICU and said, "I'm not sure where I'm going next, but I know I want to support others in a deeper way," and I really began to practice

nursing in a way that felt more aligned to me and my beliefs in the way I was living. Full transparency there, I turned my back on the healthcare system for a little bit because I was so burnt out and frustrated. Through that journey of now being in my private practice for two years, I had this realization of this full circle of we still need nurses. We still need nurses in the hospital. We still need nurses at the bedside and doctor's offices and all the things that nurses have been holding up the system for way before 2020. We know that. That really began my creativity in how I take this nurse coaching role to really support nurses, to really begin supporting nurses in a way that is going to uplift the healthcare system. It's a big system, but let's start with the nurses and really serving them.

Tell us more about being on a path to saving the hospitals through serving nurses.

It's a line that makes you look twice, right? Because we know hospitals need some saving, but healthcare is a big system and it can feel really overwhelming. That's why I turned my back on it for a bit because I was like, "I'm just one nurse, I can't change the whole system. I'm going to focus elsewhere and do you do nursing in other ways." But as big as the system is, the patients coming through the system are directly connected to the nurses. If we can work that way, through the patients, understanding the people caring for the patients are the nurses, then how do we support the nurses? How do we get the nurses

in a place where they're showing up to work feeling like they're fulfilled, like they've taken care of themselves first, like they're able to be supported at work? Whether that is mandated breaks, a self-care room on a unit, or continuingly, involving them. What does innovation look like? How can we support you better just by giving nurses a seat at the table? If we can serve the nurses in these different ways, that is how we begin to really reshape the system.

Can you tell us about the Braving Wellness community? What is it? Who is it for and what does it do?

Absolutely. Braving Wellness is my coaching company, and we have a community of nurses. We have a container where we meet every week, and we have conversations around what is commonly felt but not commonly talked about. It's a really safe space for nurses to show up and have some vulnerable conversations, connect with other nurses and know this is a space where you get to just show up and be on the receiving end of some support and some care. Every week, we go through a meditation and a breathwork practice, as well. I will guide you through the entire practice, you don't need to have any experience, you don't need to prepare. I guide you through the practice, which is ultimately guiding you in connecting deeper to yourself, again while you're in a community space of being able to connect with nurses, as well. What I say often is, even if you do nothing else for yourself this week, you know that Tuesday nights, you have one hour where you can show up and just say, "This is my hour for me." You get to just hop on Zoom, show up, and know you will be held and supported through that.

There's this idea that we're superheroes, but we're not, we're human, too.

I love that you brought up the human factor. Yes, we're in the niche of nurses, but we're just humans, right? We play a lot of other roles besides nurses, at home, and as spouses and moms. This title of nurse has been put on us, and we're just now expected to handle all the things and it just gets so heavy. The ability to say no to something else so you can say yes

to yourself, is really like a muscle that has to be practiced. What we talk about in our community a lot is having these non-negotiables, having this structure, in your self-care or in how you show up for yourself. It may be that it's only working a certain amount of hours, or saying yes to a certain amount of overtime, and being able to have this flow within that structure, as well. If you do have to pick up, if you do end up saying yes to picking up those extra shifts you said you wouldn't, how can you care for yourself a little bit extra in that circumstance? It's not all or nothing, which I personally found myself in a lot. If I was working, I was completely taking care of everybody else and not focusing on myself, and then on my days off, I was like, "Okay, I can finally take care of myself," but that's not sustainable. It's just like this extreme ride, and it's quite exhausting.

Nursing career burnout has brought you to where you are today, and nurses and nurse burnout is a widespread phenomenon. What is the best message you can tell our nurses experiencing burnout to boost their morale and keep them going?

I would say to that nurse: you are the priority. You are the priority, and choosing you, showing up for yourself in whatever way you can do today, is good enough. I know this personally, and a lot of the nurses I talk to, we deal with a lot of self sacrifice. We have to sacrifice ourselves to serve others. We feel this selfishness and guilt for showing up for ourselves first. Saying yes to yourself first, even if it's for five minutes before you walk into the building for your shift, that is saying yes to every life you touch in the healthcare system, every life you touch in your personal life. If we can begin to really anchor in that mindset of "saying yes to me is saying yes to everybody else," I think from a nurse perspective where we are so used to giving to everyone else, that helps us feel a little bit more okay with showing up for ourselves. It can be really simple. If it's first thing in the morning and you have a little bit more space, like you're still at home, it can be something like a guided meditation, it can be something like connecting with your body, maybe some stretching, maybe putting on a song and just

having a little dance party, just getting into your body and out of your mind a little bit. Whatever is going to bring you to the present, bring you to where your feet are. Then, let's be real, sometimes the lifestyle of a nurse is like you don't want to get up a half hour before your shift, which might be at like, 4:30 in the morning. That's okay, because I always say, get the rest, get the sleep. Being a little bit intentional, again, if that's in your car, before you head into your shift, can you take some deep inhales and some deep exhales, taking a moment to even envision what you want to experience today? What would make the shift a success? Let yourself get a little imaginative, a little creative. Then you're going into your shift, and you're like, "Well, this is the experience I said I wanted, this is how I'm going to show up to co-create that." It can be these simple things, because the simplicity is going to create sustainability. If we make it all complex, and it has to be like this A to Z routine, we're like, "Ah, I'll do it one day, and then I never go back."

How did you recognize that you were burned out? What were the signs?

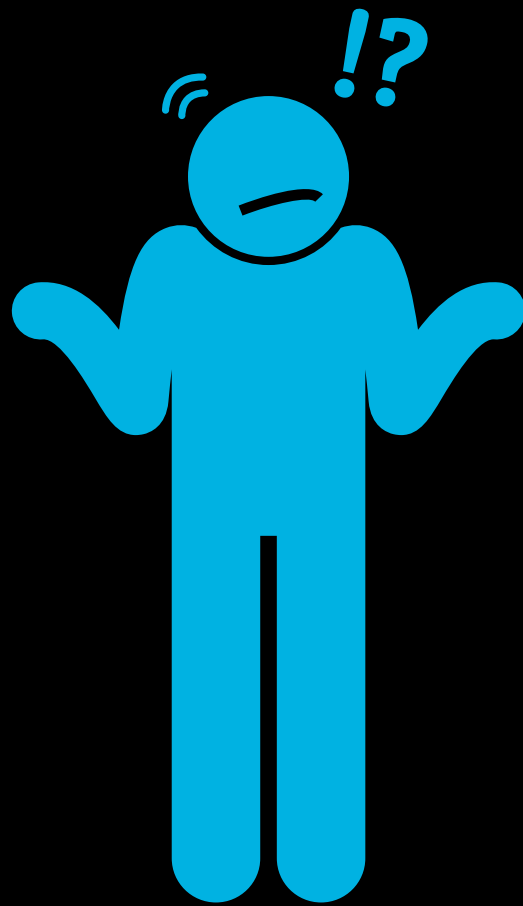
I'm trying to think back to that version of Bry. She was just so different from the woman you're talking to today. She was in this deep avoidance of herself. Any moment when she had the ability to show up for somebody else she would. I think about it as like, when there's a code, you're like, "what are the orders? Who's doing CPR? What are the tasks? Go, go, go." Then, afterwards, everything settles in, and you're there with your emotions in your experience of what just happened, and it hits you, and you're like, "Oh, shoot, now I have to deal with that." That was coming up for me personally and professionally, and instead of dealing with what will come up because I had this intense fear of: if I go into the feelings, and I don't know what to do with it, will it ever stop? What that looked like for me was plopping on the couch after a shift with a jar of peanut butter and a spoon or a glass of wine - if we're being real, probably a bottle of wine - and really, really disconnected from myself. Anytime any uncomfortable emotion would show up. I was like, "No, thank you." How do I numb it? How do I step it down?



Avoid, suppress. I was more comfortable in the chaos, I was more comfortable in the code, because then I was like, "oh, okay, outward focus. Let me solve the problem. I can do this." Then with everything else, whether that was in an actual code or something going on with family and friends, I was like, "Oh, you have a problem? Let me help you find a solution." When all my emotions would come up, I'd be in super isolation and never asking anybody else for help, with whatever form of numbing out I could get my hands on.

So as a nurse coach, how do you feel about the current working conditions for nurses? And how do you think we can strengthen the healthcare system today?

I don't feel great about them, to be completely transparent, but I'm also not at the bedside right now. While I don't forget what I experienced, and I hear from the nurses I connect with, what they are experiencing currently - it is not great. It is quite sad in a way to think that is how we are caring for those caring for some of the sickest people in the world. I don't know that there's necessarily one solution for all of it, because healthcare is a business, but if we can really take this macro of healthcare in and distill it down a little bit to the micros of each and every nurse, how can we support each and every nurse in a way that they are showing up in the system differently? That is when we start to create these bigger waves of change. ☺



WITH NURSING IN CRISIS, WHY DO NURSES STAY IN THE PROFESSION?

By RN Carolyn Harmon
NurseDeck Columnist

It has undoubtedly been the most demanding decade to be a nurse.

With government mandates on healthcare, insurance regulations, documentation requirements, and hospital policies exuding mounting pressure, providing bedside care has become incredibly challenging.

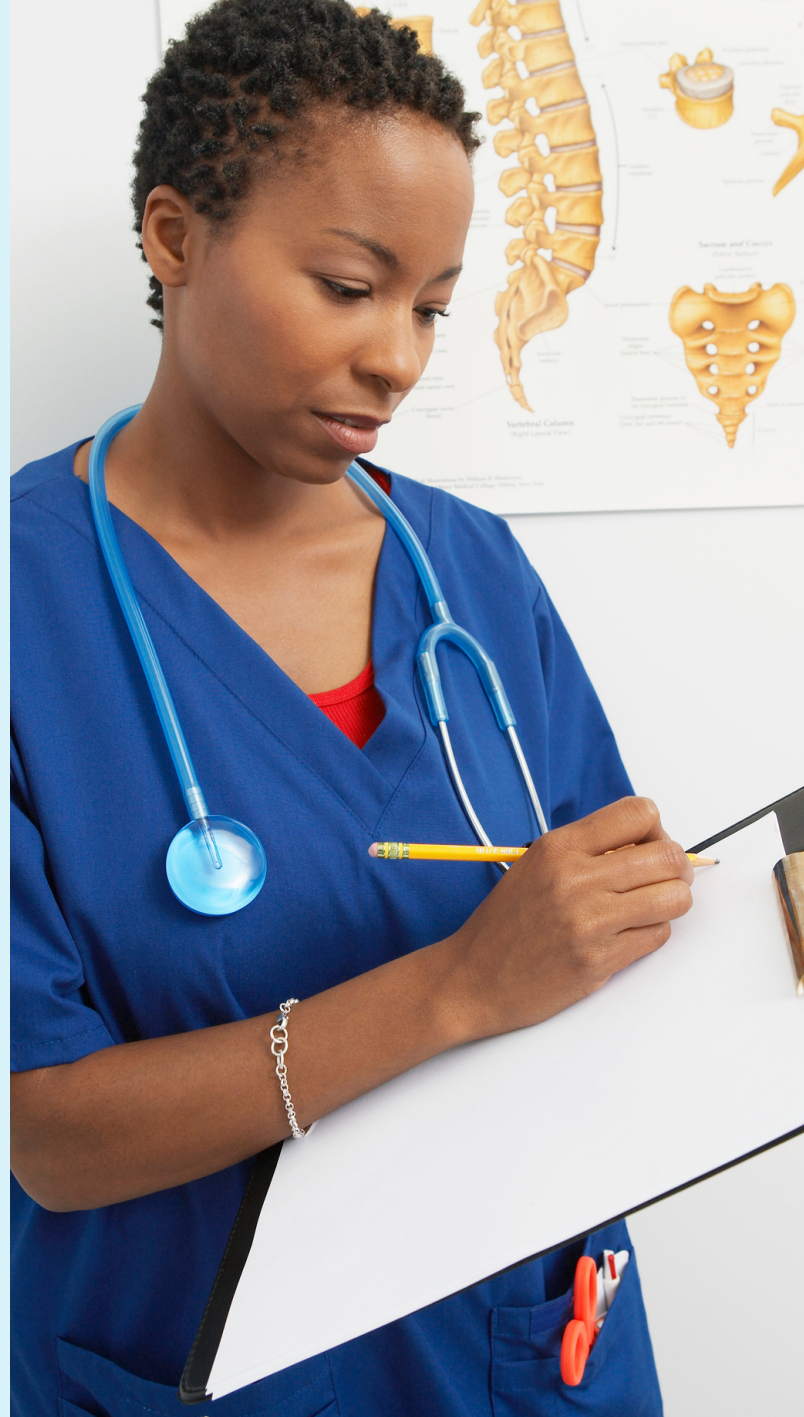
Critical staffing shortages have collided with a wave of baby boomers nurses leaving the profession. This population makes up over one-third of the total nursing workforce and will reach retirement age in the next 10-15 years. Many delayed their retirement plans, and some bumped them up as the world grappled with the COVID-19 pandemic.

New nurses have entered the profession during the most critical and turbulent time in our nation's healthcare history, and some are unable to gain a sense of resilience to continue. Choosing to remain in the nursing profession has wracked the hearts and minds of every nurse at some point in their career, yet evokes deep thought now more than ever.

Before the pandemic, nurses were already encountering extreme levels of burnout, and this was severely exacerbated during and post-pandemic. Nurses everywhere experienced a moment of reckoning and reflection on our career trajectory while we watched hospitals amp up to accommodate COVID-19 patients, as the healthcare industry prepared for uncharted territory.

We knew extreme PPE shortages were about to cripple our protection against an invisible enemy, yet we continued into the abyss of the unknown. Some encountered voluntary or involuntary layoffs, as they were forced home indefinitely as outpatient facilities and organizations scaled back elective procedures and halted in-person care.

Many walked toward the fire, staying to endure what was to come holding a deep sense of obligation to their organizations and



patients. A considerable number of nurses left their bedside roles to travel providing respite to areas hit hard and in most need of additional staff.

Yet many felt they were left with no choice other than to stay or leave the profession, feeling paralyzed to control what was occurring. Those who persisted have endured the most extreme time in healthcare with many unknowns and constantly changing protocols, tackling deep-seated fears and making it difficult for the general population to understand why countless nurses have made the decision to stay.



I posed the NurseSocial community with the question: “What makes nurses stay at their jobs?” Many respondents felt that being a nurse was a calling and something they were driven to become at a young age as life-long caregivers. Some felt a deep ambition to seek a career in nursing while caring for family members with chronic illnesses early on in their lives. Many feel incredibly vested in the success of the nursing profession and felt drawn to stay and lead in a positive way – feelings that grew during the COVID-19 pandemic.

As a natural caregiver from a young age, I have always felt the pull to care for others

like many in the nursing profession. I’ve cared for family members with chronic illnesses that ultimately ended their lives, and it feels natural for me to provide a level of understanding and empathy in the care I give that is hard to produce.

I have reflected on my career many times throughout the COVID-19 pandemic and at various stages of my career. After experiencing a serious life-changing health crisis, I shifted my sails and was forced to leave the challenging ER nursing environment.

Yet during the pandemic, I opted to remain and do whatever was asked of me.

Like many other nurses I held a strong commitment to my organization, profession, and the patient populations we serve. It was in this decisive moment of choosing to stay that why I became a nurse weighed so heavily on my heart, yet the decision was an easy one. I love caring for others. I love being a nurse. I love everything about it. Even on the worst days, my decision remains unwavering.

For me, nursing is not just what I do. It is ingrained into the fabric of who I am, a feeling shared with many of my colleagues in the field.

§

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.



Navigating
★ nursing
school as a
single parent

If you rise before the sun and begin and end each day cloaked in the profound exhaustion that results from leaving your needs last to be met, you might be a single parent. One who pulls long hours at a job you aren't crazy about, barely scraping by to get food on the table; one who lives in a cycle of constantly assessing which bills need to be paid next.

Yet - yet - you still dream.

Perhaps it was a career goal you put on hold years ago, or maybe it's a recent interest? Whatever the spark, contemplating what life might be like as an RN can insistently flame an interest that's hard to extinguish. Logistically, balancing work, family life and nursing school is extremely challenging. Doing it as a single parent is decidedly trickier.

But it's not impossible.

No two single-parent situations are alike. For as many that have a supportive and involved co-parent who will be willing to pick up the slack and who sees a win for you professionally as a win for your offspring, too, there will be twice as many who do not come close to this. In any case, single parenting is daunting on its own; studies show that single moms in particular score higher for anxiety, depression, and stress levels.

Yet.

The very qualities that make you an incredible single parent—diligence, responsibility, time-management, to name a few—will be the very things that set you up for success as a nursing student. Here are the ways to begin.

Scaffold your support system

Nurses are notorious for extreme self-neglect. As a single parent, you're likely practicing this not-so-healthy behavior already. That's why prioritizing support will need to be tackled before you even think of



applying to schools. You don't need all the details ironed out. But it's important to build the support frame—the nuances can be spackled in later.

Support systems come in all shapes and sizes. It may mean looking into aftercare for school-age kids, or extended hours at daycare for littler guys. It may mean arranging for weekend care if you plan on completing clinicals around a current weekday 9-5 job. It will definitely mean an added serving of single-parent guilt. This is why an ideal support system will care for your family and you.

Family typically tops the list for back-up care, but that's not an option for everyone. In that case, friends (especially fellow single parents), church/religious organizations, mom groups, or nanny-shares can help to fill in the gaps. Even if you've managed to juggle this whole single-parent thing up until



now, adding nursing school decreases your wiggle room. Most programs only allow one or two absences once clinicals begin; being the only one who can stay home with a sick kid may inadvertently cause you to lose an entire semester of school.

Bomb-proof your budget

Understanding your financial health is a key component of assessing nursing school readiness. If you've never created a sustainable budget for yourself, now is the time to nail it down. Start by journaling any and all purchases. This accomplishes two things: It will give you the most realistic look at where your money really goes, and it will help you to see where you can tweak some expenses to make room for school costs.

Nursing school isn't cheap, but the good news is that there are tons of financial aid options—grants, loans, even scholarships specifically for single moms! Just keep in mind that you'll need to factor in additional expenses like scrubs, books, commuting to clinicals, course fees, and equipment into your budget as well.

As a single parent, you also value the importance of having a financial safety net in place. The reality of balancing a job, family, and school simultaneously means there may be times when all three aren't possible. In order to get a return on investment with

nursing school (graduating and passing your NCLEX, and becoming gainfully employed) you may find that keeping your current work schedule with perfect attendance isn't realistic. If feasible, speak to your employer about your intentions to begin nursing school—you may be surprised to find that part of your support system lies there!

Self-care is essential

We've established that single parents and nurses often default to putting themselves last. And guess what? That is the surest way to fast track yourself to burnout in all areas of your life. As a single parent, your brain is already primed to care for others first; and though it sounds noble and altruistic, the reality is that you can be neither a stellar nurse nor a stellar parent when you're worn to the bone.

As it turns out, self-care doesn't have to be this huge undertaking. It can be as simple as waking up a few minutes before the family to enjoy hot coffee while jotting down a few things you're grateful for. It can mean taking the dog for a walk around the block. It can mean securing a babysitter to blow off steam with your future nursing school besties. Whatever beckons to you, stick with it for a beat, and remember that it takes 21 days to make it a habit.

The life of a single parent revolves around a never ending to-do list. Same goes for nursing students. Carving out time for yourself is an investment in Future You. It's a practice that will never let you down, and it may indeed be the secret sauce that sees you through nursing school and beyond.

One final word of advice—don't forget to lean on one of your best resources: the folks here at NurseDeck! We've got tons of helpful guides for reframing work-life balance, solidarity with your fellow working parents, and strategies for keeping all those balls in the air. We also have a fantastic support scene over at NurseSocial, with niche groups for nursing students, working parents, and every combination in between.

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.

LORI ARMSTRONG

DNP, RN, NEA-BC

How nurses can live a life of leadership

an exclusive interview

For 25 years, Lori Armstrong DNP, RN, NEA-BC has been developing best practices for nurse leaders as a CNO at top hospitals across the country. Her company, Inspire Nurse Leaders helps nurse leaders become their best. Through her consulting, coaching and keynotes, Lori shares these practices as the why, what and how of delivering exemplary care. Her goal is to help nurses increase their leadership capacity, capabilities and engagement to deliver great outcomes for themselves professionally and for their patients. Using her extensive clinical and executive experience -- combined with humanity, humor and contagious energy - Lori works with clients to transform leadership, improve operational excellence and increase patient safety and satisfaction.

Breanna Kinney-Orr (BKO): Lori, thank you so much for being here. I can't wait to dive in with you here. So, tell us how you got your start in nursing. What made you decide to get into it?

Lori Armstrong (LA): I am one of those people - one of those nurses who always thought they wanted to be a nurse. I was a little girl, and my parents had some friends come over and they brought over little kids - I probably was about six. The smaller children are 2-years-old or so and were not feeling well. That was the first time I remember having an overwhelming desire to take care of someone and help heal them and make them feel better. Ever since then I wanted to be a nurse, and there was going to be no stopping me. When I applied to nursing school, which was a long time ago, it was really, really competitive and hard to get in. I remember telling my mom, "I don't care if I have to move to Alaska, I'm going to become a nurse." It's a pretty strong passion.

BKO: You do a lot of work in leadership. Were you steered towards those roles early on when you were just starting out? Where does that passion come from?

LA: Well, I had an initial clinical interest and passion in neonatal intensive care and pediatric intensive care; I always was an adrenaline junkie with the ICU. I love the pace, love the action, and just love making a difference in patients and families literally at their most vulnerable time in their life. What grew out of that is a passion to help make things better, to fix stuff that wasn't broken or that was broken and identify things that people thought were not broken and show them how it could be done differently. That came very, very




early on as a nurse. That's what led me to ask if I could become a charge nurse, because I knew assignments could be made better, more effectively, more supportive of the patient and family, taking into account the nurses competency. I wanted to do better, different, and improve the work environment. That naturally led me into leadership.

BKO: You know, it's funny you mention the charge nurse aspect, because that comes up a lot. The nurses that become charge nurses in the beginning, it feels like you're pushed into that role rather than someone that is handpicked, that looks like they have the characteristics of being a good leader or manager in the beginning.

LA: You are so right. Unfortunately, it's still very common. I was promoted, they allowed me to be the charge nurse, because when I went to my manager and shared my interest with her, she goes, "I think that would be good for you, Lori. You're the best IV starter in the NICU." So, my clinical skill of inserting IVs into veins apparently coming made me stand out to lead people, which we all know one has nothing to do with the other, but clinical expertise still is an indicator or a pathway for leadership. Knowing that and living that gap for so many years as a nurse leader myself, that just kept fueling my passion to learn more, get better as a leader, and when the time came, for me to make sure my leaders, or people I was promoting, had the education, training and experience that I didn't have. I always felt like I was scratching and clawing to learn more. As I progressed up the ladder, if you will. I was manager, director, service line director, executive director, and then chief nurse for a really long time. I made sure, hard as it was sometimes, I made sure I was providing and often bringing in external expertise to my teams.

BKO: Do you find that in, say, a natural born leader or someone that's



When you know who you are and what you stand for and that guides your decisions, you're always yourself.

very self directed? Do you feel like you need that quality to become a good leader, or can that be taught?

LA: I love your question. The thought that most leaders are naturally born, that actually is a barrier for people who would be the most amazing leaders. They fear, "I'm not good at that," or "that doesn't come naturally to me." The reality is every leader is born, because we're all human, but you are leadership. This is how I describe it: leadership is a set of evidence-based actions and behaviors, and they're all learnable. That does not mean they're easy. Some are easier than others, some you might be more naturally inclined for, but I would argue that many, many leaders today in formal positions with title and authority, they're not actually leading to their fullest potential or impact. In fact, they may need to do it more frequently in an evidence-based way. I spend a majority of my time teaching what those leadership actions and behaviors are to different leaders in healthcare and it is so exciting to watch. One learns what those actual behaviors are, and can go to work the next day or the next weekend to start demonstrating them. The dial moves on a lot of things if things improve once a leader learns them.

BKO: So, a leader is not who you are innately but it's what you do that is entirely something that can be taught and learned just like everything else in nursing school.

LA: One hundred percent. Anybody wants to argue that with me - I welcome that comment. Based on over 40 or 50 years of research, Brene Brown, Simon Sinek, my mentor Dr. Barry Posner, and his colleague, Jim Kouzes, have studied

this and validated these behaviors over and over again. As a leader, leadership becomes who you are, and yes it comes out in what you do, but it just becomes who you are. Great leaders know what is important to them, and know what they stand for. If you value integrity as a leader, and you value innovation, or curiosity, or you value teamwork, you live and breathe that everyday; that's who you are as a leader, and that's what makes other people follow you. The data is pretty compelling. I know I'm a dork about leadership data. When I'm reading a leadership textbook, or one of my leadership journals, my husband's like, "Lori, can you once in a while read a fiction book?" But this is my "People" magazine, I can't get enough. The data is the impact of a leader knowing who they are and what they stand for, and it's so compelling because it's bi-directional. I went looking at the NurseDeck website, and it's very clear about who NurseDeck is, what their mission is, and what their services are. When a person is clear they benefit from that, because you feel like you're clear on your purpose in this life. It gives you a sense of well-being. There's even data about people who are clear on what's important to them as leaders: they're happier, and they know their purpose. What that translates into in a leadership role in a hospital, say, is productivity is three times higher, satisfaction is higher. All the turnover that we're having - if nurse leaders were better prepared, educated, and trained, and, most importantly, supported in their leadership, turnover would plummet. The data is very clear. The most important relationship for any nurse is their direct supervisor; that could be an assistant manager, a manager, etc. Hopefully, if someone has a really great, energetic, very engaged and

visible CNO, that person inspires others. My favorite data point is actually that if I am a very engaged leader, and I know what I'm clear on and what I value and my team knows, that my team actually has a stronger sense of their purpose, they feel like they're making a bigger difference. I mean, that's just incredible to me. When you're in a leadership role, it tells you how much responsibility you bear. It's pretty cool stuff.

BKO: That is cool. Tell us a little bit more about your journey. I know you mentioned being in the NICU and that's when sort of the light bulb started going off in terms of leadership, but walk us through the stepping stones that led you to becoming CNO and then on to nurse entrepreneurship.

LA: After my charge nurse orientation, which was pretty scary, a few of my colleagues thought they had to haze me. My first shift of charge nursing was unacceptable, so the next step was to be assistant nurse manager. I just loved leadership, I loved being there for my colleagues, I loved being able to help patients and their families, and watching the impact nurses had when they lay hands on patients and families fueled me to keep learning and growing. As I progressed in role and title, I knew I needed to formally learn more. I can go to classes and workshops, but I felt like I needed the credentials so I went back for my master's degree. It was half in the nursing school and half in the MBA program. My first accounting course was not pretty; I actually had no grade on my midterm. The professor wrote, "this is ugly." I still don't like him, and that was 20 years ago, but it reflected the gap that I as a nurse leader had in one of those required competencies, which is business

skills or financial acumen. What keeps fueling me is the gap in what nurse leaders are prepared to be responsible for. I believe this very strongly: “the best leaders are the best learners.” As a nurse, we need to be lifelong learners, we need to stay on top of our practice, but it's no different for leaders. You always have to learn and grow so you can be the best for your teams. I went on and became certified, and then the DNP became more and more popular. I wanted a terminal degree, and I'm not a researcher but I believe very strongly in advancing the science of nursing. Getting the terminal degree was important for me so I can continue to learn and get the highest level of education in nursing that I could. It's very important for any leader to model the way for their teams, so if I was asking every nurse to advance their knowledge in certification, I had to model the way. I got my doctorate and learned so much about the broader picture of healthcare and systems thinking. I felt it really, really qualified me, or at least supported my efforts in making more and more change at a system level. I had the opportunity to go to Harvard's executive education program when I was a chief nurse at Kaiser Permanente. Talk about an “aha” moment, that's where everything just came together for me. It was not specific to healthcare, this was executive leadership, but it opened up a lot of doors and ideas. About a year after that, I decided to leave my coveted seat in the chief nurse executive role, which I loved. I'm honored to have served in that role for so long, but to have the courage to open up my own company that inspires leaders opened up my mind. I believe every nurse has the opportunity to make the biggest difference. When I say the biggest difference, it's every day.



You never know what impact you have on a patient or family - they'll never forget you. Especially the frontline today; they're tired, exhausted, and vulnerable. I encourage every nurse to know their value and to try to reflect back on that, but also that you get to make a difference. You are so amazingly educated, like no other discipline, to have the courage to step out and try new things.


BKO: That's such an important point, and I love what you said. I love those stories.

LA: In these hard times, connecting back to your purpose and your passion is absolutely critical. My company - we are spending a lot of time right now helping in an evidence-based way. Of course, helping teams of nurses reflect back, look backwards on why you became a nurse, and reconnect with your purpose and passion. We do that through some imagery and storytelling, then we spend some time talking about the last two years. It's brutal, it's been life-altering, life-changing, it's been traumatic, and we spend time addressing that and then purposefully help nurses across the country start to look forward and develop a path going forward,

whatever that may be. When I'm doing quality improvement work, I always tell the group hope is not a strategy. You really have to identify how you are going to make these changes in terms of longevity and sustainability. Hope is absolutely essential, though, because without it there's nothing to look forward to, and none of us can afford that.

BKO: I love that. Do you find that being at the executive level, like in the C suites, is it harder or different? Or do you change your strategies or approaches when you're a leader amongst leaders? When you have teams of bedside nurses? I get we all have these leadership qualities within us that can be brought out, but do you find you have to modify the way you lead?

LA: The reality is you have to know your audience. If I'm sitting at an executive board meeting, I may use different words, maybe even stand up a little taller, I don't know, but a couple of points I would really underscore for anyone listening to this as a leader: always, always be yourself. Never betray who you are, and what you believe in. I'll speak from a chief nurse executive perspective: Chief nurses and even senior directors on some complex teams, you will often find yourself as the only clinician in the room, certainly as a nurse, and knowing what you value is essential. I work with leaders across the country in and outside of healthcare, clarifying their values. I put them through this whole hour-long exercise and I don't negotiate, they're only allowed to have five very important values. They fight with me every time, but when you know who you are and what you stand for and that guides your decisions, you're always yourself. That's the authenticity of you as a



*Never lose
sight of where
the work is
being done.
Never, never,
never.*

leader. That's one of the big components of increasing your influence on other people. For example, one of my top core values is family. So if I don't live and breathe family when I'm making decisions - I'll boil it down to the most simple example. We all know the total isolation that patients felt during COVID. Family is important to me as a chief nurse and as a leader, so was I paying attention to the visitation policy? Was I making sure every nurse had some kind of technology to connect patients with their families? Did I champion bringing at least one visitor back? That's when you are an authentic leader, because you know who you are and what you stand for.

BKO: Absolutely. I think that's a major complaint from bedside nurses looking at leadership, that last week you said this and now this week something else is important. But if you have someone authentic and sincere, they have your back.

LA: One hundred percent, and there's been so much erosion in trust. Trust was eroding in health care before the pandemic, but when the pandemic

hit, we're at an all time low. One of the reasons was that things were changing so quickly. As a chief nurse, or a hospital leader, you were saying one thing at 9 a.m., and then at noon, for reasons outside of your control, things are changing. The message may stay the same, the decision may stay the same, but how you deliver it and how often you communicate and where you are when you're communicating it matter. It's okay for leaders to say, "I'm frustrated just like you are. We told you about what you're supposed to wear at 9 a.m., and now at 12 p.m. I'm telling you we don't have enough." Being honest about it, that takes skill and it takes competence. Some leaders, especially less experienced leaders that haven't been in, feel like they have to know everything, they need all the answers when, in fact, it's the opposite. When you show your vulnerability to your team around you, they're like, "oh, my God, they're human," "he's been straight with me," or "I like this person." The only other thing I would say is - and this is another thing I don't negotiate on. When executives tell me they can't do it, I work with them to show them how they can do it. It is: never lose sight of where the work is being done. Never, never, never. For me as the chief nurse, hardwiring at least four hours a week in scrubs on the floors with the team was not negotiable for me. Many teams - directors on up - roll their eyes and say, "Lori, that can't happen here." When you do it in big academic medical centers, I challenge the status quo of, "that's where you should be." The value of that to the frontline staff is huge - one of the biggest complaints is that they don't see their leaders. Getting sucked up in the vortex of meetings and everything, there are lots of reasons leaders are less visible, however the

value of visibility is it's part of how you communicate with your teams. Being on the floors at least once a week helped me make better decisions the entire week, because of what I saw and what I heard.

BKO: I love that you put on scrubs too, because I feel like we would see some of our nursing leadership come down and say, "here I'll transport you're patient in my 4-inch heels and my suit," but we're like, "you should really put on an isolation." It's the visibility of it, like you said.

LA: Yeah, and it puts you in a different light. It's certainly not meant to be disingenuous. I tell them, "at most I can be your nursing attendant. I will help you, I will do anything," but I'm very clear about what I no longer am competent to do. I'm here to help - I'll empty the garbage if you need me to, I'll help you turn a patient, not a problem, that's what I'm here for. I want to understand the work. That's my journey. It's not a one time thing; leaders need to earn respect. Earning trust and credibility is a bank account: you have to make deposits and keep making deposits, and if you miss a deposit, it's okay to tell people you missed - you misspoke, or "I'm sorry, I haven't been here in two months, X Y and Z has been going on," - just communicate that.

BKO: Absolutely. We've touched a little bit on Inspire Nurse Leaders. Can you walk us through the mission and the vision? Who joins you? What do they get out of it? It sounds so intriguing.

LA: It's been another honor of my life first - being a nurse and then getting to lead large teams has been just an honor. We help nurse leaders become their best by increasing their

capacity, their capability, and their skill, so they can achieve better outcomes. For nurse leaders, those better outcomes can be for themselves in their strength as a leader or the outcomes of their team, like higher engagement, and then patient and family outcomes. When nurse leaders are strong, their teams are stronger and the frontline has what they need to do their very, very best. Patient safety improves, productivity improves - that's what we get to do. We have a great, big vision of reaching every nurse leader by the year 2030. We have a good amount of time left, and we are working as fast as we can doing it. God put this notion in my head to create this company, and I feel very strongly that I'm aware I have a purpose. My purpose is to educate, train, support, and coach nurse leaders, through having my own company versus as a chief nurse. The walls are gone, we can go everywhere. The company - even though we started a year before the pandemic - we are scaling as fast as we can. We are very clear, not only on our mission, our vision, and our values, that we want to advance the science of nursing. We want to challenge the status quo. We want to help nurse leaders know their value and never settle for anything less. We have about eight values on our website - we teach values all day long so you have to practice what you preach. We focus our work in three distinct areas. First and foremost, we are a group of nurse coaches. We've walked in the shoes of managers, we've walked in the shoes of directors, and we've walked in the shoes of chief nurses, and we match whichever role and need of the client with the proper coach. I don't want to sound cliché, but everything we do and build is by nurse leaders for nurse leaders. We

do a lot of coaching, we do a lot of team development. When I spoke earlier about helping teams of nurses reconnect with their purpose and then start looking forward, we do a significant amount of that work in hospitals across the country. It's typically a full day retreat with some follow up, and it's so powerful.

BKO: I can imagine. We're going to circle back and talk some more about your company, but if you could touch on a major change in health care, as a result of the pandemic, that you've seen come about or that you think needs to come about - it could be leadership related or not - how has it impacted you as an executive leader or an entrepreneur?

LA: We were busy from day one. Which - "Lori you're great and wonderful" - it had nothing to do with that. The gap is so big in nursing in terms of what hospitals need, that we were busy right away. We were happy to fill the gap, and then when the pandemic hit, everything stopped. I will tell you: I am a nurse to the core and I couldn't sit home. My previous organization, Kaiser Permanente, called and asked if I would consider coming back, particularly for the beginning of the pandemic. I couldn't say no, plus I was jumping through my skin. I'm so used to being in the middle of everything. I went back for several months, back into the role because the dramatic changes in the emotional wellbeing and mental health of frontline staff and nursing was so palpable and dramatic to me. Number one I wanted to help, but I wanted to experience it. I can be the best teacher, educator, coach, but only if I can relate. That's my belief. The biggest changes - we all know the numbers pre-COVID for anxiety, depression, suicidal ideation, and



disengagement in nursing - the numbers were rising, and that to me is the absolute biggest impact. I get chills saying that, but I want to be clear here: you can't go a week without seeing something about resilience, mental health, and wellbeing in healthcare. What it's highlighted is the gap that still exists in the organization - if an organization or a system says mental health and wellbeing is important, and they support their groups, then how successful and effective are your programs of support? I believe we have not figured that out in healthcare or the country. How do you operationalize wellbeing when you're working, 12, 14 hours a day in understaffed conditions? With incivility in the workplace. being afraid for their physical safety, their psychological safety, we have not cracked that nut yet. The focus on mental health has been the biggest change from my perspective, however the work is in front of us. I'm working with teams across the country to unpack that and I'm hoping to be able to impact the hospital, but also maybe advance the science behind it.

BKO: That's so good to hear because a lot of the nurses we hear from say, just like everything else feels in nursing, that the whole aspect of self-care, mental health, and wellbeing feels like it was another responsibility added to our plate that we just personally didn't take care of. A lot of nurses now are saying, "No, I'm only going to work somewhere where I feel that's important to the institution that I'm literally giving my blood sweat and tears to. It's slowly shifting, and I love that you guys are out there looking at it from the other side saying, "we're working on it."

LA: Absolutely. I'll tell you one sad

example: we had a whole group of nurse leaders, and we were helping them define daily behaviors that will result in better health and wellbeing on a daily basis. "Okay, so let's identify the 10 behaviors for the environment - cultural norms, unit norms - that will result in a healthier work environment," and it was an absolute struggle. The first group of 10 couldn't come up much, and brought in another group of 10 that still had pretty much a blank, big piece of paper. They had to call timeout, as the facilitator and the teacher said, "okay, what is the trouble?" They did a fantastic job defining what teamwork looks like, what respect looks like, but health and wellbeing - couldn't do it. They said, "Lori, no one has ever asked us." It was such a sobering moment. As you get to actual daily or weekly behaviors, it truly means, "I'm going to be healthier and I'm going to be more mindful," and "people care about my wellbeing whether it's physical or psychological." That's the work that has to be done.

BKO: That resonates so strongly, and you painted a perfect picture. The message we're given a lot of the time, at least in the noise of social media, is self-care is different for everybody. Like, maybe you like a manicure and you like a bubble bath, but that's not really self-care when we're talking about mental health.

LA: That is exactly right. And, they did get there. They identified 12 as a big team, and we're about to start rolling them out at one particular organization. Starting with very basic things makes a big difference. It's almost embarrassing to say because when you talk about it with other industries or disciplines, they're like, "are you serious?" I'm serious. Like, if somebody is off or on vacation, don't

call them with questions and don't call them to come in 16 different times. That inability to turn your brain off as a nurse and a nurse leader - I'm guilty of it in my past and I'm not shy to confess how I used to do things previously - we don't let people rest and we need to rest. I'm sure you've heard this before, but the guilt people feel - you know the department or unit is short staffed, but they want to be at home and they need to be at home. When they're at home, they feel guilty, when they're at work, they feel guilty, and that chronic guilt has an impact. I think the narrative has changed, but the sustenance or the meat under that has not changed yet, in many organizations. The narrative has changed, but how to operationalize that? We have a long way to go.


BKO: That's the missing link right now. Let's talk about current working conditions for nurses. Do you feel like the tide is shifting as in terms of working conditions or hospitals catching up to nurses having these "aha" moments - like there's 4 million of us and not for a million of you?

LA: I want to say it's beginning to shift, but I don't think we've made a big enough shift yet. I don't think hospitals have acclimated to the travel nurse changes. Nursing demographics have changed in general, and travel nursing has had a significant impact on the whole gig workforce, the economy, and nursing. Many places are still reeling and trying to figure out what that means, and I believe many people think it's not going to be long term, that as the demand decreases we'll get closer to normalcy. Everyone is acutely aware of the demographics in terms of people's willingness to be mobile, of people voting with their feet. They vote with their feet

because they're not being paid enough. Nurses - we held up the world - and I'm prouder than ever to be a nurse, but we held up the world and our compensation has to reflect that, but it's not there yet. We've made some progress in certain pockets in certain organizations, but the demographics of people's intent to leave the profession is very serious, and we've yet to realize the toll that's going to have. I had a magic wand - I'm going to say something controversial - I would not address compensation as the first thing, because this current way we staff and the staffing model must change. We're all reading about some innovations that are taking place, research and grants that are funding assessing safe staffing models. Staffing must change, because that is the biggest driver of people leaving.

BKO: I agree. I think people just want to enjoy their work again, instead of feeling like they just have to make it through the day.

LA: Right, and while you're driving home, reflect back on what you didn't get to finish or when you knew that you could have provided better care, but you didn't literally didn't have enough hands and feet to do it.



*It's a joy to
help people
learn and
grow.*

My magic wand would absolutely address the staffing model first and foremost. I encourage nurses to speak up, always participate in the staffing committees, and try to drive that change. Sadly, it's not going to be fixed. You can't snap a finger and fix it, but we must. We must not settle for anything other than different staffing models. I don't know what that difference is, but it must be different because the current models haven't worked ever, and now we have a burning platform to fix them.

BKO: I agree with you - I think compensation will become less important. Nurses get into nursing because they want to be a nurse. It pays well, but that's the driving force.

LA: Compensation has never been a long term strategy for engagement and retention. It's important - so that might be the next thing I fix with my magic wand - but we've got to fix the frontline staffing model. Last but not least is the chronic lack of effective leadership development and training; no longer is on-the-job training acceptable if you are going to be leading people. My heart is with the frontline clinical leader, so assistant manager in most cases, but that's where the rubber meets the road. We need our best people leading clinical units, and it's my passion. We're doing a lot of group coaching of assistant managers to inspire nurse leaders, and it's a joy to do it. It's a joy to help people learn and grow.

BKO: So, aside from people being coached by you guys, what can the healthcare industry do to help inspire, support, boost morale of these leaders who are where the rubber meets the road, as you said?

LA: Healthcare - if you look through

the lens of leadership development - I think hospitals everywhere are at an inflection point. If they're not, if they don't recognize that's where they should be, I am asking them to consider this as an inflection point, and to take stock of the quality and the quantity of their leadership development that's offered. I'm going to go one step further: nurse leaders have the most complex role out of any leader in the hospital. I always define it like this: when you're working in quality you're focused on quality every day, when you're in finance you're focusing on finance every day. The nurse leader works on quality, then people, HR, finance, patient experience, and clinical. A nurse leader has the broadest array of competencies. They have a unique role that requires unique development and leadership development. So while I respect all my colleagues, if they're leaders in EDS or their leaders in facilities, I'm happy to go to a general leadership class with them, we'll learn together and we'll learn from each other, but nurse leaders deserve unique, nurse-specific education and training.

BKO: That's great advice. As a nurse, you do so many different jobs willingly, so of course as a nurse leader you're already primed for that, too. Finding a way to help those leaders is so important.

LA: Getting funding and financing for these types can be challenging, certainly as hospitals recover from the financial impact and financial toll of the pandemic, but you can always start small even bringing in new Nurses Week speakers and teachers, looking at group coaching is more affordable, and I work with teams all the time. My team and I work with people who say, "we need this, and this is our budget" or "we need this

***“You are a nurse,
and you can do
anything.”***

and we don't know how to ask.” Go to our website, there's a Contact Us page, give me your name and contact information, we would be happy to help you. If it's not Inspire Nurse Leaders who helps you, we are happy to guide you.

BKO: Amazing. Well, lastly, at NurseDeck we're huge on community, we talk about it endlessly. Can you share your thoughts on community, nursing communities, whether they're virtual or belly-to-belly, and their importance?

LA: Community is critical. More than anything, my network and my community are what grounded me, supported me, and actually pushed me to do more or learn more. I have chills saying this to you, because I reflect back on the people that have been with me - we've been there for each other throughout our journey and leadership - and through organizations like NurseDeck, it's so much easier these days. I don't want to sound old, but it's so much easier these days to connect. I encourage everyone: if you're not within some type of community, search one out, it's very easy. Click away on the

NurseDeck website. If you don't have a mentor, get a mentor. That's how community starts. You can start small, but having a community of nurses gives you people immediately. It's a support group, it's a thought group, and we're better together. There's strength in numbers. You mentioned earlier that we're 4 million strong, so let's build our communities and make connections, and our influence will explode.

BKO: Love that, this conversation has given me so much. So, we love to leave off with a message for nurses - do you have anything to share?

LA: Know your value, and use your voice. You make a bigger impact when you know your value, you're trusting your value, and you have more confidence that your voice is stronger. Don't let anybody say “no” to you. If someone says “no” to you, if you're trying to make a difference at work at the hospital, there's always another door, so have courage and have faith in nursing. I want to encourage all of you to live a life of leadership. Leadership is not a title, it's not a role. What that means is always learning and growing. You are a nurse, and you can do anything. 📌



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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
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