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THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

"Even prior to the pandemic, our nurses were just tapped out."

MARCIA PROTO

M.ED., CAS

A DEEP DIVE INTO NURSE STAFFING ISSUES - AND THE DESPERATELY NEEDED SOLUTIONS

PROVEN HEALTHCARE LEADER & CONSULTANT, LIFETIME NURSE ADVOCATE

HEALING THE NURSE'S TENDENCY TO DO IT ALL

LPN SUE DURICHKO

THE NURSE ADDICT PART 2: RECOVERY IN THE FACE OF DISCIPLINE

Issue 45 | July 19, 2022

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.

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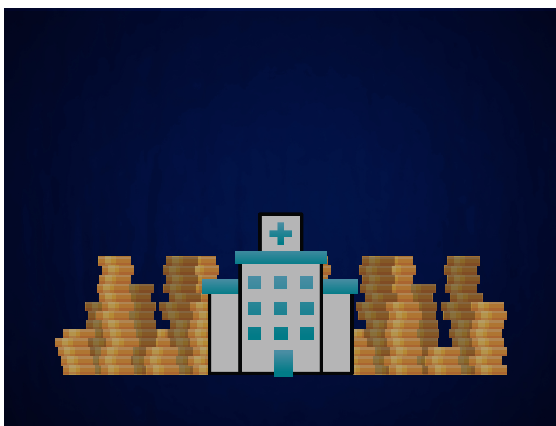
Healing the nurse's tendency to do it all

LPN Sue Durichko



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MARCIA PROTO

A deep dive into nurse staffing issues - and the desperately needed solutions

Marcia Proto brings her WEALTH of healthcare industry experience and knowledge to an important conversation about nurse staffing issues. What will it take to retain experienced nurses? To train the next generation? To inspire new nurse educators? Marcia gets into it all.

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Our monthly leaderboard shows which ND Social 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 April's top 10!

Join the community...

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On ND Social, 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.

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nurse social

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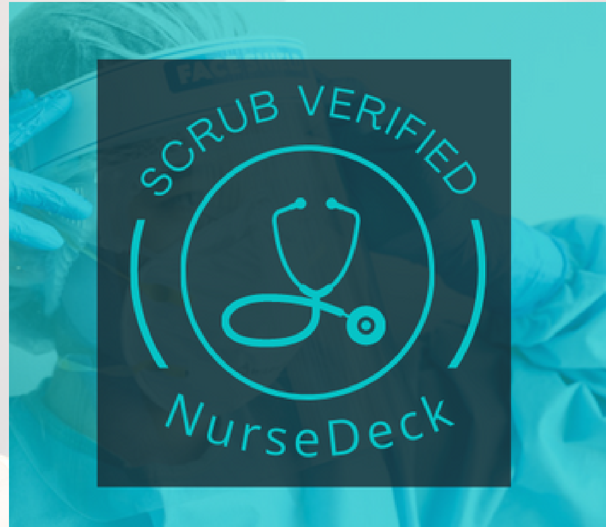

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LPN Sue Durichko

Healing the nurse's tendency to *do it all*

MEET SUE

Sue Durichko is an accomplished and growing LPN leader since 2009. She is proud to be part of a dynamic team at Randall Residence, cultivating meaningful connections while supporting teams and communities in Michigan, Ohio, and Illinois. She feels blessed to learn and grow with the individuals she works with. Her purpose is to encourage individuals to believe in themselves and to tap into their "Happiness Identity". The outcome has endless potential overall but the professional outcome is a confident, compassionate and thorough approach to providing quality health and wellness care to our community members.

Connect with Sue on LinkedIn:
linkedin.com/in/sue-durichko-b5862ba0/

How did you get started in nursing?
It was back in 2007. I had already raised my young family to a point of some personal independence, and I did some soul searching about what I wanted to do for my career path. I have always enjoyed being in "the spirit of servitude" and helping others and I find great pleasure in problem-solving. Nursing seemed like a good avenue to satisfy that desire.

Can you tell us more about what you do as a regional health and wellness LPN at Randall Residence?
Randall is a large-small, family-owned company. I know that's a contradiction - it's large in the sense that we have 19 communities and growing in three states, and it's small in the sense that it's family run, owned, and operated, so it's an intimate and close collaborative approach to our communities. I have the responsibility of supporting 10 of those communities, while there's another home office nurse who supports the remaining communities. In a nutshell, if I could explain what I do for those communities, nursing teams, and other departments that interact and rely heavily on the nursing team, I would say... I understand them. With that understanding, through seeing them, hearing them, and helping them feel valued, I am best able to coach, collaborate, problem-solve, team-build, culture heal, and culture build. I do my best to set our teams up for success in many aspects.

Depending on what may be going on dynamically on any given day, I may be called to any or all of those areas of support. Those are the "soft sciences" of my role, as I like to call them, and then there's the logistical aspects of my role such as regulatory compliance, putting systems/organization in place and staffing (especially in today's industry and climate). That pretty much sums up what I do.

What is your purpose? What motivates you to go for it?
My purpose, overall, is to find alignment with my own self. My professional career and personal life are a compilation of seeking out people, situations, environments and opportunities that help me to find that alignment. It is simply my journey through life. That's my purpose.

We see you have some volunteer experience, how did these experiences help you to become who you are today?
I guess it goes back into the concept of servitude but, in certain aspects, it's also selfishly motivated. I really value the community that I live in, I value my neighborhood, my town, my neighbors, and my family. I believe to make your experience what you would like it to be, you have to be an active participant in it. Many of my voluntary experiences are community-related in my hometown and surrounding areas to

achieve that desired experience. Additionally I served and volunteered on the advisory board at the nursing school I graduated from. It meant a lot to me, to give back to the educational body that equipped me with what I needed to go out and to be a successful nurse. For me that's what it's all about, going back to finding that alignment with myself and connecting with myself. I find that outside connections with other people help me along that journey. Understanding others and truly seeing others, pushes me further down a path of self discovery.

So happiness is natural, can you tell us more about that?

Well, it's simple, but it could be complex in the conversation piece of it. For me, it's a simple concept. We're designed to be "naturally happy". We are part of nature and in nature, you can step outside your door and see it all over the place. Happiness, synchronicity and harmony is a natural state. However, as human beings, oftentimes, we allow our experiences to become a little complicated by external factors and external stressors. If you peel away all of those stressors - and as it applies to nursing the stressors include staffing shortages, an extended pandemic etc. If you take them away completely and focus on the aspects of life that bring you joy, satisfaction, and happiness, then you can align back with your natural state of happiness. All of these stressors come and go. The beautiful thing about life is nothing stays the same. There's no permanence. Everything is continually moving and changing. So this too will continue to move and change. I choose to put my focus on the things that bring me joy and happiness, and my goal is to influence other people to do the same. I'm not a Pollyanna, and I don't suggest we ignore any of the challenges or struggles life has, but I am simply suggesting that it's better if you turn your head in the other direction. You don't have to look there at the stressors you can choose to look at and put your focus on all the things that are going right. There is always way more going right and an abundance of blessings. Positivity attracts more positivity.

How do you stay positive? And how do you keep your positivity when things are not going your way?

I don't mean it in a cliched way when I use the term self-care, but I genuinely mean it in a real sense. I have identified the practices that work for me, and I make it a priority to achieve them daily. For me personally, and maybe it's not the same for everyone, it's meditating, getting out in nature, breathing in the fresh air, absorbing life and nature, reading, I love connecting with family, and I love laughing. So anything that could bring humor, joy, and laughter, I think it's extremely therapeutic and helps you to connect. It's slowing down. Going back to those external factors and stressors - you could choose to allow yourself to become really polluted with it, or you could choose to set aside some time and just clear the decks. Calm your mind, focus on your breathing, let the negative thoughts roll in, and then allow them to roll out just as fast as they rolled in, and just focus on clearing your mind and reset.

What are the challenges you've had so far in your profession during the pandemic? How do you manage it?

Logistically, the number one challenge is staffing and discouraging burnout for nurses. The way I manage it is I do my best to empower the people I work with, so they're better able to align with being motivated by inspiration. To be inspired to do something, really feeds into the calling of being a nurse or a caregiver or any role in the nursing industry for that matter. To have to do something out of obligation has a different feeling. What I try to do is to empower the people I work with so they have confidence, clarity, and know-how, and then they can move through their day more in an inspired way rather than an obligatory way. The end game is quality of care, right? And making those connections with the people who we serve and with the people who need us. If we come to them as whole as we possibly can, the result will be the best quality of care that we're able to give.

Do you think burnout among nurses is a widespread phenomenon? How would you address this?

Absolutely. We can only address a larger problem by addressing ourselves. This might be received wrong, but if we were all a little more selfishly motivated in terms of that self-care piece, drawing those healthy boundaries, being able to say no, and discovering our empowerment we can then meet others wholly and those meetings become more genuine. You will come to an assignment or a responsibility as a whole person rather than a person who's burnt out, drained, and only giving a portion of what you're able to with your mind, body, and spirit. It really is that self-care piece of it. Sometimes, you have to say “no” because you need to go home and rest, so you can come back and be whole on your next shift. I understand the notion of wanting to be many things for many people and almost having a little bit of a superhero-driven approach. It's admirable, but it's a failure every time. It’s important for nurses to liberate themselves from feeling that they have to be all things for all people at all times. Because that's an impossible ask of anyone.

> *"It’s important for nurses to liberate themselves from feeling that they have to be all things for all people at all times."*

How do you see the future of nursing? Are there any changes you would like to see?

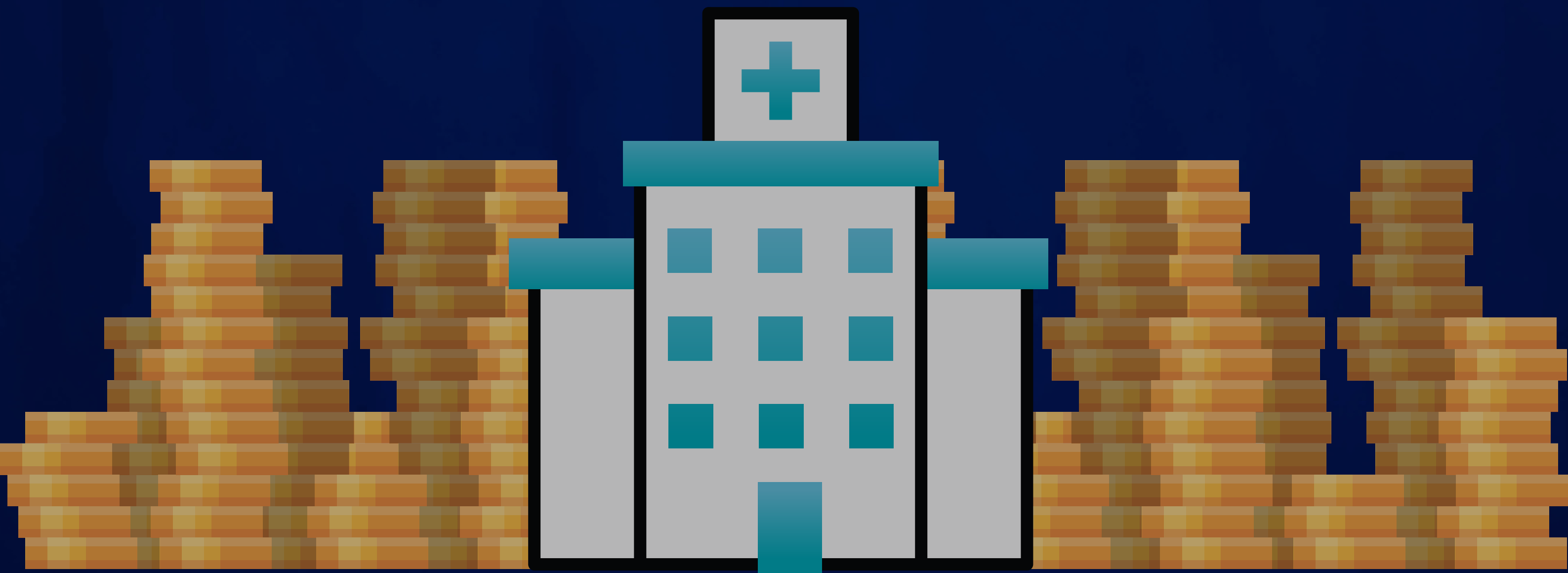
Going forward, it's going to be an absolute model shift. It was coming pre-pandemic, but the pandemic really expedited it. Now, every aspect of nursing is going to be re-evaluated and restructured, hopefully for the better. I would love to see nursing - from LPNs to nurse practitioners and everybody in between - become outwardly acknowledged as their own entity. Historically, nursing was always more or less seen as working for or under someone else, instead of being represented as its own entity. Nursing is separate from being a doctor and or the administration in a company. Nursing should be seen, heard, and valued as its own entity. In other words we have to secure a culture of equally mutual respect for each member of the healthcare team and their role rather than simply a department that obediently follows orders from the doctors and or the administration. We need an equal seat at the table and we need to be a larger part of the conversations. With that shift we also have to secure fair pay, fair staffing ratios and fair hours. I am blessed that I have found those aspects with Randall Residence. I want to encourage the industry to mirror that model to create more beauty in this calling to provide care. You can't keep asking the impossible of people and then expect them to continue to perform, let alone excel.

Is there a topic you would like to discuss or address that we haven't already?

Communication and language are important to me life-wise, but it definitely feeds into nursing as it relates to successful outcomes day-in and day-out. Understanding that everyone has a little bit of variance in how they communicate and how they communicate things. I've witnessed hurt feelings, tensions, and unnecessary grievances, simply due to poor communication. It's funny, but in our English language, we have numerous unspoken subsets, not to mention body language and energy. So I would love to see someone pull it apart, interpret it, break it down and present it as a general educational piece, possibly as a required CEU of sorts. And to convey it clearly and simply in a way that makes sense so that we can better enhance communication amongst each and achieve a higher level of harmony.

THE NURSE ADDICT PART 2

Recovery in the face of discipline



nurse+deck

By RN Breanna Kinney-Orr
NurseDeck Ambassador

This series follows the stories of four nurses dealing with addiction. The following accounts have been provided on agreement of anonymity—therefore names and certain identifying details have been changed to protect their privacy. In case you missed it, here's part one.

Nurse addicts are often high-functioning—they manage to juggle high levels of addiction while still maintaining the appearance of normalcy in their work and home lives. Add in the stigma of addiction and the fear of losing their job if they were to seek help, and their drug or alcohol abuse can go unchecked for quite some time. Coupled with heightened access to their drug of choice at work, these are the primary factors that keep many nurses trapped in an addiction cycle.

"Diverting 1 or 2 oxycodone tablets a week snowballed quickly for me," says Sarah*. "Within a month, I found that I needed to take them daily, or I'd start to feel withdrawal symptoms. Every morning, I'd make plans to cut back, and by day's end, I'd failed. I considered contacting the EAP provided by my hospital, but in the end, I worried that anyone I spoke with would be obligated to break confidentiality."

Fighting back from the depths of addiction is the challenge of a lifetime on its own. For nurses dealing with addiction, reclaiming their lives comes with another added pressure: facing the Board of Nursing (BON) in order to remain in practice. When James* was terminated from his job for opioid abuse, he was simultaneously reported to the BON, a requirement of most employers. "Waiting to hear from the Board was the worst week of my life. I knew my license was in jeopardy, so I didn't dare look for another job. Also, phoning my parents to tell them the mess that I had created was another low. The Board was very business-like about it—seek help—on their terms—or have my license revoked permanently. There was no in-between."

Addiction in the healthcare community is more prevalent than you might think. Once double the incidence of addiction rates nationwide—but improving in recent years thanks to increased vigilance and tighter controls over opioid distribution—losing this many nurses to addiction is a serious problem for our field. To help retain nurses, state-specific rehabilitation and recovery programs function as a go-between for addicted nurses and the BON, and aim to provide support and monitoring for these nurses, should they decide to return to work.

However, the process associated with such programs is lengthy, difficult, and fraught with shame. Consequently, many nurses are not able to make it through. For the ones that can, certain stipulations must be met for at least five years, not including the acute recovery phase.

Generally speaking, the first step upon enrollment in a nurse monitoring program involves an evaluation by an addiction specialist. From there, treatment is mandated—often one to several months in-patient at a rehab facility. Nurses must then report to weekly check-in meetings; these provide a source of support, as well as accountability. Random drug screenings are performed one to two times a week. Following completion of these first steps, an assessment is taken—often a year or two down the road—and it is only at this point that the nurse is allowed back on the job, albeit still under close surveillance.

In the state of Florida, (where our profiled nurses live), there are currently two monitoring programs—the Intervention Project for Nurses (IPN), and the Professionals Resource Network (PRN), which monitors a spectrum of healthcare workers. The nurses featured in this article all went through IPN. Established in the mid-80s and organized specifically for nurses, the mission of IPN is patient-centered, as opposed to nurse-centered. Many nurses feel that focus while in the program—that their wellbeing is secondary to health organizations—and consequently report that the stipulations are too difficult to achieve. Many drop out. For those that enter into IPN, they can expect to return to independent practice no sooner than five years, on the condition that they strictly

adhere to the program and pass a final evaluation.

Carla* almost didn't make it through her IPN program. "Unfortunately, I popped positive for alcohol on one of my random drug screenings. Even though it was determined to be as a result of cough medicine I had taken, that one positive test knocked me back to another round of rehab, which I thought was entirely unnecessary! This time I was allowed to go out-patient, but still, there was no option to disagree with their decision—it was either go, or be kicked out of the program. This time, I had to take out a loan to cover the expense."

Indeed, one of the major detractors to enrolling in IPN is cost. Some of the therapies and treatments that the program mandates are covered by insurance—like the rehab portion, for example—but since many nurses are also terminated from employment at the time they enter into such a program, they must pay out-of-pocket. Currently, in-patient rehab costs thousands of dollars—per day. Such an enormous cost is prohibitive for the newly unemployed. However, this initial acute-phase rehab is non-negotiable, and puts the nurse between a rock and a hard place: they must complete the nurse monitoring program to remain in practice, but cannot work to pay for it. What's more, depending on the circumstances of their addiction being discovered, legal counsel must also be retained simultaneously, quickly draining any savings.

The steep costs affected Kiandra* profoundly. "Because I chose to forge a prescription and was caught, my recovery process began with drug court. I was lucky that the court agreed to work with IPN—the rehab they required was actually much more intensive than what my sentencing required. The major downside was how expensive it was. I had to complete 28 days in-patient, and then 6 weeks at an out-patient center. By the time lawyer fees were paid, plus court-costs, plus the rehab itself, I was deeply in debt. I'm grateful I made it through, but even 10 years later, I've barely made a dent paying it all off, even though I'm working again."

The final piece of the recovery process is finding gainful employment. However, searching for a nursing job while enrolled in a license/recovery program is difficult. Nurses must disclose their active status in the recovery program during the interview process, and if hired, arrange for a designee who will monitor their performance and make weekly reports. They are not allowed to handle controlled substances until a grace period has been completed successfully. These are major restrictions, and can make finding a compliant job extremely difficult.

"Now that I'm on the other side," says Sarah, "I'm proud of the work it took to get here. Being sober is extremely important to me, and I was really lucky to cross paths with some amazing mentors and therapists. I actually started working in addiction medicine as a result of my overall experience! But rooted in the work I'm doing is a desire to help reform monitoring programs. There is a lot of shady conflict-of-interest stuff that goes on with them, and nurses suffer for it."

In part 3, we tackle some of the issues Sarah is referring to, plus take a look at what factors increase addiction in the nursing profession to begin with.

By NurseDeck Ambassador RN Breanna Kinney-Orr

Breanna has been a Registered Nurse since 2008. Her clinical background in is neuro, trauma, and ED nursing, as well as nursing leadership. After having two sets of identical twins (yes, really!), she started her career as a nurse-focused writer and content creator. Breanna has a passion for story-telling and amplifying the collective nurse voice. She doesn't shy away from controversial, political, or taboo topics and believes wholeheartedly that nurses play a pivotal role in healthcare reform. Most of all, through her writing, Breanna loves bringing nurses together and creating communities where nurses feel seen and supported. Outside of NurseDeck, Breanna enjoys anything outdoorsy, riding horses, books books and more books, and keeping her children out of the ER.

nurse deck
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.

M.ED., CAS

A deep dive into nurse staffing issues - and the desperately needed solutions

an exclusive interview
By nurse+deck

Marcia Proto, M.Ed., CAS, has decades of experience in not only healthcare, but nursing leadership and education, and her career shows an exceptional dedication to the nursing profession. She started in healthcare in the early 90s, as manager of education services at the Connecticut Hospital Association, jumped into capital campaigns, and has served as the executive director of the Connecticut League for Nursing from 2004 to today, with a two-year leave to work in regional sales management at the National League for Nursing. Marcia is also an entrepreneur, and has offered healthcare consulting expertise as part of her business, Marcia Proto Consulting, LLC, since 1996. Connect with Marcia on LinkedIn: linkedin.com/in/marcia-proto-a5809311.

Breanna Kinney-Orr (BKO): Marcia, thanks so much for being here. I can't wait to hear your story and more about what you're doing for the nursing workforce in Connecticut. So, we like to start from the beginning. How did you get started in healthcare and working for nurses specifically?

Marcia Proto (MP): Thank you for having me! So, graduating with a master's in organizational development, I ended up in higher education in the nonprofit world. My first adventure into healthcare was actually as manager of education services at the Connecticut Hospital Association in the early 90s. If you remember the early 90s, healthcare was booming and reimbursements were high. My role provided education programs to 35 different groups that met at the hospital association - everything from CEOs to directors of social work, directors of emergency services, and also nurse educators and nurse execs. So I got steeped in all of the issues

> *I don't think people outside of healthcare education - but nursing specifically - understand the lag time. So if they want to produce 1,000, you have to start four years ahead of time.*

looking at hospitals, per say, as that ecosystem and environment. Each of those roles had a monthly or every two month meeting, so in addition to sharing and looking at solutions and best practices that could be spread throughout the state, a lot of large issues were looming capitation and payers. Different best practices were emerging, so if there were topics that covered many of the groups, I would bring in national speakers for full-day education programs, or if it was a specific, niche topic, a presenter would come into their specific meeting groups to share information. It really was a wonderful opportunity, and that inter-professional development was starting way back in the early 90s.

BKO: Wow, very cool. Tell us about your journey into the work you do today. I know you have a master's in education - did you have any

inspiration for going into that field when you got started?

MP: No, actually, I worked in higher education at the University of New Haven in the area of career planning and placement. Workforce development and finding the right fit for an employee going into an employer - regardless of the setting - was truly at the core of what I wanted to do. Workplace satisfaction and aligning your skills and abilities with the role makes one fire on all cylinders. Transitioning into healthcare, you really saw from the clinical preparation they have ready for the roles, but putting them in the right environment so they can fire on all cylinders not only provides value to the entity, but means they'll be happy about what they do, and that was just so exciting. That's why nursing education and healthcare education really pulled me in.

BKO: Absolutely. I think a lot of nurses can relate to that if they feel stuck where they are or like they're not really living up to the potential of what they could be doing. It's a frustrating experience to be in, one that many of us solve by pursuing higher education opportunities. Let's talk about current working conditions for nurses. Can you talk a little bit about what challenges nurses are going through?

MP: Yes, I can. We're very fortunate that the Connecticut Center for Nursing Workforce not only works with all of our nursing schools and programs in Connecticut - which provide doctoral education down to LPN education - but also works with our practice partners. We have regular meetings with our nurse educators, within mostly the hospital setting, and have learned firsthand related to the gaps between graduation and practice, not only at the pre-licensure levels but also at the masters level and advanced practice as well. Healthcare is just moving so quickly, yet our education, curriculum, and experiences don't move as fast. We're always going to have a gap between new graduates - even though they pass the national licensing exams - when they jump into practice. Today, it's essential for the onboarding and inertial residencies, yet when you look at our transition programs for employers, even though the residencies are robust, with lots of different educational and clinical components, I don't think our healthcare organizations have the capacity to fully onboard. This happened even before COVID, we didn't have such robust nursing education departments as we had in the mid-90s and early 2000s. Some facilities that used to have 17 nurse educators are down to five. So, how do you fully embrace that new hire not only to make them clinically proficient for state providers, but give them the opportunity for professional development, evidence-based practice and research, to support the retention of that nurse? With all things snowballing at this time, we need to take a step back and find out what's essential for the clinical side, and also the professional development side. to support the retention of our new nurses.

BKO: Right, when the whole pandemic started, my heart went out to everybody in nursing school because I know sim labs are part of practice now, but they're not solely what you use to develop your clinical skills. Any new nurse jumping into their preceptorship when they finally get hired - there's a certain sense of sink or swim, but these nurses were really getting that because for many

of them it was the first time they'd been with patients.

MP: You hit the nail on the head. Come March 2020, all of the practice settings closed every clinical experience because they didn't know what they were dealing with. Our deans and directors met twice a week with us and we were in constant conversation with our Connecticut Board of Nursing. In many states, the Boards of Nursing regulate how much simulation can be part of one's curricula. In Connecticut, we are fortunate to not have a percentage, so the board said 50%, which national resources prove is okay to complement the hands-on clinical experience of students in practice settings. We had an all-out focus in the Connecticut League for Nursing, and about six years ago we created the Healthcare Simulation Network of Connecticut. We convened that group, and they were pulling the best practices that are happening. We had document sharing of what all the schools were doing, what providers of simulation were giving away things for free to schools, because we had a huge bottleneck. If they didn’t have those clinical hours, we couldn't graduate our students in May, which were so critical for the workforce. At that point, our employer said, “keep them coming, we need the extra hands.” It was really phenomenal how Connecticut was able to rally in such a short period of time. The seven nursing organizations put forth a national policy briefing, and what the Connecticut Center for Nursing Workforce in the Connecticut League did, is we actually sent out to all the players in Connecticut and nationally, what we could do to stem the tide for addressing the staffing surge issue. What our educators could do to keep those students as they transition to practice through ongoing mentorship

- to keep them moving forward to the stress of the situation didn't overwhelm them. It was a phenomenal all out state effort for our nursing schools and practice settings.

BKO: That's a good reminder as we're in the doldrums of the pandemic. In the early days, it was such a grassroots effort from everybody and whatever they could do they were trying to do.

MP: The biggest challenges were our masters prepared students. The accrediting bodies would not allow the masters students, who are

registered nurses, to use telehealth as clinical hours. We had a bottleneck of about 600 advanced practice nurses who we couldn't graduate, so working with the states of Connecticut and New York to see if we could expand these clinical opportunities was critical.

BKO: Absolutely. Tell us, what solutions can we work on at-large to help with the growing nursing shortage accelerated by the pandemic? We have a large sector of nurses that are going to be retiring in the next 10 years anyways, but for nurses who are burnt out or looking for better opportunities and leaving the workforce - what solutions are you all working on? And what can we as a larger body of nurses do to help out with that effort?

MP: Great question. The Connecticut Center for Nursing Workforce has been doing business as that entity since 2013. For years and years, we collected the education data to find out what our seat capacities were in all of our programs in Connecticut. What type of faculty needs did we have? Do we have vacancies? We looked at attrition, so we had a really good idea of the pipeline, which was very important. Prior to the

Please talk with someone, you are not alone, there's many, many resources for you, and we're here to support each and every one of you.

pandemic, the Connecticut Center for Nursing Workforce was working with the National Forum of State Nursing Workforce Centers, and there were 38 other states besides Connecticut who are members of this national group. They had put together a minimum dataset for supply: how we could really look at who we have working, who holds their license, what specialties and settings they work in, and age, as well. We had been sharing that data, knowing that back in 2005 we had more than we needed and then in 2009 we needed more nurses than we produced. We had a pretty good idea of our age of nurses, but we really did a deep dive in 2018 and realized that we had a big gap in our 35 to 45-year-old population of nurses, which was very scary because they were our emerging leaders. We had a huge boom of over 55, and we knew they were going to retire. We tried to share with our state what was happening to really inform them what pipelines we needed to expand. In 2019, we actually used a demand model by the state of Washington - all of the five trade associations partnered with us, and we also partnered with all of our five workforce development boards - and we conducted a statewide demand study. In addition to nurses being the top of the heap at all settings, as well as CNAs and home health aides, we found that master's prepared social workers, surgical techs, and some other roles - we didn't have enough. We also looked at our pipelines, and we said, "oh my goodness, we don't even have the capacity to produce these rolls." It was the first time the state looked, and it was really a wake up call to see how misaligned we are. That's the type of work the Connecticut center engages in, and we have regular communications now set up through

our Department of Public Health and governor's office. We were very fortunate to now get the the ears of those decision makers.

BKO: Incredible. It's just such a complicated system of taking all the data that's available and arranging it and making sense of it to a practical application. On the nursing side, we just experienced it as, “we have three call outs, and we're already down to people,” but really there's this safety net of people working really hard to address these gaps and preventing more from accelerating into the future. So thank you for the work that you're doing.

MP: I think it comes to that, in healthcare, nurses have to go through formal education. If somebody graduates as a marketing major and wants to be a senior vice president of marketing, they do not need to jump into the educational pathway, they can go for a certificate course at Harvard for six weeks, and automatically assume that role. What the outside world doesn't understand is the length of time it takes to produce somebody, not just for minimum ability or entry level performance. When we're having our nurses leave - and we saw this well before the pandemic - they're hiring two people to cover that role, then they're hiring the person who retired back a couple of days a week. It's because the nurses we had in employment stayed for such a long period of time they amassed so many roles underneath them. With a new person, you could never put all of those roles with one person, so the lag time is critical. I don't think people outside of healthcare education - but nursing specifically - understand the lag time. So if they want to produce 1,000, you have to start four years ahead of time. We only accept 24% of our qualified applicants. We have 11,000 that want to be nurses. Our seat capacity is 2,600, and our employers need 4,000. We were very fortunate this year to work very closely with the governor's Workforce Council and our brand new Office of Workforce Strategy, and we put together statewide proposals to actually address it in a systematic way. You need to flip all the levers at a time, so you don't create unintended consequences or bottlenecks further down the road.

BKO: It's so interesting. Well, let's switch gears a little bit. Could you tell us about your consulting firm

Marcia Proto Consulting, its mission and vision, the work you do?

MP: Yes, that's a passion of mine. After I left the hospital association, I worked for a full service human resource consulting company. I really opened up the healthcare market, focusing on leadership development, management supervision, and high-performing teams. I had opportunities, whether it be at Yale in the IT department - that was the time they were creating the electronic health record, and they had all these clinicians from different areas of the system in to say, “okay, how are we going to make this happen?” Imagine getting IT people together with clinicians and having them talk the same language. Can you imagine how we're going to build this and make sure all the fishbone diagrams that our clinicians and nurses see with this new animal resonate with them and have all the elements they need to have? That was a wonderful, exciting opportunity. That kicked off my ability to say, “I have a lot of value in the marketplace, in communications and teams.” It leveraged my organizational development, formal education, and an advanced degree in human resources. I found out that if we created a positive culture, and everyone was aligned and working with the same vision, we would be able to achieve a lot of greatness. I worked for a variety of healthcare organizations, and also my passion was, before I entered healthcare, I was the executive director of Junior Achievement. I had volunteers, everybody from bankers, attorneys, head of manufacturers, go into the classroom and teach children about these principles. The whole concept of mentorship and guidance is important, so how do we assess that? I now engage with an organization called Wiley, which is the largest publishing company in the world, but they also have an assessment division. I have assessment tools for individuals and groups on everything from teams and communications, management, leadership development, productive conflict, and the new one is agile EQ - how we can look at the lens in which we view the world, build our emotional intelligence, competency and capacity to really create positive workplace cultures. In addition to my two jobs, I still am working with some wonderful healthcare clients and their leadership programs. Part of my consulting company is also working with nonprofit boards, how to really get their leadership moving lockstep, so I was fortunate to work with the Oregon Center for Nursing and their board a few years back. It really is a passion of mine.

BKO: I know just from my own experience that when you work in a team that it functions well, where everyone is plugged in and engaged, and you're in this flow of working -

> *Now is the time for us to actually showcase what's available, invite the nurse to participate and engage them in how we individually and collectively can move them forward.*

from the administrators and the managers down to the nurses at the bedside - it's an incredible feeling and I hope all nurses get to experience that. Can you tell us a little more about how you've assisted organizations to create those high-performing teams, the ones that just get it and work well together?

MP: It's so challenging. You really have to look at not only what the vision of the organization is, but what the vision of your department is and what you want to achieve. If you don't effectively communicate that to the group, you're never going to get alignment. You also have to look at what other departments you work with on a regular basis - are they aligned with what we do? Everything from timing and scheduling and operations being rudimentary, to the vision and understanding of how the flow is going to be and what services we provide is important, so there's no unmet expectations or unspoken expectations. A lot of times, we just assume this is going to work because this is how we operate, but when we meet somebody in a different setting, or work with different departments that are not aligned, that ultimately affects the execution. We come up against barriers and unintended consequences. I was also fortunate enough to work with one of our universities; they grew so, so fast, and many people took on roles because they had the ability to do so, but now that the organization's larger and they're hiring more people, what they realized is they had to unbundle some of those roles. When you look at it from a common sense perspective, you're like, “of course, this makes sense.” But actually unpeeling the onion, unraveling these bundles, is a challenge.

BKO: That's interesting. We've

touched on some of this, but I wanted to know if you have any messages for nurses right now, for the ones that are thinking about higher education or reasons to pursue their career. We talked about the bottlenecks and how much time it takes to develop those types of nurses for advanced practice, but what's your best message for them, for those that want to accelerate where they are in nursing?

MP: It's critical, and I think the message is stay the course. We just did a survey of our nursing schools to find out what kind of vacancies we had for faculty, and we asked what type of master's program capacity do you have to produce future clinical educators. You don't have to have a master's in nursing, it could be leadership or another discipline. What we found out was that enrollment in the master's programs

is declining, and more people are stopping out. So, although you're crazy overburdened, please stay the course and continue moving forward with your master's. Even if you're going to drop to one course a semester, talk with your academic advisors, talk with your programs at your schools, see if you can continue to move forward. Because to step out now - I know everybody's exhausted - it's only going to delay if not prevent you from pursuing that advanced degree. In most of our states now there is independent practice for the nurse practitioner, which is a wonderful opportunity to truly provide your expertise to our communities who need health care desperately. The flexibility that degree awards you is valuable, and hopefully could bring you life balance, where now as part of the churn there's no life balance, there's mandatory overtime, there's moving you into different departments that may not be best aligned for you, or maybe a toxic environment. You really need to reframe, set your priorities, and look at where you are and what you want to achieve. There are organizations there to support you, as well as national entities, and tuition reimbursement. Please talk with someone, you are not alone, there's many, many resources for you, and we're here to support each and every one of you.

BKO: That's wonderful. Lastly, I'd love to talk about community. We are huge on community at NurseDeck. We try to bring people together in a common environment so we can heal throughout this ongoing trauma we're experiencing. Speak a little bit about your experiences with community, and how you think nurses could benefit from our online community.

MP: Even prior to the pandemic, our nurses were just tapped out. Our organizations have not been proactive to address workforce culture, as our colleagues in business have. Our organizations do a great job in working with patients and families, but as in supporting the existing nurse or other healthcare roles - there was a miss there. We saw a huge surge of experts and professionals around the globe come together from the pandemic - organizations that I never knew existed that were unbelievable and phenomenal. The hard part is - just like nurses in Connecticut - we're the best kept secret around. We host a student day - this is our forty-second year - and get 1,000 senior RN students in one room with about 50 to 60 employers, a national keynote speaker, sharing a day of transition, sharing that you're not alone, sharing that you have a community. At that time, they didn't really feel they needed a community. So, now more than ever organizations like NurseDeck providing a foundation and forum is critical. Now is the time for us to actually showcase what's available, invite the nurse to participate and engage them in how we individually and collectively can move them forward. So thank you so much for the forum that you provide, not only on a local basis, but a national basis to bring the voice of nursing to a greater audience.

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Nurse Product Directory

NAME	Product	Learn More
Lorna Brown, LPN	Career Coaching Services	lbcareercoaching.services
Richard Darnell	Travel Nurse Rich - Private Membership Group	social.nursedeck.com/group/travel-nurse-rich-private-membership
Melissa Sherman, RN	Magical School Nurse Designs	www.magicalschoolnurse.org
Netra Norris, RN	Mental Savvy Nurse Program	netranorrisemprise.com
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	revitalizelife.teachable.com
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	thecorporatenurse.co
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	www.kymali.com social.nursedeck.com/group/kym-alis-membership-program
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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A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.

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

"When you're a nurse, you know that every day you will touch a life or a life will touch yours." —Unknown

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