

# nurse+deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

"People have  
to understand the  
high value  
of nurses."

## MICHAELA POPELKOVÁ

RN, BSN

**THE JOY, FIGHT, &  
PASSION OF BEING AN  
ONCOLOGY NURSE**

EXPERIENCED CANCER  
NURSE, PATIENT  
ADVOCATE, VOLUNTEER



HOW CORPORATE  
TRAINING CAN IMPACT  
THE FUTURE OF NURSING  
**RN HAMZA CHEHADE**

HOW TO BE A GOOD MENTOR  
TO NEW NURSES & NURSING  
STUDENTS DURING A  
PANDEMIC

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# WHAT'S INSIDE...

*If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses 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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How corporate training can impact the future of nursing  
RN Hamza Chehade



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## **MICHAELA POPELKOVÁ**

The joy, fight, & passion of being an oncology nurse

Nursing is universal, and Michaela is an incredible example of the many dedicated nurses across the globe. She spoke so passionately about her love for oncology nursing, and the relationships she can build with patients. This interview is about the tough, but it's also full of the good.



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Our weekly 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 last week's top 10!

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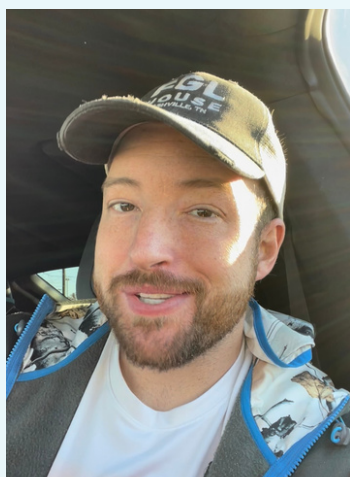
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**HOW  
CORPORATE  
TRAINING  
CAN  
IMPACT  
THE  
FUTURE  
OF  
NURSING**

**RN Hamza Chehade**



## MEET HAMZA

*Hamza Chehade, RN, M.Sc, B.Sc, MBA, has a bachelor's in nursing science and a master's in medical surgical nursing. He's worked as a registered nurse in the emergency, intensive care, and critical care units, a university lecturer, research committee member, and staff development coordinator. He is currently a corporate trainer and AHA Life Support Instructor at Response Plus Medical RPM, where he leads training and development for medical and nonmedical staff in prehospital settings. He represented the Lebanese Nurse Educators in the ICN Regional Conference in 2018, and has published research on the "Effect of Educational Intervention on Knowledge, Self-Care Behaviors and Quality of Life among Patients with Chronic Heart Failure."*

### **Let's start in the beginning. How did you get into nursing?**

So since I was a little kid, I was fond of biology, the human body, and diseases. Whenever there was an outbreak or a disease, I'd go and just read about the medical terms. So I'm fond of diseases, anatomy, and physiology. When I reached a point where I wanted to make up my mind and just go ahead with selecting what specialty to go for, I decided to either go into the medical field or nursing. I knew that if I went with nursing, there were other alternatives. I can go for bridging, for example, and then go ahead. So, I decided to choose nursing and I'm so happy about my decision.

### **Tell us about your current role.**

As a corporate trainer, I'm guiding and educating nurses about how to practice, what to do, and how to be more independent. Corporate training is a bit different from working in a hospital; you have the whole team and you can be a little bit dependent on the physicians and the orders. When it comes to corporate training, my work is to guide nurses working in clinics - where sometimes there's not any physician, there's not any orders, they have to depend on themselves. We're talking here about not only clinical practice, but a whole mentality: how to be really independent when you're making decisions, and to be fast, as well. In a hospital

setting, you might face a lot of life threatening conditions, so it's how to be fast, how to make the right decision, being more independent, being faster in assessment and in intervening while you're waiting for the whole team to come and take over. Now I'm doing clinical education concerning all clinical practices, like drug dosage calculation and IV therapy. But again, I'm working on the overall mentality.

### **You bring up a good point with the autonomy in nursing practice. I'm sure it's helpful to have someone walk them through how to be in those roles professionally.**

Exactly, and we need to work on their confidence. I think it's very important to just have confidence in yourself. Most nurses cannot prescribe medications, we need the order from the physician to ensure it's okay, but we have to have at least the mentality that we are the first exposure to the patient, we are the front liners. We have to at least have the knowledge, and know what orders are going to come for us - this is very important. Then we can say, "our bad, we have to have a written order," but we have to be there at least mentality wise.

### **Don't you think nurses have great gut instincts, when it comes to clinical impressions from patients?**

Yes, and it's also the knowledge they have.

For early intervention, this is really important. Early detection and early intervention is not about doctors, it's not about any specific healthcare providers. Early detection and early intervention are about each and every healthcare provider, which is very important.

**As a trainer, what do you think is your unique identity that makes a difference in trainees? What do you bring to the table to help these nurses develop?**

First of all, I keep them excited for what's to come. The way we pass the message on is very important. At the end of the day, it's not only about giving information, it's not only about knowledge. When we are nurses - bedside nurses - the evaluation phase is very important because a change of plan of care might be needed. Likewise, when I become a trainer, evaluating how much I could make them grasp and receive the material is very important, otherwise I'd have to change my way of teaching. So, I keep them excited. Number two is being super organized, because as a clinical educator I have many wheels turning at once. It's also important to be organized so they gain confidence. We have to be on the track because, at the end of the day, the aim is just to bridge the gap between knowledge and practice. They might be very happy and very excited, and then when the session ends they'll do nothing, so we have to bring the knowledge into practice. This is the aim of training, to improve: search for the area of improvement and improve the performance. We need to reach a level where we'll knock it out of the park when it comes to practice, because sometimes there is no room for error, especially in critical care units and those areas. So, being super organized, taking care of the whole chain of training from planning, preparing, delivering, and evaluating is very important. Do not underestimate any part of education; for example, communication. If we want to be successful nurses, we need clinical skills to perform the clinical tasks - this is known as the hard skills, skills that were taught on job training that we learn through educational programs. But here's the question: how important are other



skills such as work ethic and communication, which have been termed as soft skills? They're very important - and these skills are anything but soft. These skills are crucial, sometimes even more so for our professional success. Even when in a disaster in CPR, if I'm very good at chest compressions and I'm doing high quality CPR, but I don't have the team dynamics and the communication skills, more often than not I'm not going to get the results I'm aiming for. So, take care of the whole element of education. It's not about just being very good at clinical skills.

**How do you see corporate training impacting the future of nursing?**

When we say nursing, the first thing to cross our mind is the hospital setting, where we have the whole team and are ready for anything. When we say corporate trainer, it's a different discipline. What about the prehospital setting? When I come and ask nurses nowadays, what do you do when there's an ambulance? When you meet a patient outside the hospital setting? When you don't have the equipment? What do you do when searching? They might not have the answer. So, being a corporate trainer, we can cover this area - times when we are without equipment, without a team, without the doctor we're depending on, and we have to do something. I always tell nurses it's not





about the knowledge, it's about knowing what to do: even when you don't have the answer, you have to do something. So, improving the services outside the hospital setting is very important. This is one of the main roles of the corporate trainer. Inside the hospital setting, there are a lot of educators and clinical training, but when it comes to the ambulance, even to the drivers of the ambulance, they have to have a specific set of skills. So training can take care of this part, and early intervention, which more often than not might take place outside a hospital setting and is very important for survival rates. This is where the corporate trainer really has to work hard.

**One of your goals is to keep nurses engaged and excited about their careers. Can you speak a little bit about that in regards to burnout and staffing issues?**

Education is very important. As educators, some problems we just cannot overcome - it's not a disease you can overcome with a pill. First, raise awareness. In nursing, there is a shortage, but organizing your day is very important and will help decrease this type of stress. For example, some nurses will complain about patients ringing the bell and asking for things. If from the beginning, in the morning round, you're already asking and checking-in about everything, they won't need to call the bell. It's not about complaining, it's about proposing a solution. I see some problems we cannot overcome, no matter how hard we try, some problems will stay there. I gave my students examples about the power of nurses, how they can change the whole practice: When we were students, one of the nursing students in the critical care unit saw there was a bradycardia on the monitor of the patient. He checked the file and saw that the dosage of beta blocker was a bit higher so he brought this to the physician and because of this the cardiologist reduced the dose. This was in 2009 and I don't forget it. I tell nurses: you have the power, just celebrate your power. This will help reduce stress - to celebrate what you're doing. This is a noble career. Just look at the bright side of nursing, in every club there is a silver lining, I think in every profession, and in every discipline, there is something to complain about, that's so normal. Just look at how powerful we are, how we can organize, so what we can do to reduce stress and education is very important in this matter. 8

# How to be a good mentor to new nurses & nursing students during a pandemic



*By Nurse Columnist  
RN Carolyn Harmon*

Mentoring nurses is an important part of the development, adjustment, success, and critical thinking among new nurses, nursing students, and nurses new to an organization. The Covid-19 pandemic has brought a new emphasis to mentoring, as the healthcare delivery system has experienced a tremendous turnover resulting in a huge influx of new staff at every level.

Evidence shows that implementing effective nurse mentorship programs can impact our profession by empowering nurses to make confident, well-informed decisions regarding patient care. It also improves their overall job satisfaction and creates a long-term commitment to high-level professional development.

Ultimately, strong, effective mentorship leads to higher-quality patient care that results in better patient outcomes. Being an effective mentor is an acquired skill that not everyone possesses, and can be extremely challenging especially in times of great stress as has been experienced during the pandemic.

Nurses everywhere should feel vested in the future of nursing, and the best way to do this is through mentoring nurses and nursing students. As we are experiencing the most significant nursing shortage of our lifetimes, now more than ever nurses should feel mentored and supported by their peers.

This also means seasoned nurses should mentor each other, as well as mentor new nurses and student nurses. This also raises a tremendous challenge, as many nurses are struggling to remain present and engaged in their profession. Being open and available mentally and emotionally to mentor others is difficult at best as a nurse, let alone during these demanding times.

Record turnover rates among nurses are another critical warning that we need to invest in our new and existing nurses to ensure they acclimate, remain engaged, and are prepared to provide exceptional care for our patients.

Mentoring relationships should be established with a mutual connection, in which the mentor and mentee both feel comfortable with each other. This lays the groundwork for a meaningful relationship where mutual goals are met and a shared plan of what the mentoring relationship involves.

It could be being available as a resource during shifts or clinicals. It could be a weekly check-in over lunch, coffee, or the phone. It may be sending a quick text or email expressing a job-well-done, sharing relevant clinical information, or just a "hi I'm thinking of you, I know you're having a tough week" message.

These simple ways of connecting are invaluable and can be a great source of strength and resilience to nurses and nursing students as they maneuver the newness of being a nurse, a new clinical setting, or adjust to a new organization or role. Mentoring relationships among seasoned nurses are also incredibly important to facilitate professional development and nursing leadership. Encouraging each other as we seek professional growth and accept leadership challenges is an important way we can assure the future and progression of our profession.

As we continue to maneuver these challenging times, nurses everywhere must remain motivated and moved to support and encourage our new nurses, nursing students, and each other through mentoring to ensure the future and success of our profession. As retention issues continue to affect the nursing field, mentorship programs empower nurses to innovate and deepen engagement with their day-to-day work, which translates to high-quality patient care.

The importance of a nurturing, supportive, and innovative mindset in nursing school and while working within the healthcare delivery system is critical. To continue to develop and support nursing innovation throughout a nurse's career is something that needs to be fostered through mentoring. The health and well-being of the entire world depend on us. ❧

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## INTERVIEW HOST



### **JAMIE SMITH**

**RN, NP, MSN**

NURSEDECK AMBASSADOR &  
INTERVIEW HOST

Nurse Jamie hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck Community.

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.

*I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base.*

*I love that there are people like NurseDeck trying to shake things up because we desperately need it.*

## **WANT TO HOST AN INTERVIEW?**

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email [julia@nursedeck.com](mailto:julia@nursedeck.com).

# MICHAELA POPELKOVÁ

BSN, RN

## The joy, fight, & passion of being an **oncology nurse**

*an exclusive interview*  
By nurse+deck

*Michaela Popelková has been a nurse for over a decade. She earned a degree in general medicine in 2011 and a bachelor's in general nursing in 2013 from Charles University in the Czech Republic. She worked in a social welfare department for war veterans as a nurse and a private urology clinic as an assistant chief physician, before climbing the ranks at Motol University Hospital to unit manager and charge nurse. She joined the European Cancer Nursing Society in 2018 and served as the Czech Republic representative on the Young Cancer Nurses Network. She relocated to the states and lives in North Carolina with her family, and continues to volunteer as co-chair of the Young Cancer Nurses Network as she pursues U.S. certification.*

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Jamie Smith (JS): I'm so excited to chat with you today, Michaela! Thanks for being here.

Michaela Popelková (MP): It's so nice to meet you, Jamie, and thank you for inviting me. I'm a cancer nurse originally from the Czech Republic. I finished my bachelor's degree in nursing in 2017 from the third faculty of medicine in Prague at Charles University. Since then, I've worked in the inpatient oncology unit and daily chemo unit in Motol University Hospital, where I also became a nurse manager of both units. Since 2018, I've been a proud member of the European Oncology Nursing Society, where I started as a member of the Young Cancer Nurses Network as the Czech representative and a communications working group member. In January 2021, I was selected as EONS youngest nursing co-chair. I'm passionate about cancer care, leadership, and supporting my nurses colleagues across Europe with education, preventing burnout and



bullying in the workplace, and other young nurses' concerns. I recently relocated to the United States where I would like to work as a cancer nurse, but I have to undergo some necessary exams. So I still work as a volunteer for the European Cancer Nursing Society and support my kids as we get settled in the U.S.

JS: Cool. So tell us, how did you get into nursing? Can you tell us about your journey?

MP: I have always adored biology and the human body since my studies in secondary grammar school. And after my graduation, I was admitted to Charles University in Prague to study general medicine. I was accepted without any exam thanks to study results, but after three years of really intensive studying to become an MD I burned

*That's probably the biggest motivation for me, to be ready to fight the biggest fight of their life with them.*

out. I had to take some time, and I thought I'd take a year off of school and then come back. However, during this period I started working as a nursing assistant with veterans, and I suddenly realized what I really want to do is become a nurse, not a medical doctor. So after my time off, I studied nursing.

JS: How cool is that?

MP: Yeah! I saw that physicians saw patients only for a little while, and then just wrote reports and such, but nurses spent so much more time with patients. It was like, "oh, I would like to do this and not just sit at the computer."

JS: So tell us about your passion - what keeps you motivated?

MP: My passion is caring for patients as a general cancer nurse, really, from my truest soul and deep heart. I love working with cancer patients because you see each other sometimes more than you see your relatives. You really spend a lot of time together, and thanks to that you know each other so well and you can really individualize care. You're able to laugh together, talk about children and grandchildren, cooking, even discuss serious questions around death or dying. Meanwhile, your patient is undergoing their treatment, and your engine is when the patient enters the ward and says, "Michaela, I'm so glad you're here today." That's probably the biggest motivation for me, to be ready to fight the biggest fight of their life with them. I admire them because their situation is very hard. They can't speak with their relatives, and you can be their soulmate because their relatives are afraid to speak with them about their disease, to not make them cry.

They're also afraid to speak with them about common things because they know they can't enjoy common things, or join them at a party or whatever. You can really be their - not only nurse but soulmate and friend.

JS: You have a bond - you're not just a nurse you have that bond with your patient. So, what led you to focus on oncology nursing? What is it like being an adult oncology nurse?

MP: When I started studying nursing, I was pretty sure I would work somewhere in surgery. I like intensive after surgery care units, operating theaters, action, and I found internal medicine quite boring. Only tablets, infusions, etc. but then I had to choose a case study and it was for multiprofessional care with a patient with breast cancer. So, I visited several wards like surgery and medical oncology, and I talked with





patients and doctors in surgery and internal medicine. I really thought the surgery part would be best for me, but after these meetings I suddenly saw the special bond that nurses in the oncology ward have with their patients. I saw how complex and amazing it is to work with them. So after graduation, it was my only choice for where I would like to go.

JS: So cool. Can you tell us more about the European Oncology Nursing Society, and its mission and vision?

MP: I found and applied for their master class in oncology nursing. I saw how they wanted to help nurses become better and more recognized. So our mission is to be an organization that can provide leadership in all areas of cancer nursing and research. We want to continue offering education, advocating for better recognition of cancer nursing, and better possibilities and conditions for all cancer nurses across Europe. The European Oncology Nursing Society advocates so much for improving

conditions for cancer nurses. We have a group, the Young Cancer Nurses Network, which connects cancer nurses under 35-years-old across Europe, which focuses on preventing burnout and concerns that all cancer nurses have when they enter an oncology ward. If you are a young nurse spending time with patients who are often dying, you have to think about it and sometimes change your thinking about how to care, and the result of your care. It doesn't have to be healthy patients, but calm and kind patients.

JS: How is oncology nursing doing during the pandemic? What are the realities and challenges faced during this time?

MP: It was very scary in the beginning because nobody knew exactly what the virus was and what would happen if an oncology patient went through it with their fragile immune system. We closed the ward to visitors, which was pretty tough for patients who were undergoing long treatments. We did PCR tests for every single patient who had





*I think it's certain the problem of burnout will be bigger than ever.*

access to our ward, and they'd have to stay in special waiting-quarantined rooms until their test results were available. So, it was really weird. Suddenly, we had to keep a distance between us and our patients. It was tough, and another problem was the shortage. Because in pre-pandemic times, if you had a runny nose you'd just put on a mask and work, but with COVID we were much more protective of our patients. Anyone with just one sign of COVID had to undergo PCR tests and wait for results, and could come back to work if it was negative. For me, as a manager of units, it was pretty challenging to manage shifts. Before COVID, I would usually work three or four shifts of overtime, but because we had a shortage even before COVID so covering shifts was already a problem. But during the pandemic, I had to take on 10 or 12 extra shifts, so it was really challenging.

JS: I hear you, for sure. So, what do you think are the major challenges nurses face in today's times?

MP: In my opinion, and from my experience in the Czech Republic, the major challenge in nursing is the shortage. It's been a problem for many years, but it's been more and

more significant in the last couple of years. I think it goes hand-in-hand with our recognition, because many people still see nurses like somebody who is only doing baths or rounds, but times have changed so much. We provide very specialized care of patients with severe and serious disease. We have to be almost like physicians and be prepared to act very quickly sometimes. Physicians only see patients for only a little while, so we have to be their eyes to tell them when something goes wrong. We have to be well educated, and we started to educate ourselves in universities, which wasn't as common, especially in the eastern Europe. It's also what we are fighting for: to have the possibility to earn better education and achieve adequate specialized knowledge.

JS: For sure. Do you think nurse burnout is a widespread phenomenon?

MP: It's definitely become a widespread phenomenon. It was before COVID, too, however with the number of patients increasing and the number of nurses declining, the problem is deepening. So, more patients, less nurses, patients were in serious condition, and we didn't

know what would happen in the next minute - if they would get better or worse. Even worse, if you have kids at home, you become a teacher and during lockdown you have to do homeschooling, more cooking, and take care of your kids with no vacations. You have so many roles, and you want to be perfect in every role, so I think it's certain the problem of burnout will be bigger than ever.

JS: Absolutely. How do you go about identifying your own burnout, and how do you prevent it? How do you handle it?

MP: I definitely experienced burnout because, given the shortage, I had to take on so many extra shifts and the kids are at home and I'm teaching them and cooking. I was sleeping for four hours a day maximum, and if you do it only a month or two you can take it if you're young, but if it's one year and you're starting in the second you can't handle it. It's really important to admit that you're burned out because often you can't see it. You think to yourself, "even if I am experiencing it, I'm not able to because I have to be there. I have to be there for my patients, I have to be for my colleagues, I have no time to be burned out." You can easily see burnout in your colleagues, but it's difficult to recognize burnout in yourself. It's hard to admit you are that one experiencing burnout, but I realized it after awhile because suddenly I'm screaming at my husband and screaming at my kids, and I was crying and I didn't know what happened. You have to say to yourself, "Stop now." If you want to survive and if you want to care about your patients and about your family, you have to care about yourself. Without that, it's very complicated

to get over it, and in COVID times it's pretty tough. You can't go out as much with your friends, you have to keep your distance, you have far fewer possibilities for undergoing some hygiene of your mind, but you have to. You have to take your diary and journal, I will go out and do some exercise, I will meet my friends even through WhatsApp, and we will play some games with our kids. Coordinate some time dedicated only to you, not for family, not for your job, only for you - that's exactly what we have to do. We think it's not our problem, and we don't have to do it, but we have to manage our time for ourselves.

JS: I agree with you. Thank you for saying that. So, what is the best message and tip you can extend to our nurses who are burnt out to keep them going?

MP: The most important message is take your time. You may think it's gone because you had some rest and exercise and you're quite okay and feel much better. However, when other other important things are going on and you have to do something and you are overwhelmed again, you can be sure that burnout will be back in one week. You have to teach yourself and learn to say no if you are feeling it's starting to be too much for you. It's complicated,





because nurses especially are the kind of people who want to care and change the world, and it's difficult to say no but you have to learn. It's difficult, and I'm still learning.

JS: Me too! I like the way you said that. What are some changes you'd like to see in healthcare after the COVID-19 pandemic?

MP: People have to understand the high value of nurses. What happened in the Czech Republic was that in the first and second wave of COVID, everybody was saying nurses are heroes, and so on. As time passed and quarantine and the COVID situation returned again and again, they started to hate that healthcare professionals were pushing others to get vaccinated and keep social distance. People were sick from this

though, and we weren't saying it to bother people. So, I would like to see the recognition of nurses and physicians improve; I want to see us valued. We need to do more hiring, and probably some presentations at school, to start to solve this problem of the shortage. Everyone's seen now that the shortage problem is very hard, so we need to bring some new and fresh air to our nurses and to our numbers.

JS: I agree. So do you think a community like NurseDeck can be a great support for nurses today?

MP: Definitely. In the Young Cancer Nurses Network culture, what can really help you is finding somebody who shares how you feel and suddenly realizing you're not alone in your feelings. For burned out nurses, it's pretty good for seeing other nurses' concerns and problems and finding support and new enthusiasm. I think it's really important that something like NurseDeck really exists. &

**Connect with Michaela:**

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*Instagram: [@michaela.popelka](https://www.instagram.com/michaela.popelka)*

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Melissa Sherman, RN	Magical School Nurse Designs	<a href="http://www.magicalschoolnurse.org">www.magicalschoolnurse.org</a>
Netra Norris, RN	Mental Savvy Nurse Program	<a href="http://netranorrisemprise.com">netranorrisemprise.com</a>
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	<a href="http://revitalizelife.teachable.com">revitalizelife.teachable.com</a>
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	<a href="http://thecorporatennurse.co">thecorporatennurse.co</a>
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	<a href="http://www.kymali.com">www.kymali.com</a> <a href="http://social.nursedeck.com/group/kym-alis-membership-program">social.nursedeck.com/group/kym-alis-membership-program</a>
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	<a href="http://nursekeith.com">nursekeith.com</a>
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	<a href="http://theresabrownrn.com">theresabrownrn.com</a>
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	<a href="http://kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students">kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students</a>
Janet Celli, RN BSN	CPR Associates of America	<a href="http://cprassociates.org">cprassociates.org</a>
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	<a href="http://www.nursetilda.com/books">www.nursetilda.com/books</a>
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	<a href="http://xapimed.com">xapimed.com</a>
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	<a href="http://built.com">built.com</a>
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	<a href="http://sjfcommunications.com/author-shop">sjfcommunications.com/author-shop</a>



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—Unknown

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