

# NURSEDECK

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

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TRACY LEE WILSON, DNP,  
MSN.ED., FNP-C, CNE

AN EXCLUSIVE INTERVIEW: DRIVING  
MEANINGFUL CHANGE IN  
HEALTHCARE DIVERSITY, EQUITY  
AND INCLUSION

HEALTH EQUITY ADVOCATE  
DIVERSITY AND INCLUSION CHAMPION



## **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

### **NEVILLE GUPTA**

Founder/CEO

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

### **GABRIELLE DIDATO**

Head of Influencer Marketing & Partnerships

### **LAKESHIA BATES**

Community Engagement Manager

### **DESTINY GORDON**

Brand Marketing Specialist

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THE VOICE OF NURSING



**We're on a mission to amplify "being heard" and create connections for the global nursing community of 28M**

NurseDeck, which operates through a digital omnichannel model, including social media, all-inclusive NurseDeck network, and nursing communities offers reward and affiliate-based healthcare services and Nursepreneur PR and marketing solutions that will enhance further education, employment, career opportunities, and extra sources of income

***"Be a Voice. Not an echo."***

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## THE VOICE OF NURSING



### **Empowerment**

Empowering is vital for success in healthcare. Giving nurses a community to be their best reaps positive results to be more engaged and excited about what they do.

### **Impact**

Nurses use their voice and experience to advocate for patients within the team playing key role in shaping policies.

### **Commitment to Patient Care**

Commitment to the service of mankind has always been a key concept of professional nursing.

### **Healing**

A nurse is an instrument of healing. Healing is a positive, subjective, unpredictable process involving transformation to a new sense of wholeness, spiritual transcendence, and reinterpretation of life.

### **Integrity**

Integrity, maintaining strong moral principles like honesty, fairness, and honor, is one of the core values in nursing that needs to be maintained.

### **Dignity**

The nursing profession has a professional dignity that is to be continually constructed and re-constructed and involving the recognition of inner worth and social dignity subject to different social factors and moral behaviors.

### **Diversity**

Acknowledgment and appreciation of the existence of differences. We implement the value of diversity that is a growing need for nurses who can collaborate with each other and treat patients from a culturally sensitive perspective.

### **Excellence**

Courage. Compassion. Connection. The promotion of safe, effective, competent, and ethical nursing care where the individual nursing practitioners can evaluate the services being provided by them and act as a catalyst for self-regulation and improvement.

### **Personal Development**

The importance of lifelong learning and the need for a process designed to promote areas of improvement for nurses such as patient care and population health with dedicated resources, customized professional development plans, and an effective measurement system process.





## FEATURED STORY

TRACY LEE WILSON, DNP,  
MSN.ED., FNP-C, CNE

### AN EXCLUSIVE INTERVIEW: DRIVING MEANINGFUL CHANGE IN HEALTHCARE DIVERSITY, EQUITY AND INCLUSION

DR. WILSON SAT DOWN WITH NURSEDECK TO TALK ABOUT  
HEALTH INEQUITIES, HOW THE COVID-19 PANDEMIC  
IMPACTED EXISTING HEALTH DISPARITIES, AND WHERE WE  
CAN GO NEXT REGARDING SELF CARE AND BURNOUT.

By NurseDeck

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ND: Your career to me is just a beautiful alchemy of all things that are possible in nursing. You have the business and marketing and sales aspect, the education aspect, and your clinical practice. I see that a lot of your focus is with BIPOC communities: really trying to reduce the health disparities that exist in those communities, advocating not just for the patients, but also the health care practitioners that work within those communities as well. Right now, I see that you are a field medical director. Without further ado, how did you get your start in healthcare?

TW: I always wanted to be in healthcare. I would say I was probably one of those kids that always knew that I wanted to take care of people. My earliest memory was probably at the age of four, and wanting to be a pediatrician. In my first year [of college], I still was sure that I was going to be a pediatrician. I was a biology pre med major. My first year classes were surrounded by [chemistry classes]. My second semester, I looked at my list of classes and met with my advisor, and I saw that I was gonna have to take inorganic and organic chemistry. I was like, no, I'm not going to take those two classes. And I remember meeting with my advisor, and having a conversation with him. Looking back at that moment, having my fair share of mentees that I've sat with, I'm kind of disappointed [with] my advisor. Seeing a student of my caliber, he didn't push me. And then he didn't challenge me and didn't, you know, afford me with some resources and didn't say, "you know, no, you're going to take inorganic and organic chemistry and we're gonna get you there."



*Go where the people are, that's where they need the most help to impact these health disparities and these inequities, because access is typically is the biggest issue in the social determinants of health.*

I told him about what I did in high school, nursing, [and] he said, I think that'll be a good fit for you. That changed the whole trajectory of my life.

ND: Wouldn't be as painful as you think it will be, but...

TW: Exactly, and that was for me that moment where that switch [happened] from medicine to nursing for me and I never looked back from there. So that for me is my start. I always knew healthcare.

ND: You are a plugged in member of a lot of amazing things that are going on for BIPOC communities. You have your finger on the pulse. What's the status of healthcare disparity right now?

TW: As far as what I believe the status of disparities or healthcare disparities, I would say that it's the hot topic, right? But unfortunately for us in healthcare, this is no surprise to us. We've known about all of these issues with disparities. For me, it's a little disheartening that it's just now getting the attention that it's getting, because it's been a problem for decades. But, you know, it's never too late to start putting the resources behind it.

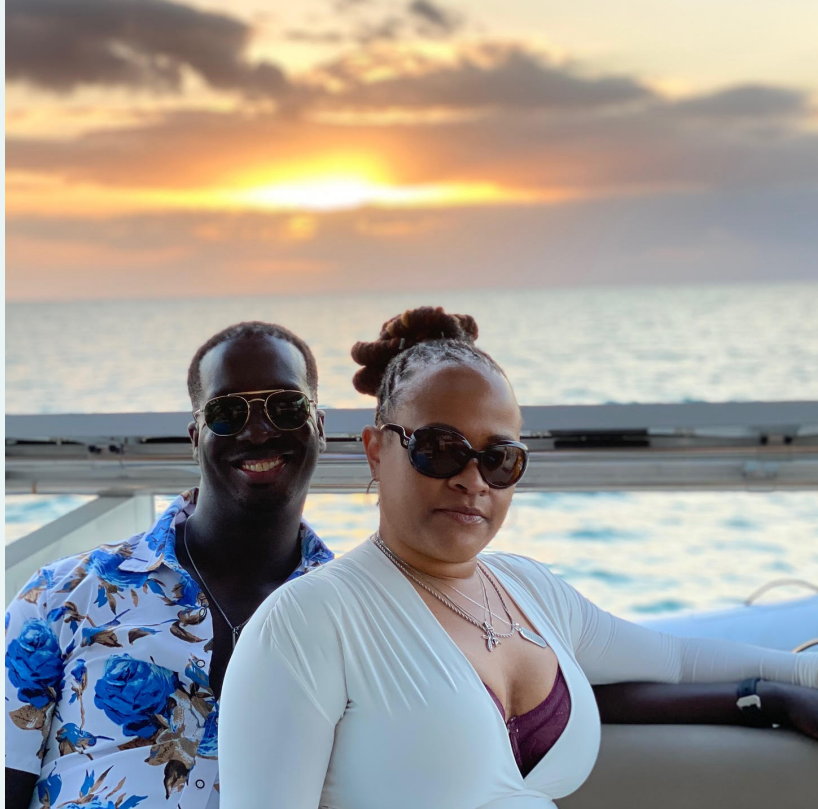
ND: On that same vein, what do you think the impact of COVID-19 has had on healthcare disparities?

TW: It has exposed it in mainstream media and made the average American pay attention. As I just mentioned, being a minority, and coming from a family that is suffering from all of the leading causes: so high blood pressure, cancer, heart disease, I can go down the top 10. And I have an experience working in those communities where this is a trend as well, and COVID, [has exposed] all of these inequities. I just lost the first cousin from COVID. And my dad passed away in November as a casualty of COVID. He didn't die from COVID but he had vascular dementia. Because of the shutdown, he was in a long term care facility and because of the lack of contact from people visiting him, he declined in less than six months. He was talking, he was active, but because of lack of contact, he declined. For me, this pain is personal. And none of my education could do anything to change this.

ND: That's such a profound point. You can't study your way out of feeling.

TW: And can't make an impact. I know of plenty of other health care providers that feel the exact same way. With COVID there's not a lot that we have been able to do, to impact this the way that we want to.

ND: How do you think that we can be addressing healthcare disparities? Like maybe a nurse watching this? a nursing student, someone that's, you know, at the bedside at the moment, feeling completely overwhelmed. But what do you think our personal responsibility and abilities are that we can all be addressing this?



TW: Get into the communities. Talk to the people. Talk to the community leaders, the churches, the community organizations, like the NAACP, Urban League, patient advocacy groups, like Black Women's Health Imperative, or you need those, you know, schools, universities, HBCUs. You go where the people are, that's where they need the most help to impact these health disparities and these inequities, because access is typically is the biggest issue in the social determinants of health. We'll talk about that, you know, you need to eat better. Well, if there's a food desert, you can't expect for them to eat better if there's not a healthy grocery store. Okay, well, you need to exercise. Well, it's not safe for them to run in their neighborhood. Or there's not even a good park in their area. If they can't even have the transportation to even get to, a really good health care system... access to all of those areas that I just mentioned. Those are issues for all of these individuals.



Bringing the health care to them, talking to these people and asking them, what do they need, making it personal to them, is probably one of the very, very smallest and basic steps that could help impact health disparities.

ND: What do you think we can be doing for nurses? To help them with? You know, specifically what you just answered there. Being an online community, are we still able to get out into quote, you know, the community? Or grasp that feeling?

TW: I definitely think so. I would say it's a great voice, to be able to articulate our concerns, or maybe even to celebrate one another. I've been a nurse for 20 years now. That statement for nursing is that we're always known for eating our young. But we can rewrite that history. And have a platform like this where we can celebrate each other, the young and the old, the new and the seasoned. So that we don't have to have that old history.

ND: As a health care professional, what does D, E, and I mean to you? Diversity, equity, and inclusion, what can we do to improve the state of that?

TW: I read a quote that once said that diversity is being invited to the party and inclusion is being asked to dance.

TW: I believe that even more education is needed for healthcare professionals. Especially at the university level. Especially while healthcare providers are in training. And I'm talking about all healthcare providers. So doctors, nurse practitioners, nurses, nurse practitioners, physician assistants, respiratory therapists, anyone that touches patients lives. Being that I am a former professor, there aren't many hours that are spent [on] that subject matter. And I do know that this is on the increase, but it's only a few hours. I believe that this should be a course that they're doing. So that we are actually changing the whole trajectory of how patients are being treated.

ND: So, what's one benefit of diversity in nursing? Why do we need all the dancers at the party?

TW: Yeah, I think one, because we are the reflection of the patients that we're caring for, and I think also because our work requires teamwork. And so for effective teamwork, we also need to have diverse perspective, voices and ideas as well.

ND: As far as nurses advocating for themselves, another trending topic is self care, mental wellbeing, nurses that are so far beyond being burned out, I don't even think that is an adequate explanation for what they're feeling physically, mentally, emotionally. What tips do you have for nurses on how to advocate for themselves?



TW: There was something that I kind of was thinking about, even just for my own self. When I'm thinking about when you're advocating for yourself, or even when you're advocating for others. I think about the Homeland Security. You know, when you're at the airport, if you see something, say something. So even if you kind of modify that, if you feel something, say something.

I would internalize that. That's how you can advocate for yourself as well as how you can advocate for your peers, because again, as COVID has impacted all of us. We are all intertwined together. And so we're all seeing how this is impacting each other. So if you see that your co workers struggling, if you see your family members struggling, if you see that even yourself, you're struggling.... If you feel something, say something, so that you can get the needed help, so that you can talk to someone. Early intervention. So that's what I would say to all of my fellow nurses.

ND: What future changes do you see coming for nurses' staffing? Do you think it's going to take lobbying Congress and, you know, mobilizing nurses together with either nursing associations or unions? How are we going to get safe staffing ratios or retained nurses?

TW: This is, I think this is gonna be a tough hill to climb, you know, because of the impact that COVID has created for us. With the number shortages and the PTSD, and the burnout. So to be perfectly honest, I'm not even really sure what the landscape is gonna look like, and what will be the best solution. I'm in Texas.

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And so I've heard of various solutions hospitals are giving for the nurses that are there currently: they're giving bonuses, retention bonuses, not the bonuses to get people to come by retention, large retention bonuses, just to get them to stay. I am trying to do my part, to educate the people in the community to help decrease vaccine hesitancy. So that I can help decrease the amount of people that are coming to the hospital. So that that can help decrease the burden for my brothers and sisters that are at the bedside. That's my only way of thinking how I can contribute to this. Because, to be very honest, I don't know of any other way to get us out of this.

ND: Do you still have that soft spot for pediatrics?

TW: It never, it never leaves and probably one of my biggest regrets. Even now, and I don't have regrets. I'm not one of those people. Usually, a lot of my decisions are very strategic. But one of my regrets is that I did not specialize as a neonatal nurse practitioner.

ND: Well, thank you so much for your time with us. I hope you have a beautiful rest of your day.

TW: No, thank you. It was my pleasure.