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THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

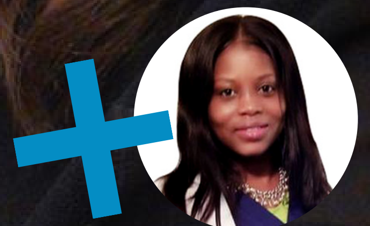
"You cannot take something out of an empty cup."

RANA ABDEL MALAK

PH.D., CGNC, NEA-BC, FAAPM

NAVIGATING COMPOUNDING PROBLEMS IN THE HEALTHCARE SYSTEM

NURSE, CONSULTANT, & PH.D. HOLDER FOCUSED ON ACUTE CARE LEADERSHIP



THE WOMAN & NURSEPRENEUR BEHIND NURSESBNB TELLS HER STORY

RN KEISHA MANNING

HOW DISTRUST IN HEALTHCARE IS FUELING ANGER TOWARDS NURSES—ONE NURSE'S POV

Issue 40 | June 14, 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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RANA ABDEL MALAK

Navigating compounding problems in the healthcare system

Rana is a leadership extraordinaire. With her doctorate in nursing administration, Rana has opinions on how to navigate the nursing shortage at a systemic level. We love her ideas, and think you will, too!

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LEADERBOARD

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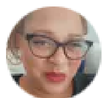
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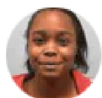
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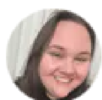
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Our weekly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing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

Join the community...

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

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.

Join in at social.nursedeck.com

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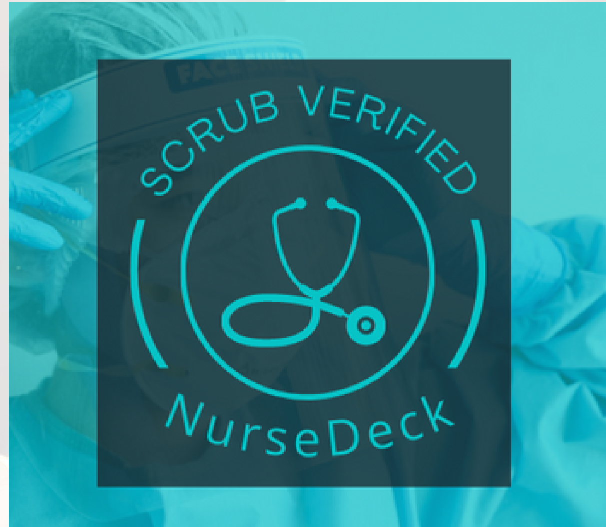
Apply to join Scrub Verified



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Join for travel nurse tips and stay up to date with trending Tik Tok influencer: Travel Nurse Rich.

Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside. The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse, just like him.

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Always wanted to explore entrepreneurship?

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Successful businesswoman and mentor RN Kym Ali is here to help nurses live life on their terms.

Nurses, the last two years have been challenging to say the least but, having our pay capped is the bottom line. If you are thinking about your next steps, you need to read this.

After a 16-year long nursing career, my mental and physical health took a toll on me, I had enough and threw in the towel. But that doesn't mean there isn't another path for you. I'm here to help show you step by step how to start a business and land your first client or shift careers. Imagine being sought after for your skills and expertise to help others. With my help, that is possible. You don't have to feel lost or wonder what to do with all the time, money, and education vested in nursing. I'm excited to announce a new community for nurses who want to supplement their income or replace it through entrepreneurship.

Sign up now for $25 a month

The woman & nursepreneur behind

tells her story

KEISHA MANNING

RN, BSN, MBA

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I was born in Jamaica - lucky-number-seven of nine children for my mom. We lived in the city until I was around 3-years-old when we moved to the countryside to live with my dad.

I was an avid reader from around age 6 - getting through 7 to 9 books a week. It didn't matter how much homework I had. I started high school around age 10, and graduated at 16. I wanted to become a journalist back then, but my brother - who had promised to send me to university - used the money to buy a car right around the time I graduated.

My first real job was in a human resources department at 17-years-old. I was so young I wasn't eligible to pay income tax, so I was getting more pay than senior people on the job (back then, income tax was about 15% of my salary). I was later transferred to the accounting department, where I managed hundreds of millions of dollars on a daily basis in cash and cheques on behalf of the company. I didn't totally abandon my dream of becoming a journalist, so while working there I got a certification in broadcasting and communications, and a diploma in public relations.

After years there, I decided I wanted a career and went into nursing. After nursing school and a year of working, I went back to school and got certified as a Critical Care Nurse. I came to the U.S. after being recruited by a healthcare recruiting company, and I've now worked in several hospital systems and also as a travel nurse.

I believe I am not here by chance but was brought here for this purpose - Nursesbnb. Nursesbnb is not just a company to me - it's personal, and it's a movement to leverage the social connections of healthcare professionals to solve the burnout and staffing crisis.

I remember when I was a child and lived in the countryside. My sister - who was about 13-years-old at the time - had asthma and was always ill and wheezing, it seems. My mom would go to work on Wednesday and return on Saturdays, and my sister would become ill Tuesday. Sometimes she would become so sick and experience such difficulty breathing that my other sister - who was around 9-years-old - and I would agree to take turns staying up through the night and watching her. I'd always end up being the only one awake all night with her. I used to read until midnight then go to sleep, but my 9-year-old sister would not wake up to take her shift no matter how I pinched her. Some nights my sick sister's feet would be so cold we'd have her wear three pairs of thick socks, but the rest of her body would be sweating. We would have her propped up on all the pillows to keep her breathing, but sometimes she would run out of the asthma inhaler because she didn't know how to use it properly (we were kids, so she would use it frequently when she was getting worse). The only thing that really helped fast was a pill called Asmasol that was made from marijuana - it was very effective, but expensive - so my job was to stay up and fan her with a book to keep her cool and ensure she didn't fall asleep. She would tell me she felt like if she fell asleep she would stop breathing, so that was my job until the sun came up. It was very rough because we had no pharmacy, no hospital, and no private doctor's office in my community. The only thing we had was one little clinic run by a public health nurse.

Communities like this still exist today; they are very far from the nearest hospital. When a person like this finally reaches the hospital, they are usually very sick and just praying there is enough staff to attend to them quickly. Sometimes pregnant women end up having the baby on the way to these hospitals. So although we provide housing throughout the US and Canada for traveling clinicians, our goal is to significantly improve staffing in rural areas. Imagine if every healthcare professional that lives in these rural communities could list their extra space or extra house on Nursesbnb for their traveling colleagues. We would be improving their financial outlook, decreasing burnout, increasing connections, and improving safe staffing ratios.

That's what Nursesbnb is all about.

Find Keisha & Nursesbnb:
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linkedin.com/in/manningkeisha

How distrust in healthcare is fueling anger towards nurses -

one nurse's POV

"The most trusted profession in America."

This sentiment, echoed in both the nursing world and in the mainstream, is one that gets restated year after year. Often, it is patients themselves who are proponents of this message. No one enjoys a hospital stay, but time and time again, we do hear, "well, there was this one nurse who was soooo good...."

Fast forward to present day. As we emerge from the complete shakeup that was/is the COVID-19 pandemic, many nurses report that their day-to-day now comes with a decidedly less warm and fuzzy patient response. So, what gives? Are people just angrier in general, or is there a trend emerging where it's socially acceptable to direct that anger specifically at nurses?

Fake news

In the past decade, long before talk of a pandemic arrived, a disturbing phenomenon began to make an appearance, ushered in on the coattails of unlimited access to information that the internet has—for better or worse—afforded us all. For every scrap of mainstream media coverage of an event, a competing conspiracy theory (or ten) is nipping at its heels. Gussied up in fancy video productions and 15-second sound bites, these "alternative fact" stories are compelling bits of fodder ripe for the picking. Add in a past presidency that gave national coverage to several lines of lunacy and the trend of "fake news" was solidified.

Except, not everyone agrees on what is real, and what is fake.

This division serves a singular purpose—mistrust as a baseline. Trust in government has been on the fritz for some time; now major news outlets are commonly seen as partisan pawns (with greater than 66% of Americans giving side-eye). And while many Americans haven't expressed confidence in our healthcare system for some time (contributing to a public health problem all its own), this lackluster popular opinion seems to stem from healthcare system inadequacies rather than any kind of malicious activity.

That is, until COVID-19 arrived. Cue the trumpets blaring for the advent of the golden age of conspiracy theories...and the growing medical mistrust that has followed. Fauci, vaccine production, viral immunology labs, mask-wearing, hydroxychloroquine, and ivermectin...these are just a few examples of entries on the twisted medical BINGO card of 2020 and beyond that have garnered intense scrutiny. So much so, in fact, that anything—and anybody—associated with them have in turn become "part of the problem" in the eyes of many. Nurses included.

Healthcare hero to frontline zero

One thing that really ups the ante to any charged situation is death. Specifically, the hundreds of thousands who have lost their lives to COVID-19 in the U.S. Amplify that number by the millions who themselves have become infected and survived, lost loved ones, and/or continue to live with long-COVID symptoms and essentially this public health crisis has touched every last one of us. We all feel entitled to an opinion, because we've all lived it.

And, overwhelmingly, we are all "over it." So much so, that to some, any reminder that inconveniently asserts the pandemic is not actually over feels like an egregious affront. Unfortunately, nurses are such reminders.

While we were once regarded as the heroes heading straight into the COVID lion's den, we are now the perpetrators of an inconvenient truth. For a while, it's nice to be someone's hero. The 7 p.m. rounds of city applause, the handmade signs and masks left on cars in hospital employee parking lots—for some time, it all felt like a giant worldwide pizza party in the break room. (Not better than, say, appropriate PPE access, but a token of positivity and goodwill, nonetheless.)

But then people started dying. Lots of people. Alone, or with only heavily PPE'd healthcare team members by their side. Some people, viewing these stories from the safety of their scrolling news feeds, were dramatically sympathetic. But for the families kept apart from their dying loved ones, nurses were viewed as barriers. Barriers who they could unload their grief and rage upon.

This is where the anger was born.

Simultaneously, despite the rise in hospitalizations and deaths in 2020, many Americans continued to ascribe to "alternative facts." Masks became symbols of oppression rather than conduits for safe hygiene, and nurses were often the frontline workers first encountered enforcing this rule. By extension, they became oppressors, "sheeple" ridiculed for blindly following Fauci. Dog whistles woven throughout every nightly press briefing from the White House confirmed many of these wild and scientifically-devoid assertions.

Spurned on by hundreds of deranged health-adjacent professionals in white coats passing off medical misinformation as fact, the messages shared on social channels about what was right vs. wrong, correct vs. incorrect became very muddied indeed. For every person that disagreed with another, a simple, ominous, "do your research" was cast out as the end to many a comment thread disagreement.

This is where the anger festered.

Cleaning up the oil spill

This heavy onslaught of partisan-angling, click-bait-infested stream of misinformation acted like a major oil spill—and it has coated everything in its wake. The thing about an oil spill is it forces those of us charged in its clean-up to hold and touch everything affected. Which is to say, the cracks in our healthcare delivery system—particularly with regard to those affecting nursing—have been exposed for all to see. We cannot look away.

Within the nursing community, it can—and should—feel like this: realizing the power we hold as the backbone of healthcare delivery. There are so many aspects to nursing that need improvement: better wages, safer staffing ratios, and improved working conditions to name a few. Hospitals, realizing they cannot operate without a nursing workforce, recently drove the exponential demand for traveler pay increases...which then prompted many nurses to seek greener pastures.

We are beginning to know our worth, and part of that knowledge — I hope — will come with a side of pushback on the increasingly violent and cruel misbehavior directed towards ourselves and other nurses. Anger is a perfectly valid feeling for the collective to have right now —anger that is acted upon is not. What we must do now is stay the course — build back our rapport with the public as only nurses know best how to do, relationship-by-relationship — and trust that trust will re-emerge as we fight for ourselves.

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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.

PH.D., CGNC, NEA-BC, FAAPM

Navigating ***compounding problems*** in the healthcare system

an exclusive interview
By nurse deck

Rana Abdel Malak is a doctor of nursing administration as well as a certified global nurse consultant. She has a heavy background in nursing leadership and owns the intellectual property rights to two career advancement and placement systems used in healthcare settings. She has also contributed research for and reviewed numerous studies on nursing and leadership in peer-reviewed journals, Rana currently serves as a contract healthcare consultant and full time course director for Osten healthcare. She also serves as a part-time professor at the University of Balamand in Beiruit.

Jamie Smith (JS): Today I'm so excited to have Dr. Rana Abdel Malak here. So tell us, how did you get started in nursing? Tell us about your journey and what made you decide to go into nursing.

Rana Abdel Malak (RAM): Thanks for having me! I grew up in Beirut in Lebanon in the post-Civil War period, and I saw a lot of trauma casualties during my growing up years. I wanted to really help the people around me, be there for first aid and be present during emergencies. I studied nursing at American University of Beirut just after the war, so my training was at the American University Hospital during a recovery period. You can imagine how things work after a devastating war, with a city that was shredded for 15 years. Nothing was working and all the systems were being reconstructed from scratch. I was always somebody who wanted to know more and learn more, so I graduated after three years on the Dean's honor list and started working immediately as an oncology nurse. During my working years, I enrolled in a master's program, so I was doing my master's degree while working at the same time. At the time the American University of Beirut didn't have a master's in nursing, so I specialized in population health to study all the issues related to public health, especially in relation to vulnerable populations. I kept working as a clinical nurse for six years after that, but during my master's year, things were different for me. The master's journey was transformative in a way: it helped me think differently, it helped me see data and be more analytical. That preparation put me at the forefront with my colleagues and my team to really push forward. This really put me under the spotlight of my seniors, and they invested in me,

We need to break the cycle and learn from other professionals who are trying to keep the people on board.

promoted me to a project manager, and from there I started the journey to being a leader. I was leading projects probably put there just for improvement purposes, and for redesigning the nursing service administration at the American University of Beirut to put them back on the map. This is where I discovered that my passion – my leadership abilities– were not really conventional, like being a nurse manager, but running projects where we have many stakeholders, and you have to really influence and persuade people to be on board so your project will succeed.

JS: Tell us about your work on magnet designation at American University in Beirut.

RAM: Magnet designation is the professional development, provider unit, competency accreditation for courses. That was my role at the American University of Beirut, and I really owe that place a lot. The senior leadership were mentors to me, which brings me to another point in leadership: what really makes a good leader is being mentored the right way to have the right opportunity to be developed as a leader. You don't learn leadership only in books, you have to really put that into practice. That is one of the things I wrote about in my doctoral dissertation: you cannot be a leader that is detached from the people whom you are leading. That is where you test the quality of the relationship as a leader, and you need to really work on improving it. This is one of the things we are still missing in nursing. We really don't test the relationship with our people, we just make it one way, or we try really to implement things the way they are or how we learned them, but they don't necessarily fit the situation where you're practicing. My doctoral degree was really enlightening in this way, because it was something I wanted to study: how we lead and how to lead in an effective way. I'm a strong believer that leadership needs mentorship, experience, lots of development, and the leader has to do a lot of personal development on their own. Plus, they need to have a certain mindset, that when I'm a leader it's not about me, it's about the people I lead and how I bring them on board to where we want to go together.

JS: What do you think drives you to nursing leadership?

RAM: I like that question a lot. What really drives me to leadership is the potential or the possibility of transforming lives and making change. Personally, I really thrive on change and growth, and transforming other people's lives is very important. It's what really drives me in leadership, and when I was not able to really do that anymore, I changed tasks to consultancy. I'm practicing right now in consultancy, but still located in Lebanon. Lebanon is passing through a historic economic crisis on top of the pandemic, so our healthcare system is really struggling at many levels. We have not only a shortage, it's a drain - a brain drain for our nurses and health care providers, even doctors. The wave is much, much stronger than you can imagine.

JS: What tips do you have for those who are interested in going down the same path?

RAM: They need stamina, and they need perseverance at a personal level. They have to have some tough skin, and they need to get a good mentor. Mentors and leaders change

lives. They're not necessarily one person, you can have many as you go. I have had mentors across phases in my life. So each phase, I had somebody who really was there for me and really walked me through the path. They need to do a lot of personal growth, reading, and training. They have to have a curious mind, because it's something that's always growing, and they need to get certified. Why? Because certification gives them validation for the other people who will be around them. The board members, for their followers, for their colleagues.

JS: I get it. If you get knocked down, you get back up, you keep pushing forward. What do you do to ensure your own leadership growth and development?

RAM: I do the same basic things I was telling you about. I'm board certified as a nurse executive and I'm certified by ICN as a global nurse consultant. I read a lot. I don't read just for reading, I learned to read things that would really help me build opinions and questions for the research I'm doing. So, I have targeted readings, and I definitely still have mentors.

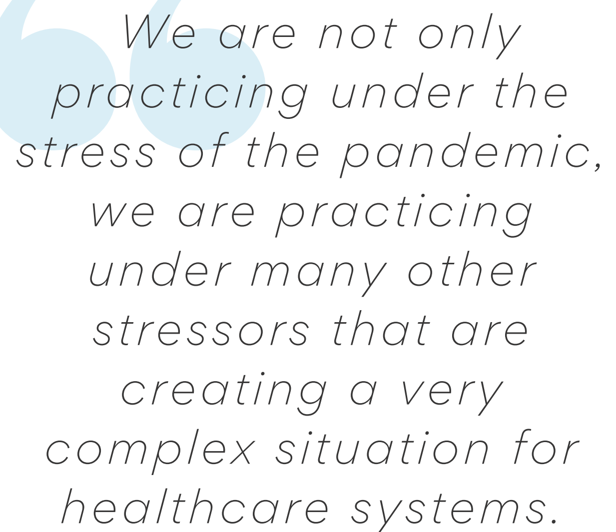
JS: What can you say about the state of our acute care systems and clinical processes amidst the COVID-19 pandemic?

RAM: I think the pandemic has really exacerbated the vulnerabilities in healthcare systems everywhere, not only in the United States. What we are seeing right now, all these negative things – shortages, burnout, severe emotional exhaustion – are the result of the exacerbation of our vulnerabilities. These vulnerabilities and weaknesses were always present. We were always talking about workforce issues, waves of shortages, and our nurses leaving the profession or always intending to leave the profession after a certain number of years. It's a global issue, there's no worse shortage happening in the United States versus Europe or somewhere in Asia - it's now a global issue about people in this profession. They need to be protected so they remain in the profession so our healthcare systems are sustainable, or we will not be able to pick ourselves up if we have another pandemic come around. I can tell you, we cannot keep nurses only by throwing money on the problem, like paying them more. Right now we need to think about out of the box solutions, like shorter shifts, especially if you're dealing with high-risk populations, like oncology or pediatric oncology. It's a high risk-profession, so let's treat this profession the way we treat all the other high risk professions.

For example, people who work in the sea where they extract oil - that's a very high risk profession. All the engineers that work there have very short working periods. I'm sure we need shorter shifts - the eight-hour shift will no longer work. We need shorter weeks, too. It's not about only giving money. You can give money, throw money on the problem, and people will remain. They will burn out at a certain point because they are physically and emotionally drained, and they will leave the profession to do something more convenient for their families. We need to break the cycle and learn from other professionals who are trying to keep the people on board.

JS: You couldn't have said that any better. We can't keep working these long hours and long shifts for several consecutive days. I want to highlight what you said about working shorter work weeks.

RAM: Yes, shorter work weeks and shorter shifts. So, instead of working eight hours, you work six hours. Instead of working five days a week or four days a week, you work three days a week. Every time we have a shortage, we increase the money for nurses and they stay for a while, but then when they get tired they will leave the profession and we go into the cycle again. I have first-hand experience seeing the transformation and an environment where this has been put into practice. During the pandemic, they will get tired, they will get emotionally exhausted, but they were way more resilient for a longer period of time before really falling out. In addition to a shorter week and shorter shifts, I think this is where we can have a comprehensive solution for whatever we are passing through in our healthcare system. It's beyond solving the issue at a certain



We are not only practicing under the stress of the pandemic, we are practicing under many other stressors that are creating a very complex situation for healthcare systems.

hospital level or in a certain country, it's adopting standards for the wellbeing of those people who are at the frontline and performing a high-risk profession. You cannot take something out of an empty cup.

JS: I like the way you worded that. What are the major challenges you currently face in your leadership role at this point in the pandemic?

RAM: There are many, many challenges. Because we're a practice, I practice in a place where we have compounded levels of complexity. It's not only the pandemic, we have an economic crisis that is devaluing money, so pay for our nurses has been devalued. Plus, we had the August 4 blast, which blasted away half of the city or more. I was practicing at the time in one of the healthcare centers that was less than a mile away from the blast site. Leadership during a disaster is very important. I went through a PTSD cycle, because I needed somebody to help me come out of the trauma of seeing so many casualties, and not being able to help everybody. So, to go back, the challenges are numerous because we are in my part of the world. We are not only practicing under the stress of the

pandemic, we are practicing under many other stressors that are creating a very complex situation for healthcare systems. Every day is more difficult than the day before that. Every day you lose somebody because they want to migrate to somewhere where they can get a better pay, or they are leaving the profession altogether. The level of complexity can increase by the hour.

JS: You were a mile away from the blast?

RAM: Yes. I was practicing in one of the healthcare centers less than a mile away from the blast center. Those present at the hospital site had to do a very big detour to reach it because of the rubble and the debris. I could not go through the regular paths we needed to reach the hospital. During the first hour only, we saw more than 500 casualties. The people we could really list were 500, but we knew we'd seen more that we couldn't list. I'm planning to write about this experience for people to really get the lesson learned from that. It was therapeutic for me to really get it out of my system and help others by writing about it. We were on the verge of a complete system failure.

JS: Wow. I can't imagine that. So, how do you feel about the current working conditions for nurses and what can be done to help with the staffing shortage and burnout among nurses?

RAM: Where I'm practicing right now, one of the important things is how to create a structure for the violence against nurses, especially in high-risk areas like the ICU. We are having a lot of assaults on nurses because they are the frontline. For example, people go to the ER to receive some care and the bill is something they cannot pay, they start a conflict with the nurses on the desk, and it turns into a big mess, plus a lot of violence and assault. This has been a prominent thing for us in the past few weeks in Lebanon. We don't want to reach the point where the nurse is already assaulted, so we need a professional development training part before registration where we train them on how to de-escalate conflict. Plus, build what we call a "code violence" or "code violet." Like "code blue," but in case of emergency violence. So, if you can sense the tension is going up and they are physically in an attack situation, you press the button to you call a certain hotline. We need those systems to be built in place, we need to protect the nurses at the point of care.

It's a global issue, there's no worse shortage happening in the United States versus Europe or somewhere in Asia - it's now a global issue about people in this profession.

JS: That actually took me by surprise. So it's a pretty known thing?

RAM: Yeah, it is. It is documented, especially in the emergency room. I think one of the nurses that got assaulted was on the news in the United States a couple of years ago. She was assaulted by one of the patients in the parking lot. When you are practicing in the emergency room and at the frontline, this is one of the risks.

JS: As a well accomplished professional trainer and educator in both academic and professional venues, how do you encourage our future nurses to keep going?

RAM: First of all, I tell them to really take it easy on themselves. Listen to their bodies, and keep learning. Continuous education is very important, and learning is not just professional development. Make sure they're not detached from the point of care, because when you are away or doing a desk job, if you're not really in touch your intervention won't be relevant anymore. You need to have a link with the point of care, so your leadership is sound, authentic, and relevant to the people you're leading.

JS: Can you tell us more about your role in the Premier Talent Acquisition Program or "P-Tap"?

RAM: That is something I created for a commercial company I work with as a healthcare consultant. The Premier Talent Acquisition Program is a program that assesses the need for an institution to recruit senior level people. It especially helps match what type of tests and recruitment strategies you use and what the organization needs with the appropriate talent, and bring that talent on board, making sure the person joining is somebody who fits their organization. It goes through different levels of testing - personality testing, other types of testing we have consolidated in one package. That, in addition to an interview with the senior executives in that organization, would reduce the turnover of senior executives and middle managers. Leadership void is very costly for an organization, and it creates a lot of indirect costs and losses. So the P-TAC comes into the picture to make a match with a high level percentage, so they don't have this turnover at the senior leadership level.

JS: Tell us about the progressive research. What is that all about? What made you decide to work on it?

RAM: I started this during my doctoral degree. My dissertation was about determinants that are predictors of job satisfaction and engagement in nurses. To keep the trajectory of my research, I started building up other studies. I just released another study related to emotional intelligence and the application of emotional intelligence. There is a lot of literature related to emotional intelligence, but we don't treat emotional intelligence as an

ability like the IQ, we treat it like a trait or a personality. When we want to test emotional intelligence as an ability, what is the best approach? We wanted to really measure retrospectively, what was the emotional exhaustion level? The people who responded had a certain level of physical and emotional exhaustion, but they tried to compensate so that it does not reach the patient. The nurses who responded back then, and this is a representative sample, were able to really compensate for the repercussions of emotional exhaustion on their other care to their patients, but only for a certain period of time. If we don't intervene in the right place at the right time - so this compensation is really supported, so it does not reach the patient - eventually, it's going to reach the patient. I think this is an interrelated, multifactorial thing.

JS: This brings us back to shorter work weeks and shorter shifts, because money can only do so much.

RAM: It will not buy you time. It will not buy you health. It will not buy you rest. Eventually, we're human, and we need those things. It's important to be well paid so you can afford help, you can afford daycare, but eventually you will need those shorter shifts.

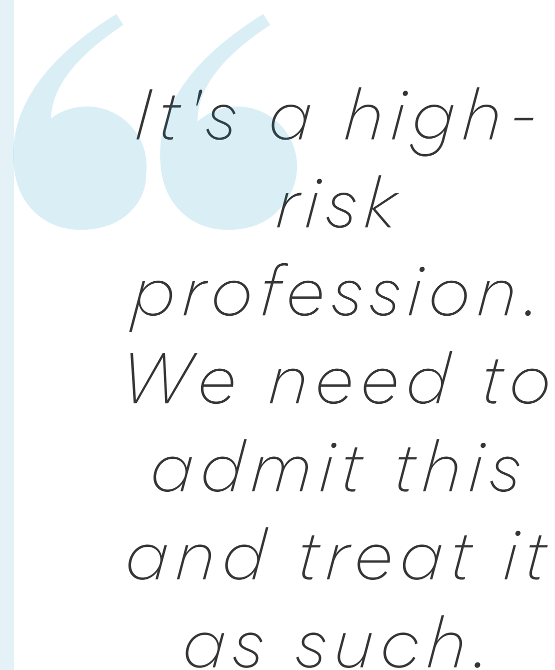
JS: How are you finding balance in all that you do?

RAM: I don't have the pressure of being married and having kids, and when I chose to move into consultancy, I started trying to balance out the time where I work. Sometimes it's really overflowing on my weekends and my nights because I want to move to shorter days, but I'm working on that.

JS: What are your thoughts on community? How do you think nurses can benefit from the NurseDeck community?

RAM: I think NurseDeck can really play a big role. NurseDeck can be an exchange platform where nurses can exchange lessons learned. It can play the role of advocacy for nurses in events where advocacy for nurses is at the forefront. The community is also not really limited to the United States, it's an international community, so it can have a wider reach. This can be built up to really bring those issues to the table, making way for for useful discussions.

JS: You have emphasized a topic many others have not really mentioned or emphasized, and I couldn't agree with you more. The profession is exhausting. We are human, we're not superheroes. I know people have mentioned how money helps - and of course, it helps, we have to make a living - but you emphasized how we can't fix this problem by paying more and more and more. We have to break the cycle.



It's a high-risk profession. We need to admit this and treat it as such.

RAM: That’s something I would like to see in nursing. So when you are recruiting student nurses, you tell them “when you graduate, you will be working shorter weeks” or “three days a week with shorter shifts.” This is the dream they want. You will not have any problem at the recruitment level. It's a high-risk profession, we need to admit this and treat it as such, so we can sustain healthcare. The pandemic has exacerbated the vulnerabilities but has highlighted that nurses are essential for the sustainability of healthcare.

JS: I work in long term care post acute care, and we have nurses working 16 hours for five or six consecutive days. It’s not sustainable. Is there a topic you would like to discuss or address we haven’t mentioned?

RAM: Maybe my hobbies, because it’s one way of freely relaxing and going outside– breaking the cycle of exhaustion and demand in a demanding job. I love cooking. I love to cook many types of cuisines - Italian, Lebanese, and I'm trying to introduce myself to Asian cooking. I'm a good swimmer. Those are things that I love to do, and I'm telling you because it's very important to have a hobby so you have something to do when you're not on duty. You're doing work and you break the cycle of a demanding job. Not necessarily a physical hobby, like sports, but something would really break the cycle in your mind because you need to rest a little bit as well.

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Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	nursekeith.com
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Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop

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