

nurse + deck

THE INSIDER'S PERSPECTIVE OF NURSING

Caring.Integrity.Diversity.Excellence

RAYNE SORIANO

PH.D., RN, NE-BC

**THE NURSE LEADER
ADVOCATING FOR
MEANINGFUL INNOVATION
IN HEALTHCARE**

NURSE EDUCATOR,
EMERGENCY NURSE,
INFORMATICS EXPERT

READ ABOUT

What makes a strong, effective leader
Innovation that will actually help nurses
Prioritizing professional development

NURSE DEBRA OFFERS FUN
SELF-CARE TIPS AND WHY
SHE LIKES URGENT CARE

WHY ARE NURSE
INFLUENCERS IMPORTANT,
AND WHAT IMPACT CAN
YOU MAKE?

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 #InTheField, 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.



Page 5

Nurse Debra offers fun self-care tips and why she likes urgent care



Page 6

Why are nurse influencers important, and what impact can you make?



Page 9

DR. RAYNE SORIANO

The nurse leader advocating for meaningful innovation in healthcare

From emergency nurse to informatics expert, Rayne has so much experience to share. He speaks on nursing innovation, how technology should support, not burden, nurses, and the pride and power of being a nurse.

nurse+deck Social

Apply to join Scrub Verified



Our community advocates are passionate nurses who share their stories with our community and their followers. There are many opportunities you will have as an advocate:

- Be a part of a community that celebrates diversity
- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
- Get free NurseDeck gear monthly
- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis

How it works:

Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

Meet all requirements? Apply at nursedeck.com/scrub-verified.

Join the community at social.nursedeck.com

Interested in travel nursing?

There's a new group on NurseDeck Social.



Travel Nurse Rich - Exclusive Content + Tips

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.

*All members will
first receive a FREE
one week trial*

Membership Rate:
*One-time fee of
\$35*

#InTheField

Nurse Debra offers fun self-care tips and why she likes urgent care

Los Angeles urgent care nurse Debra MerzKieffer tells us why she likes being an urgent care nurse - even before it was the norm. Plus, she offers great self-care tips and encourages seasoned nurses to make friends with new nurses.

Q: TRUE or FALSE: “Nurses eat their young.”

A: False, I enjoy sharing my knowledge and experience with new nurses although some think they are wiser.

Q: Any self-care or mental health tips for new nurses?

A: Regular manicure/pedicures, massages, exercising outdoors if possible, treat yourself to a shopping day and lunch. Drinks with coworkers after a tough day.

Q: How did you choose your specialty? What drew you to it?

A: Fresh out of LVN school with no clinic training, I started working in urgent care with an RN that was so much fun and taught me so much. I loved the variety of patient care in urgent care, and back then urgent care was



not a common thing. After I got my RN license, I continued with urgent care, because the hospital was not attractive to me at all. ■

Why are nurse influencers important, and what impact can YOU make?

Influencers and influencer marketing has been on the rise in recent years, especially with the increased usage and prevalence of social media and the internet in general. As defined by Merriam-Webster, an influencer is “one who exerts influence : a person who inspires or guides the actions of others”. In a marketing context, an influencer is a person with the ability to influence potential buyers of a product or service by promoting or recommending the items on social media.

When looking at the general definition of an influencer, chances are you know of someone in your community or in your nursing community who is an influencer. While social media certainly did not “invent” the term influencer, it has become the biggest reason why the term is so recognizable and makes an impact. People have made entire careers off of being an influencer and some even use their influencer notoriety to launch businesses, programs, products or services (to name a few).

In 2022, influencer marketing is expected to grow to a *\$15 billion* industry - and social media usage has reached new heights since 2020 with TikTok entering the mainstream and becoming a fierce competitor and a fast growing platform.

Nurse influencers have provided crucial information in the midst of COVID-19 conspiracies and misinformation, provided a first-hand look at the profession and #relatable content. That’s just the beginning of the impact influencers can make!

Utilizing Your Platform and Your Voice

Nurses sharing their stories is hardly a new concept, but with the world in the palm of our hands (literally and figuratively) it has become that much easier to tell your story. The truth is that, when utilized to its potential, social media is a way to establish your personal brand and a platform. Whether you’re using your voice to share funny memes or videos or to bring your expertise to the masses, your voice has the ability to impact people - perhaps more than you realize!

factors have only added to a lingering feeling of senselessness.

That funny meme or video might brighten someone’s day, or remind a fellow nurse

that they are not alone in their struggle or hardships. The expertise that you're sharing can (and has) helped not only nurses but the general public gain more knowledge and understanding about what it means to be a nurse - especially in the COVID-19 pandemic. Nurses and healthcare professionals have utilized their platform in numerous ways during COVID-19 with the biggest role being addressing misinformation - and the realities - of working during the pandemic.

From identifying vaccine card fraud to sharing the very real effects that the pandemic has had on our mental, emotional and physical health, nurses are baring their souls now more than ever. Behind those videos is a nurse who is in their most vulnerable state, going through the many stages of grief and burnout. By showing people that nursing is more than what the public perceives, there are lives and minds being changed by nurses sharing their truth.

Educating the Masses

Nurses are like the unsung heroes that are helping keep people safe and holding the weight of an entire healthcare system on their shoulders. For as many people who share platitudes and call us heroes, the support has not been there from a structural and systemic level - in many ways it still isn't. Despite the ways that our systems and policies treat us, nurses have either shown up every day or realized that they have reached their limits. BOTH of which are okay, let's not get it twisted!

To expand on our first point, nurses have taken on the additional role of debunking myths and giving us nothing but #facts since COVID's early stages of misinformation, which is still happening today (deep sigh). By providing free, yes free, education to the general public, nurses have taken the steps needed to tell people the whole truth! On the other side of the screen is someone who may have learned something new, or seen more

beyond what the local news and politics will have them believe.

Building Community

Perhaps the greatest thing about social media is that it can make us feel a little less alone, even if it's just through digital means. We've seen nurses connect like never before, including on our very own NurseDeck social media channels. Going through this collective experience makes the possibilities for connection endless. As you read this, there might be nurses connecting virtually through a support group or posting comments on message boards and social media.

Ask any nurse and they may tell you that their community has helped support them through the good, the bad and the very ugly. Community support is also not limited to nurses helping nurses! Community can be your local organizations and citizens donating PPE, or crowdfunding for resources and support. Community can also be that person who left you a comment on your TikTok video about how much you matter - or a nurse they know that has saved them or their loved ones. When we show up for others, it can be surprising to see who shows up for us and extends their hands in return!

We could go on and on about how important nurse influencers are and what they've done and still do for nursing. The proof is all around us - if we just take a moment to look! So the next time someone questions you as an influencer or judges because of what they perceive influencers to be, brush it off your shoulders and bask in what you've built and how you're helping others beyond your shift.

We will continue to do our part in building community and we encourage you all to do the same! For the nurses out there who have thought about being an influencer but haven't taken the step - go for it! We need as many voices as we can to lift up nurses everywhere and every voice matters. ■

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.

A professional headshot of Dr. Rayne Soriano, a man with dark hair and a goatee, smiling. He is wearing a dark suit jacket, a light blue dress shirt, and a dark striped tie. The background is a neutral, light gray.

RAYNE
SORIANO
PH.D., RN, NE-BC

An exclusive
interview:
**The nurse leader
advocating for
meaningful innovation
in healthcare**

By NurseDeck

Dr. Rayne Soriano is a registered nurse, educator, and nurse leader with a lifelong career in healthcare. He currently serves as the regional director for operations and nursing professional practice at Kaiser Permanente Hawaii promoting professional development, innovative informatics, and co-leading the Magnet journey. He earned his doctorate in nursing science and healthcare leadership from U.C. Davis in California. He's taught at several institutions, and right now works as an adjunct professor at the University of San Francisco and a visiting professor at Chamberlain University teaching master's level informatics courses. His career started in the emergency department, and he brings those foundational skills to his everyday work and leadership style.

NurseDeck (ND): Welcome to NurseDeck! You are joining us from beautiful Hawaii - thanks so much for being here. We're going to dig into nursing leadership, how to motivate teams - as nurses, we don't get a lot of training with that, especially for our nursing students, so the more conversations we have about that, the better. How did you get started on your nursing path?

Rayne Soriano (RS): Yes, aloha! Thanks for having me. It's funny, nursing wasn't in my initial career paths growing up. I wanted to be a pediatrician, because being the eldest of five boys you kind of grew up taking care of your younger brothers, whether that's rescuing them with Heimlich's maneuver or carrying them home from a fall or an accident at school. Interestingly enough, as I was thinking about career paths my junior/senior in high school, my mom told me a story and said, "gosh, if I wasn't so busy raising five boys, my dream would have been to go into nursing," and that planted a seed in my head. So in



looking into it - you get to spend more time with patients, it was certainly less school and at the time you don't want to spend too much more time at school. This was the mid- to late-90s. There weren't a lot of men in nursing. I only had six men in my whole nursing school class, so it was still an emerging population. Growing up you're already caring for your siblings, and now I can actually get paid for it, so it just felt natural and I've been blessed ever since. My first foray into the career was in emergency nursing, so that's my background, but I like to tell people specialty-wise, nowadays there's the experience side of it, and the clinicalness of it, but a lot of it is what matches your style, your personality. The emergency department matched my personality and my work style, because I'm kind of all over the place. Again, raising five siblings means you're ready for anything, so it felt very natural being in that setting. What I tell people who want to come into the emergency

The beauty about nursing informatics is we have a chance to bring back the heart in the technology.

department is that your hardest shifts are often your best shifts, because that's when you really come together as a team, and figure it out. I spent almost 12 years in the emergency department in various roles, from frontline ED nurse to educator and management, and really fell in love with the educational pieces of it. One day while teaching a class - I think it was a charge nurse class or an ACLS class - somebody said, "gosh, who would be crazy enough to lead the implementation of this electronic health record in 21 hospitals?" And when people want crazy and daring, I guess they come to the emergency department. My adventure in nursing is fascinating, because I find myself being at the right place at the right time, so I had the opportunity to help co-lead the Epic implementation in 21 hospitals starting in 2006. It was going so well, the reward for good work often is more work, so it was, "hey, let's go twice as fast now that we've gotten on a roll." That's when my career went from what was emergency nursing into what we now call nursing informatics, because initially, it was just going from paper to the computer, but then you start realizing, "wow, this is a lot of data we're putting into the system. What can we do as far as outcomes, quality, safety?" Look at what Amazon, Google, Facebook is doing with data and information - what if we could do that in healthcare and turn our data into good, and predicting falls or injuries? That was exciting for me, and that's what really brought my academic career in. I wanted to go back to school to keep sharpening my tools as far as being an educator. I love teaching, and I was a new grad in the emergency department, so my whole career has been all about paying it forward, paying it back to the profession that's taken care of me, and has blessed me with a lot of things. I got my master's in education, and I had the privilege

of attending U.C. Davis as part of the second cohort of their Ph.D. program on a dual track of nursing research and leadership. I got to hone more of my skills in terms of research, teaching, and leadership in that program. Nowadays, there's so many schools and programs, but unless you have a purpose or goal in mind, the question is, "do I really want to go back to more school just to get the initials behind my name? What am I actually going to do with it? How am I going to continue to make a difference and put myself in positions and at the table?" My career's evolved, and there's definitely been some being at the right place at the right time. I was at a conference and I met our regional director of quality. We got lunch and talked about this new program, where the goal was to serve our growing elderly population in regards to why they keep coming to the emergency departments as their option and get stuck there. I started working on that program, and had the honor of launching what we now call our Medicare Operations Program. It tailed into what we started doing with homelessness in the emergency department in really vulnerable populations, so I came back full circle into the emergency department, but this time in a different lens to help our social workers, case managers, or physicians figure out how to put together care plans for our most complex and vulnerable patients. I think we need to put together better training and education programs for case managers and social workers with this growing population of complex patients we're seeing. So I went back to my roots in nursing programs, and my nurse leaders at the time said, "why don't you come back to nursing full time, and start doing new grad programs and specialty training programs?" My passion was education, so it was a dream come true. I did that for



almost three years in Northern California, taking care of 21 hospitals and over 24,000 nurses, and then this opportunity in Hawaii came up. In Hawaii, we have these unique challenges: we have nursing programs, but no programs to really hire and train people, so people were leaving for the mainland in hopes they would come back after getting the experience right but that wasn't the case, unfortunately. Hawaii has been such a glorious adventure, and my nursing adventure has been nothing short of meeting a lot of great people and mentors along the way.

ND: I can definitely feel your passion for it coming through, which is great. We need people like you!

RS: There's two groups - there are technology immigrants and technology natives. For those who are experienced and have been in the field, who are technology immigrants, it's freaking them out. Then we have this new generation of technology natives who were practically born with a smartphone, so the features functionality isn't the problem, it's

critical thinking, patient care and engagement - what we used to call bedside manner - how to talk to people. The challenge in terms of technology is there's an aspect of it moving us away from the bedside, because we have to enter so many passwords, scan a lot of things, organize and check a lot of boxes. The beauty about nursing informatics is we have a chance to bring back the heart in the technology, plug into the matrix as nurses and continue to provide that personalized care and show we're still focused on the patient.

ND: Absolutely, I couldn't agree more. You touched on some of the nursing programs for new grads, I'm curious about the Kaiser Permanente Nurse Residency Program - can you talk a little bit about that?

RS: Sure! You want to have an evidence-based curriculum and a program that's organized with feedback loops along the way. A big part of for us, especially now that we're coming off - knock on wood - the last surge of this pandemic, it's how do we sustain and re-energize

our preceptors? That's been a big opportunity for us because it's tough, even with the opportunities to bring in more and more new grads, if they have preceptors, who are just done, that's not the experience, you want new grads to come into. Our roles as leaders have to really strike that balance of taking care of your preceptors, re energizing them, and then as you start doing more training and education, reinvigorating the hope for the future. Bringing some pride back into the profession and the practice. It's the heart of precepting, it's the heart of mentorship, it's paying it forward. We want to be safe and caring because we might be on that gurney or that bed in the future. That's sort of the frame we're going by, thinking about how we would want to be treated and paying that forward. With these residency programs, it's the curriculum, the 12 months of seminar. We've had to pause if not cancel a lot of clinical rotations during COVID, so we're finding that residents coming into the profession now are almost finishing their senior year of nursing school versus really starting them in that transition to practice, because what they've had a couple days in clinicals. I think we're playing



I think our minds, our hearts, our emotions are so overfilled and tapped out.

catch up, in a way, so how do we adjust these programs to build that confidence and get them back at the bedside? For those who've graduated a couple years ago or close to that, we're pairing them up with a hospital aide or a unit clerk, just to get back into the hospital groove before getting them in at the bedside. It's letting go of a lot of old traditions, and with the way people are learning nowadays, it's accelerated that the challenge for us is to build programs that match the learner that are still safe and accredited. But then how do you get people into the right place based on their style, their mode, the way they are, you know? That's about the interaction.

ND: Absolutely. I love what you said about going beyond the bedside skills. Those will come in time, but really inspiring and motivating new nurses to plug into the current of nursing that is below the surface, that's what will sustain new nurses.

RS: In terms of preceptors sustainability, it's building an alumni network as we start doing more residency programs, even within the organization. To have a mentor again, a buddy - we talked about the attrition, the turnover within two years of starting your nursing career - but let's say you had a big brother or big sister through that two years, someone that just went through the program, and can tell you about how they adjusted to night shift or how they got through that really tough charge nurse or how they overcame their first death. It's a lot of things I think we can build in terms of mentorship support.

ND: I 100% support that. Tell me as a leader, when you are trying to motivate your team, especially in pandemic times, How do you do it? How do you keep them motivated? How do you keep yourself motivated?



RS: Between talking about the importance of resilience through these challenging times, I think what we've seen is the moral distress. There's a lot written about it, but to be a nurse and your role is to facilitate that family-centered care but now you're in a position of saying, "sorry, one visitor at a time," or, "you can't be here," when their family member is having a baby or they're in their last breaths of life. My father passed away in the first wave of COVID - not of COVID but we couldn't be at his bedside. Seeing the guilt and the challenge of the nurse and the caregivers to tell us we couldn't be there during his last breaths, it was a struggle. So feeling in first-person reality what moral distress is and what our nurses must be going through, and being now the barrier to that family connection. The first step is realizing what the truth is behind when we talk about moral distress and burnout and why people are wanting to leave the profession and getting to the root cause of that. On my own team, it's one-on-one conversations. As a leader, I'm cancelling meetings left and right and replacing

them with just check-ins. I keep it simple. I think our minds, our hearts, our emotions are so overfilled and tapped out that let's just keep it simple and make that be okay. That's why new grad programs and these programs are so huge, because you're building the cavalry so in case any of this happens again, you have enough of a community of support, you have people you can tap into. Now we're looking at who's vaccinated, who's not, who has an exemption, who doesn't - so you've gone through three waves of COVID, where we're all together, we're all fighting this together, and then this last wave, it's like, "who's vaccinated and who's not?" With patients coming in who aren't vaccinated, we've even noticed a level of anger and frustration from the caregiver perspective. It's like, "wow, how can you not?" You've seen young people passing away, but on the other end it's respecting choices so it's that moral conflict, that moral distress and dilemma we face.

ND: We have nurses that are dealing with PTSD symptoms, and that's going to be going on for years. We're going to be dealing with the aftermath and the mental health aspects of it. It sounds like you're nurturing a community where you work where nurses feel okay to speak plainly and be vulnerable, and have other people mirror back to them that they're feeling those feelings, too. Is there anything else you want to say about the community aspect when it comes to nurse nurses and mental health? We're big on that at NurseDeck, I think it's so important.

RS: It's huge. Even before the pandemic, I think as an organization, as a community, we were so focused on mental health, between suicide prevention, mitigating depression through the continuum of life, from postpartum depression all the way to

end of life and periods of grief. Think about all those lessons in nursing school, whether it's the grieving curves or the novice-to-expert - as an educator, it's making those connections to the why of these theories, lessons, and models. When we assess and see this person might be getting burnt out or they're grieving right now, what do we do in that case? Is this the right time to do an evaluation or give constructive feedback? It's that emotional intelligence we have to bring in as well. Words that get thrown out there are social determinants of health, moral distress - a lot of studies are looking at it but when it comes down to the experience, and what to do about it, it's very much an intimate, one-on-one, because people aren't just going through one thing.

ND: I think the only safe assumption we can all make about our coworkers is that there's way more going on below the, "how's it going?" "Fine."

RS: As leaders, we talk about purposeful rounding and that really has to be top of mind as we come out of this pandemic because the mental health challenges we were trying to address before the pandemic have not only evolved, but it's now taken on exponential meaning. Now you can't even separate work from home, because a lot of us have had to be home to be teachers, and there's no safe space anymore. I used to commute

from Sacramento to Oakland almost every day, and people said, "are you crazy? What are you doing?" But that was my "me" time, that was my breathing time. I was in the slow lane, for the most part, and just trying to breathe and build that resilience before the next thing, because we don't have breaks anymore. Things bleed into each other, days bleed into each other.

ND: So true. You don't have time to be alone with your thoughts and reflect and absorb the weight you're under.

RS: That's right. As leaders, as you do these rounds and the one-on-ones, it's how you decompress yourself. You're going to hear a lot of painful experiences, a lot of concerning things. As an emergency department nurse, I want to cure this and fix this now, but that's not always the case. A lot of this has happened so it's not an overnight flip of the switch, unfortunately.

ND: You bring up a great point that even though we're faced with these huge problems, we don't need their big, big measures to combat it, we need these small interpersonal moments.

RS: It's got to be genuine, too. It can't be because we have measures and care experience hanging on asking these questions. People see that and feel that; when you're doing it just to do it, it comes off that way and you'll get the



answers that fit that.

ND: We definitely need to get below the layers, the masks we all put on. I want to switch gears and talk about nursing innovation. What innovations are you looking forward to, wanting to see more of, wanting to see less of?

RS: A lot of colleagues are thinking far ahead in terms of what we need. Before COVID, a lot of our innovations were around things like, what can we do with 3D printing? What can we do with digital health and wearable technologies? I think now it's pivoting to, how do we make things easier? How do we make technology more seamless and easier? So, knowing we're in an environment where people are either burnt out, coming out of burnout, or really close to burnout, let's not let technology be the straw that gets them there. I don't want to see resignation or retirement papers because we've just introduced so much technology. One of the best innovations at the time was when our medication machines came up with biometrics, so you can use your thumb instead of needing to put in passwords. How can we make things easier for our nurses? We see a lot of innovations in the medical field when it comes to supporting our physicians,

There's a lot of pride and power in being a nurse.

whether that's using dictation to document their notes, but how do we honor people's time? How do I keep my eyes and my heart with my patient with technology running in the background to support us? So, give me the right information at the right time for the right patient and help me do the right thing. How do we make it mentally easier to get the right information at the right time? It's those types of areas I hope we can apply to nursing more. My mentor and I have talked about how great it would be if there was a Siri or Alexa for nursing. When we did a time and motion study a long time ago looking at nursing activities, we found that we spend so much time looking for stuff, whether it's actual physical things or information, but nowadays, it's like, "Siri, find the closest gas station from where I am." Wouldn't it be great if I could do that with a saline bag? Those are the innovations I really look forward to, because technology is there to support us and not add more stuff. It's tough to introduce new innovations in the workplace, because if you can't prove to me that what you're wanting to change is better than what I'm doing today, then it's probably not going to go right. Especially with nurses.

ND: That's right - there's a whole ritual to charting. You have to really tip the scale into getting them to buy into that it will make it better.

RS: As a leader and educator, unless you're at the bedside with them and really engaged in observing the pain points - I always say that technology and innovation so far has been a solution looking for a problem. We have these bells and whistles and we really didn't need that. No wonder the adoption rates are low and it's challenging to roll anything out, because you haven't listened to what they need and you're trying to sell them something totally unrelated and

that adds more work. How do you think that's going to go? When you look at the technology industry, especially healthcare technology, they're starting to get smarter by having nurses be part of their marketing, sales, and design teams, because that's the currency for coming into a nursing environment to say, "hey, this was invented by a nurse." A lot of industries are jumping into the healthcare game, and we're the most trusted profession. Because nurses are the most trusted, these industries are starting to pick up on how they can leverage that. In the consumer market, whether it's health plans, technologies, pills, etc. Nurses are being asked to support and endorse a lot of stuff now.

ND: So, you mentioned at the beginning how you were in the right place at the right time for nursing opportunities that came along. How can you position yourself to be open to leadership opportunities or seek leadership opportunities, if you don't feel like they're coming your way?

RS: With a vast amount of networking platforms now, between LinkedIn, social media, different professional organizations, virtual conferences because of COVID, one of the things I always tell my students and people I mentor is: don't wait for it to come to you, you have to actively be out there. Have your own elevator speech: what are you passionate about? What are you looking for? What do you enjoy doing? That's the beauty about the internet, social media, all of these networks is you can put yourself out there, and millions, globally, will see what you're about and what you like, and you'll make connections. It's that snowball effect of, who else can I talk to? Or who have you learned from and maybe I can talk to them? To me, it's like you become this switchboard. At the end of the day, that's the beauty about my adventures to be honest. You get to work in so many different places, you get connected to awesome

leaders and mentors who connect you with others who have the same passions and goals, and you just make beautiful things.

ND: I feel like a lot of nurses that are very accomplished - a lot of their stories start with, "I never thought I was going to be involved in this." A trait they all share is really being open minded and just curious, willing to follow that path for however long it holds your interests. As a nursing leader, what has been a great challenge for you?

RS: There's so much to learn and so many things we can do. We always say there's not enough time in the day, but I think along with trying to balance time, whether it's our calendar, schedules, whatever, it's trying to balance your energy, because oftentimes even too much of a good thing could lead to burnout. What I learned in my early career is that you get sort of addicted to work, you get addicted to doing stuff and fixing stuff, and being a nurse and being a nurse leader, and you never leave, you're just there. The next thing you



know the sun's going down and you haven't worked out, you haven't spent time with your friends or family, and you go home and you're just talking about work. For me, it's learning to continue balancing that energy and time. If we have learned anything from this pandemic, it's be with the ones you love while you can. There's always going to be an opportunity to improve something, whether it's at work or in life, and at the end of the day for me having three little kids - I want to be the dad that was there. One of my mentors always told me that in approaching a tough situation or a big project or launching a big program, there are three things to remember: You always have to approach it with humility, with curiosity, and with respect, so you always respect why things are the way they are and how they got to be where they are, and put away those biases, really listen first.

ND: Very good point. So, how do you manage your busy workload?

RS: One of the things I learned early on with virtual meetings is they're better when they're shorter. So, if we can be purposeful about the agenda, getting things done, and then set up follow-up meetings, we can really use technology to our advantage. We don't have to

“
The
future is
bright.”

micromanage every step of the way, we need to move away from that because it's such a waste.

ND: Very true. Tell me about the future of nursing. What do you foresee happening for nurses, nursing, nursing education, whatever you have your crystal ball tuned into?

RS: The future is bright. As we look at the future of nursing, when it comes to working in various specialties or learning more, we're letting go of a lot of the traditions in terms of earning our stripes or earning the right to go into another specialty or climb the career ladder of leadership. In today's generations of nurses, they're not looking to you have a 30-year career and then retire, it's "let me try this out a couple years," so it puts a lot of the onus on us to continue to have these training programs and residencies so we aren't having huge gaps in employment or specialties, but we have a constant state of refilling our workforce. A huge thing is partnerships between academia and the community, technology and our employer groups when it comes to nursing, and seeing that nursing is not just a United States issue but it's a global issue. We can't continue to sort of pillage each other's countries for nurses, but how do we support each other globally, through education, innovation, and technology and build a wider community of nurses? So we're learning from each other. How do we solve problems globally so if anything like this hits again we're all ready, and on the same page together and supporting each other? To me that's the future: breaking down a lot of the silos, both within our practice and within the global community of health and healthcare.

ND: A perfect segue into our final question: how do you personally handle COVID? Crisis? Hopefully we

get a breathing space before the next crisis hits, but it's inevitable, especially with the globalization of nursing. How do you handle crisis situations as a nursing leader?

RS: I think that's where I'm blessed starting out in the emergency department, because that's what we trained for, whether it's disaster in the community or hospital. I carry a lot of those lessons even in today's work. You want to be the one that calms the waters, you want to get yourself calm and resilient, realize the situation and know what to do next, and have the team all on the same page. I carry a lot of those tenets and lessons from the emergency department into my work today, and honestly that's how I manage and mentally prepare for any of these crises. You have to be the eye of the storm, that's my mindset. As things are swirling around you, just realize people are looking at you in terms of your tone, your reactions, and your communication. Check in with your team, check in with people you know and make sure that they have enough information to know what to do with it, but not so much information that now it's a rumor mill or a swirl of anecdotes. Be encouraging and find ways to celebrate as you get through those next steps.

ND: Well, this has been amazing. I love your enthusiasm and thank you for sharing. We need that energy for new nurses, so I love that you're out there building them up and ushering them under your wing and getting interested in all the different ways that you can be a nurse today.

RS: Last thing: often when I talk to colleagues, or even new nurses, I hear things like, "I'm just a nurse," but I was always taught that hospitals wouldn't exist unless nursing existed. Think about the power of nursing:



we're the most trusted profession, we're often the heart of anything that's happening in healthcare, whether it's innovation or transformation, and there's a lot of power to that. For all nurses out there, and those thinking about or wanting to come into nursing, just realize that there's a lot of pride and power in being a nurse. ■

*Connect with Rayne on LinkedIn:
www.linkedin.com/in/rayne-soriano-ph-d-rn-ne-bc-8812a814/*

nurse+deck



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*

MEET THE NURSEDECK TEAM

NEVILLE GUPTA

Founder/CEO

JULIA TALIESIN

Managing Editor, Insider's Perspective Magazine

GABRIELLE DIDATO

Head of Influencer Marketing & Partnerships

LAKESHIA BATES

Community Engagement Manager

SIMRAN P. GUPTA

Digital Communications Manager

DESTINY GORDON

Brand Marketing Specialist