

*"Who's
caring for the
caregiver?"*

TRANISE GOODLOW

DNP, APRN, AGACNP-BC

**TRANSFORMING NURSE
EDUCATION THROUGH E-
LEARNING AND
NURSEPRENEURSHIP**

CARDIOLOGY NURSE PRACTITIONER,
PROFESSOR, EDUCATIONAL
CONSULTANT, SPEAKER

 **Dr. G the N**
Tranise Goodlow
DNP, APRN, AGACNP, BC



**#INTHEFIELD
NURSE JWAKSHAK
BELIEVES HEALTHCARE
PROVIDERS SHOULD FOCUS
ON HOW TO IMPROVE
INDIVIDUAL SELF-CARE**

**HOW TO FIND A NURSE MENTOR
& BE A NURSE MENTOR**

**WHAT WE CAN ALL LEARN FROM
THE MINNESOTA NURSES STRIKE**

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we share stories from nurses in the field and tips on everything from leadership, to mental health. At the heart are our weekly nurse features, highlighting nurses in innovation, education, and at the bedside.



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TRANISE GOODLOW

Transforming nurse education through e-learning and nursepreneurship

In this interview, DNP Tranise Goodlow covers the good, the bad, and the ugly of being a nurse and nursepreneur. She aims to bridge the gaps in nursing education with her innovative new e-learning practice, Dr. G the NP. She gets into the highs and lows of being a nurse in today's healthcare climate and as a business owner in the age of internet engagement. Find her on Instagram as @drgthenp.

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

On NurseSocial, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

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Our leaderboard shows which NurseSocial 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 the all-time top 10!

- Katrina Buchholz**
7,634
- Christina Aylo...**
3,546
- Carolyn Harmon...**
2,590
- Mariah Edgington**
2,228
- Rachel Grace**
2,226
- Ottamissiah Mo...**
1,561
- Melissa Sherman**
1,520
- Divyanshu sing...**
1,416
- Jennifer Rodri...**
1,325
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1,110

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#InTheField

Nurse Jwakshak believes healthcare providers should focus on how to improve individual self-care



A registered nurse currently working in Federal Medical Center Umuahia, Nigeria, Nurse Jwakshak Kopyol Lot believes that the government should focus on how to tackle the challenges to help improve health care delivery most especially in the fight against Covid and other illnesses.

Q: What would you say is the single biggest challenge nurses face today?

A: Challenges nurses face are many but can basically be in five categories.

- 1) Staffing. Short-staffing in hospital settings is a top concern for nurses.
- 2) Long working hours. To help make up for staffing shortages, nurses are often required to work long shifts.
- 3) Workplace hazards.
- 4) Workplace violence. Bullying and harassment.
- 5) Improving Self-care.

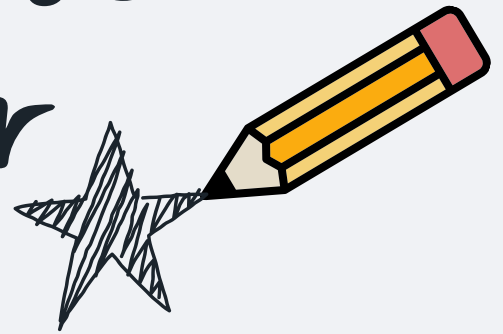
It's therefore important to focus on how to tackle the challenges to help improve health care delivery most especially in the fight against COVID and other illnesses.

Q: What is your specialty and where are you based?

A: I'm a registered nurse with lots of experience in addiction treatment. Currently I'm working with Federal Medical Center Umuahia, Abia State Nigeria.

On this note, we the health care providers ought to focus on how to improve our individual self-care in order to avoid breakdown. 🙏

How to find a nurse mentor & be a nurse mentor



By RN Carolyn Harmon
NurseDeck Columnist

Mentoring is an integral part of being a nurse.

Being mentored by other nurses helps the nursing student and novice nurse grow in ways needed to become proficient and successful. Seasoned nurses benefit from being mentored by more senior nurses, who offer peer support and encourage them to remain engaged and attain their professional goals. Mentors exemplify a passion for quality improvement and patient safety through demonstrating the desire to share their knowledge, experience, and the challenges of their professional journey to shine a light on the importance of excellent patient outcomes.

Why mentorship is so important

Mentoring is crucial to the development, adjustment, success, and critical thinking among new nurses, nursing students, nurses new to an organization, and even experienced nurses.

The COVID-19 pandemic brought a new emphasis to mentoring, as the healthcare delivery system experienced a tremendous turnover resulting in a considerable influx of new staff at every level. Evidence shows that implementing effective nurse mentorship programs can impact our profession by empowering nurses to make confident, well-informed decisions regarding patient care. It also improves their overall job satisfaction and creates a long-term commitment to high-level professional development.

Ultimately, strong, effective mentorship leads to higher-quality patient care that results in better patient outcomes.

What it means to become a nurse mentor

Taking on a mentorship role is a great way to remain engaged and invest in the future of the nursing profession.

Being an effective mentor is an acquired skill. Mentors must be able to listen carefully without being critical or judgemental and have a sense of integrity, confidentiality,



professionalism, and objectivity to offer sound feedback and guidance. Mentors must also be able to advise and guide their mentees so they can find their way and make their own thoughtful decisions. Being present in the ways the mentee needs is something to consider before taking on this relationship.

Setting healthy boundaries is a vital component of this connection. These can be extremely challenging but are all very crucial aspects of mentoring.

Mentors are sought for many reasons, such as guidance in navigating unit or organizational culture issues, making career-related decisions, or handling problematic situations. Nurses can have different mentors depending on their professional needs, each bringing distinct types of expertise and guidance. Many of these relationships span an entire career, even after work obligations have been met or career changes have occurred.



Even seasoned nurses benefit from mentors who encourage them to expand their career goals, enhance professional development, and offer support in handling complex work situations.

What to look for in a nurse mentor

When seeking a nurse mentor, the mentee should pursue approachable and trustworthy individuals who will be an honest and objective sounding board.

Reaching out to another in person or via email is a great way to begin this conversation. Beginning by pointing out the ways you admire the individual is a great way to initiate the request and sets the tone for the discussion. Following up with a face-to-face conversation after a few days allows time for both individuals to think about the responsibilities involved.

The mentor/mentee will determine the relationship expectations. Some suggestions are a weekly check-in which could be over lunch, by phone, or by text. It also involves offering support and encouragement during shifts. The mentor will provide support and be a resource to the mentee. This relationship should not feel cumbersome, and clear role expectations and mutual goals should be established early. Some mentoring relationships may have specific objectives, and some may be informal. Discussing these expectations lays the groundwork for a successful mentorship.

Reach out & be rewarded

Mentoring relationships can be difficult to begin, yet the rewards are endless. Finding a mentor willing to invest time in developing this relationship can be challenging, especially when many nurses are currently experiencing high rates of job stress and burnout. Many are reluctant to initiate this conversation or take on this role, already feeling overwhelmed with work and job obligations. However, the benefits of mentoring and having a mentor are limitless, both professionally and personally. Mentoring programs facilitate professional growth and create cohesive units that lead to improved patient care and outcomes. 📖



Carolyn Harmon, BSN, RN, is a nurse columnist with NurseDeck. She has over 24 years of nursing experience. She is currently a Perioperative Optimization Clinic staff and charge nurse. She also has 14 years of knowledge acquired from her role as an adult and pediatric ER and trauma nurse. Carolyn is passionate about mentoring and supporting nurses in all stages of their careers, as well as healthy work environments. Find her on NurseSocial as @carolyn (Carolyn Harmon) and on Instagram as @carolyn_bsn_rn.

**WHAT WE CAN
ALL LEARN
FROM THE**

**MINNESOTA
NURSES
STRIKE**

By RN Breanna Kinney-Orr
NurseDeck Ambassador

On Monday September 12, 15,000 nurses across 15 hospitals in Minnesota walked off the job. The nation’s largest nursing strike to date captured the attention of nurses all across the country and beyond. The thousands who took part posted on their social feeds right from the picket line, and thousands more watched to see collective bargaining in action. The loudest demand—scrolled across vibrant red signs—was for Minnesota hospitals to prioritize “patients before profits.”

More specifically, Minnesota nurses were asking for safer staffing ratios, safer workplaces, and an increase in salary and benefits. The planned three-day strike ended Thursday September 15, and no formative agreements have come from it as of yet. But the message—nurses are done “managing with less” and have realized their strength in numbers—has sent a ripple effect through other nursing communities, prompting strengthened unionizations and more strikes seen nationwide in the weeks since.

What Minnesota nurses were asking for

Led by the Minnesota Nurses Association (MNA), a 22,000 member labor organization that serves nurses in Minnesota and the surrounding Midwest, the strike in mid-September was a culmination of nursing frustrations that have been building since the pandemic and beyond. Nursing staff turnover and a doubling in nursing vacancies from 2019 to 2021 (5,587 nursing jobs, a whopping 8% remain unfilled) have left a wake of extreme burnout in the staff who continue to show up at the bedside.

The lousy attrition rate is often explained away by healthcare organizations as stemming from a broader nursing shortage. But nurses working at the bedside beg to differ; insufferable working conditions are causing nurses to leave and seek employment outside the hospital setting. In fact, a recent survey completed by the MNA showed that more than two-thirds of nurses responding were looking to quit.



The Minnesota nursing strike was a direct result of hospitals continually adding more to the nursing workload, while at the same time neglecting to provide the resources nurses need to get their jobs done. Nursing in the best of conditions is a grueling profession; when nurses are asked to perform more duties with less resources, something has to give. This time, it was their presence, if only for three days.

During the strike, “scab nurses” were brought in to cover their workload, earning up to \$8,000 for one week of contract work. While the healthcare organizations maintained that patient care and safety were upheld during the strike, nurses on the picket lines estimated that it was a skeleton crew replacing them at best. Many reports have since come out from the returning nurses noting major discrepancies in care.

The ripple effect of the historic Minnesota nursing strike

At this time, contract negotiations remain ongoing for MNA nurses. Several sessions were canceled by hospital executives, who



cited (ironically) the inability of bargaining nurses to break away from their bedside duties. Despite their efforts being stalled for the moment, the impact of the Minnesota nursing strike has inspired great movement nationwide.

The issues that MNA nurses were striking over are the same concerns shared by nurses across the country. So far in 2022, healthcare workers have organized more than 14 strikes. Again, unsafe working environments due to inadequate staffing has been the dominant drive for these walk-outs.

A few recent collective bargaining waves have bolstered the morale of unionized nurses. Following a declared intention to strike in August, by the end of September a union representing 6,200 University of Michigan nurses successfully renegotiated a contract ensuring a 22.5% wage increase over the next 4 years, an elimination of mandatory OT, and bringing NP practice up to the level of PAs.

Nurses at St. Mary's Medical Center in Reno had an initial 24 hour strike in June 2022 followed by stalled negotiations. When they threatened to go on strike again in August 2022, negotiations were reopened; the result was a new three-year contract promising improvements to patient safety and nurse retention. Overseas, The Royal College of Nursing—a union of 300,000 nurses—is considering striking over unmet wage increase demands. The significance of this is huge: the first time a strike has been planned since the union's inception 106 years ago.

The power of unions

Nurses do not take leaving their patients to go on strike lightly. This is one of the major moral concerns nurses have when considering union membership. But we've come to a point in nursing where nurses feel broken and unsupported. No longer relying on the healthcare organizations that employ them to also have their backs when it comes to safe working environments, nurses are discovering the strength they've possessed all along: each other. ✎



Breanna Kinney-Orr has been a registered nurse since 2008. Her clinical background in is neuro, trauma, and ED nursing, as well as nursing leadership. After having two sets of identical twins (yes, really!), she started her career as a nurse-focused writer and content creator. Breanna has a passion for story-telling and amplifying the collective nurse voice. Find her on Nursesocial as @breanna_orr ad on Instagram as @breanna_nurse_host.

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.

TRANISE GOODLOW

DNP, APRN, AGACNP-BC

Transforming nurse education through e-learning and nursepreneurship

an exclusive interview

Dr. Tranise Goodlow is a board-certified cardiology nurse practitioner, adjunct professor, and owner of the nurse and nurse practitioner coaching corporation Dr. G the NP. Dr. Goodlow earned her Bachelor of Science in Nursing from Southern University and A&M College and Doctor of Nursing Practice degree with a specialty as an Acute Care Nurse Practitioner from the University of Arizona. In her current roles of provider, professor, and educational consultant, Dr. Goodlow provides individualized, evidence-based practice care and interventions to her patients, as well as disseminating current cardiology evidenced-based guidelines and teaching nuances of nursing to colleagues and students.

Breanna Kinney-Orr (BKO): I'm so excited to interview Dr. Tranise Goodlow today. You are an award winning DNP-educated nurse practitioner, adjunct professor and founder of the Nurse Coaching Corporation. Thank you for being here. Would you start by giving us an idea of what your day-to-day looks like right now?

Tranise Goodlow (TG): Thank you for having me. I'm incredibly humbled and honored to be here. The day-to-day is a little complicated. Typically, I wake up in the mornings, I usually go to the gym, and go to my main job. I am a cardiology nurse practitioner - that's my main gig - and I do occasionally teach in a graduate level program. I teach nurse practitioners. I do that intermittently at a university, which I really enjoy. And then my baby, which we just started in June of 2021, is "Dr. G the NP." That's really what I'm most passionate about. Unfortunately, I see some gaps in nursing knowledge so I want to be able to fill those gaps because I take issue with the fact that the universities don't show us certain things. We're expected to know those things, and there's no resources out there. So I'm just trying to fill a void, and I'm very passionate about helping colleagues.

BKO: That's amazing. I completely agree and we will definitely get more into the specifics of that further down the line here. Tell us how you got to where you are today. What got you started?

TG: I have to say, my history with nursing is a little bit controversial. I've done interviews before and I don't mince words. It's not this big, great story. My mom said, "You should be a nurse." I said, "Okay, I'm going to do it." My dad was like,



"Yeah, that's a good career. Flexible. You get benefits. You will never be out of work." I just kind of did what they told me to do. At one point, I was a double major with nursing and marketing. Believe it or not, I always had the entrepreneurial spirit, but I didn't know how to quite apply it. I graduated and got on the floor, and hated it. So I'm like, "What am I doing here?" I didn't know, I felt very lost, but I always had the ability to teach. I hit a crossroads in 2014: at that point, I had been a nurse for almost four years. My husband's an engineer, and I was like, "Maybe I should be an engineer. I'm good at math." But then, I had an opportunity. I found out about BSN to DNP programs. I really was conflicted, like, "Do I want to give this another go? Or do I just want to give up on it completely?" But that doctorate just was really, really good to me. I said, "Okay. We'll give it another go, but this time I'm going to do what I want." About 80% of nurse practitioners do family practice, but I did acute care, and that was



"Nurses make up the biggest sector of health care. So, you would think the biggest sector would have the most amount of power, right?"

purposeful. I was going to do it my way. I was always interested in cardiology, and always reading strips. I was the nurse on the floor that could read strips, and I really enjoyed it. I did my doctoral research in hypertension within the African American population. I'm really proud of that.

BKO: Yeah, I saw you won awards for that dissertation! That's incredible.

TG: That was an interesting year, as well. I was working full time as a nurse educator, and I was eight months pregnant with our second child when I defended my dissertation, plus we had a small business on the side.

TG: I like building a relationship with your patient, managing their care, and I get to see everything. I have this philosophy, that you need to get comfortable with being uncomfortable. Most people I know, particularly nurses, are very caring people. We're very empathetic, but we literally feel the patient going through something. Okay. So I look at it as, if I walk into something and I'm uncomfortable, I'm learning so I'm better off next time.

BKO: I love that. So, tell us a little bit about your advocacy as an educator.

TG: I've done some soul searching in the last year, and I really know what my purpose is. Now, I have two purposes in life: one is to teach, and the other is to inspire. I come from a family of teachers, so of course I love education, but I do take issue with some of the things within nursing education as far as the gaps and what not. But I really value being able to connect with students and be able to make that impact and show them real world experiences. I don't run from that. I want to go in and fill that gap because nurses are awesome. We're awesome people, and I don't like some of the things that happened to us. I have very strong feelings about that. Being a female-dominated field, some of it is that we, particularly nurse practitioners, are "pimped out." We hit the bottom of the barrel, and I'm acutely aware of that. But the main issue is sometimes we're not getting everything we need, but we're expected to do certain things, and when we don't meet those expectations, we're called incompetent. You cannot expect someone to do something if they've

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 Dr. G the NP
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never been shown how to do it. I just really feel there needs to be a shift. There needs to be a change, but as far as my role in that, I believe it's education.

BKO: Tell us a little more about Dr. G the NP. You've touched on it a bit, but if you had to give the elevator pitch, what would that sound like?

TG: It's two fold. One, I want nurses to not feel impending doom when they're handed an EKG, particularly nurse practitioners. The sort of things that you cannot run from, you have to run into it. I put a lot of time and effort into trying to help nurses and my colleagues and building this business on this platform, but I also want to be healthy myself. I'm pretty athletic and an active person, so I didn't want to become sedentary because I was sitting so long working on things, which was detrimental to my health. I also do it to inspire people, because I want people to say, "Well, man, she's up there. She's lecturing, and she's on the treadmill. So surely, I can walk for 20 minutes." You've got to practice what you preach.

BKO: Absolutely. We've talked a little about your entrepreneurial spirit. As a nursepreneur, what's the biggest challenge you've had so far and how have you overcome it?

TG: I'm actually currently in the midst of a business challenge right now. I feel as though my platform isn't big enough. I know I've got something special, but it's really frustrating to be in a situation where you know you got it but not too many people know and I just want to share that. Everything I teach is what I wish I would have known.

BKO: Yeah, absolutely. Let's talk



about the current working conditions for nurses right now. I mean, even before the COVID-19 pandemic, everything was a giant pressure-cooker situation. How do you think we're doing out there, as far as working conditions for nurses?

TG: Not to get controversial, but I think we're abused. I think this is an abusive relationship. If you're in an abusive relationship, it's cyclic. Like, "Oh, you guys are the heroes! The heroes in health care. Yeah, this is great." But nothing's changed. Don't get me wrong, I'm not saying nurses are not heroes, but when you make this persona of "I'm a hero, I have superpowers," it's like, "I can pile more on you because you're super human," so it continues to get cyclic. I think we're abused, and we're tired, and rightfully so: nurses make up the biggest sector of health care. So, you would think the biggest sector would have the most amount of power, right? Unfortunately, that's not the case.



BKO: Do you feel that there's a shift coming?

TG: I'm hopeful for several things. I think we have to take care of people. Nurses are professional caregivers, but who's caring for the caregiver? Paying someone a reasonable wage is not absurd. Unfortunately, in our field, you're not really compensated for that education. I have several issues, and again, it's a woman-dominated field. White women only make 73 cents per dollar earned by a white man, and women of color only make 63 cents per dollar of a white man. So, you have socioeconomic gaps getting wider and wider and wider. You're expected to do just as much but you're getting a third less. Personally, I don't think anything's going to change until it hits the legal sector and Congress. The laws are not in place, so this continues.

BKO: Well said. How do you deal when you feel burned out? How do you identify it? How do you manage it? How do you get back on track?

TG: This is my secret: I am extremely good at compartmentalizing. When I'm with my family, I'm with my family. If I'm working, I'm working. If I'm doing stuff for students, if I'm teaching with Dr. G, I'm always tuned in to what I'm doing. So when I feel overwhelmed, I kind of just stop – like literally, physically stop my body and just try to relax. The other thing I do that I absolutely love is exercise. I love lifting weights. I love moving, it just releases tension.

BKO: The next topic I want to cover is community. At NurseDeck, we're huge on community. Can you speak a little bit about a community you've been a part of?

TG: I think I share the same sentiment as you that community is huge. When you find someone similar, you're like, "Okay, well, I'm not crazy. This stuff does happen." That feels great, right? You feel validated. So that is extremely important. I think having a platform and working to provide a community is going to better prepare nurses that are part of those communities. Everybody wants to be heard. Community is huge, absolutely huge. For myself, personally, there are a couple of groups I am looking at joining, who

I love lifting weights. I love moving, it just releases tension.



share similar beliefs within the nursing field, but honestly, between three jobs and three kids and recovering from surgery, I don't have the bandwidth currently.

BKO: Lastly, I know you've spoken on the subject of bullying in the workplace. I will say I feel like up-and-coming nurses tend to say it's not a thing anymore or they don't experience it as much, and they feel more welcomed. What do you think in terms of the whole, "Nurses eat their young," saying? Do you think it's improving? What are your thoughts on that?

TG: I'm happy you asked me this question. I have several thoughts about nurse bullying. The last job I had was on the floor, I was a nurse educator in 2018. I understand that was four years ago, but as an educator looking back, I did see some of it. I even gave my nurse bullying talk at the hospital. I find it very hard to believe it's simply

evaporated. There's a nurse theorist, she first described nurse bullying back in the 80s. She basically said the foundation of nurse bullying is you're an oppressed group. You're going to be oppressed because it's a female-dominated profession. When you feel oppressed, you're upset. You're angry. So nurses, instead of trying to empathize and mobilize, to try to make conditions better for all of us, are kind of like, "Well, I'm oppressed, but I'm going to say this about me and you so I feel a little bit better because I put you down." That's why I personally don't think it is gone.

BKO: That's such a good point. Thanks so much for sharing your experience today.

TG: Thank you! You just have to be kind and you have to treat people right. I'm just a real proponent of doing the right thing. You have to have integrity, it's as simple as that. ☺



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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
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life or a life will
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- Submit one letter of recommendation (on college, university or business letterhead) The letter should be from an educator and/or professional from school (teacher, counselor or employer) or a representative from the student nurse association chapter of your college/university
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