Let’s return to the healing presence and patient-focused practice that Florence Nightingale envisioned.

May 5th - 8th, 2015 (Nurse’s Week)
About the Art of Nursing

The Art of Nursing 2.0 is a four-day, online series that provides busy nurses with practical tips for leadership, improved communication and collaboration, safe and savvy social media use, stress reduction and more!

The series is being held during Nurse’s Week 2015 (May 5th – 8th) and is presented by Elizabeth Scala of www.elizabethscala.com.

About this Workbook

This workbook is designed to assist participants in the Art of Nursing with getting the most out of the series. It consists of handouts and additional reading submitted by Art of Nursing speakers.

Disclaimer

The speakers who are presenting during the Art of Nursing were chosen based on their years of experience and expertise in their respective fields. However, you are advised against beginning heeding any new health or wellness advice without first consulting your personal physician.
Welcome to the Art of Nursing 2.0!

This series has been a dream of mine for quite a while and I am tremendously proud of how it’s all come together. I just know you’re going to love listening to our speakers – all nurse pioneers, educators, and consultants – sharing their knowledge and expertise on how you can get back to the healing, patient-focused practice envisioned by Florence Nightingale.

This workbook was created to enhance your Art of Nursing 2.0 experience. Inside you will find handouts and supplemental reading to help you get the most out of each speaker interview. I hope you find them useful.

There’s also a dedicated Facebook group and LinkedIn community. If you haven’t joined them, please consider doing so. These spaces provide additional platforms for you to interact and share with our speakers and other participants.

Finally, because I want you to get most from the Art of Nursing, I highly recommend that you:

- Review the schedule and try to participate in a recorded or live session each day;
- Find a buddy to participate in the series with (it’s twice the fun!); and
- Share! If anything resonates with you during the series, invite your friends, family and coworkers to register. We even have some ready-made tweets and posts you can use.

Again, I’m so excited to present this series to you. May you enjoy participating in it as much as I have enjoyed assembling it!

Yours in Health,

Elizabeth Scala

Elizabeth Scala, MBA/MSN, RN
Creator & Hostess, the Art of Nursing
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Leadership Imperatives for an Era of Transformation Study Guide

From Joan Ellis Beglinger

1. A Transformational Era
We are living in transformational times that present nurses with unprecedented opportunities and unparalleled risks. These opportunities are the result of the convergence of 3 forces, which are:

2. The Affordable Care Act, sweeping legislation passed in 2010, is intended to disrupt the health care system as we know it. There is an intentional shift from episodic and illness focused care to population health. There are 3 primary goals of this legislation:

3. The Institute of Medicine (IOM) Report on the Future of Nursing is a landmark body of work published in 2010. After 2 years of study, what did the committee declare of the nursing profession?
4. The evidence linking professional nurse staffing, professional practice environments and level of education to patient outcomes is a game changer. What do we now know and how is this new knowledge different?

5. How can nurses work together to mitigate these risks?

6. A Time to Position and Prepare Ourselves: The Challenge of Professional Governance

Though there is much work being done at the national and state level to ensure the implementation of the IOM recommendations, health care is a local phenomenon and we must prepare to function as partners within the organizations in which we are employed. How can a shift in shared governance impact professional change?
7. A Time to Position and Prepare Ourselves: Our Individual Mandate

What can nurses do to step up into leadership roles and engage in a personal developmental journey?

There is much to do to realize the opportunities of our time and to mitigate the risks. We must act with purpose and urgency as individuals and as a profession. In the words of the famous tennis player Arthur Ashe, on achieving greatness: "Start where you are. Use what you've got. Do what you can".
References


Diversity and Inclusion in Nursing Leadership Study Guide

From Denetra Hampton

1. Why is Diversity important in Nursing?

2. In what ways can you help bring awareness to Diversity in the workplace?

3. Name (3) factors that contribute to disparities in access to healthcare.
4. In what ways can nursing contribute to a more diverse education in staff?

5. How do you plan to help bring awareness to diversity and inclusion?

The success of diversity and inclusion in the workplace starts with top management. When we draw on the wisdom of a workforce that reflects the population we serve, we are better able to understand and meet the needs of our patients.

Healthcare-wide, we have made necessary progress toward hiring a workforce that truly reflects America's diversity. But merely hiring a diverse workforce is not enough. We must make our workplaces more inclusive as well.

Diversity initiatives, whether targeting racial, economic, gender, or cultural diversity, should not only be part of recruitment programs, but integrated into on-going nursing management and clinical operations.
Reclaim Your Power and Pass It on – Inspiring Change from the Inside Out Study Guide

From Jackie Shaffer

1. What are some of the root causes for nurses feeling powerless?

2. Why is this so important?

3. What can individual nurses do to reclaim their power and transform themselves into positive change agents?
4. Where do we start with transformation? How do we transform our style of leadership? How do we transform ourselves?

5. What are some predictors of success as a transformational leader?

6. What can you as a busy nurse realistically do to affect change in your work life?
We’re All in this Together...Practicing the Platinum Rule Study Guide

From Julia Riley

1. What is T.E.A.M.?

2. Define the Platinum Rule:

3. Communication strategies;

   A. Consider Personality Preferences:

      Extravert

      Introvert
B. Consider Communication Styles

Visual

Auditory

Kinesthetic

C. Consider how others are affirmed (The Noticer by Andy Andrews):

4. Pithy prose
Caring connections with colleagues and clients...

Making a difference one moment at a time... think about it.

You cannot give what you do not have = self-care

T.E.A.M. Platinum Rule: Understanding Thinking - Words Feeling: Words Talk - To - Think: Talk - To - Think

W.A.I.T. No-highjacking All-about-the-patient. You cannot give what you do not have = self-care
Building Trust through Communication
Study Guide

From Kathleen Bartholomew

1. Daily Reflections

Have I been avoiding a difficult conversation with a coworker?

Could this be an opportunity to learn a new skill?

What one action can I take immediately to better support my peers?

2. Tips

Never be a silent witness to negative interactions between health professionals – no reaction = permission for the current norm to continue. Walk away or speak up. Always defend an absent team member.

Compliment a co-worker every day!

Begin difficult conversations by saying, “Will you stay in conversation with me until we both feel alright?”
3. D-E-S-C Model

Describe – Explain – State Needs – Consequence - ?

Describe the behavior (facts first, be descriptive, use “I”)   
D: When...

Explain the impact of the behavior (story second)   
E: I feel…I was...

Pause, Pause, Pause  5 seconds

State the desired outcome (check for understanding)   
S: Therefore, I want

Consequences will help get your peer’s attention   
C: So that...

OR – end with a question that asks for what you need.  
“Would you be willing to...Can you do that?”

Use the model to practice. Write out a script and role play with a co-worker or friend. Ask for their reaction to your words, your tone of voice and to the message sent by your body language. Ask them if you are “congruent?” Does your verbal message match with your words? People will always pick up on your emotion. Assertive communication is a skill that takes practice.
4. EXAMPLE

How do I approach experienced staff when she makes it obvious in many ways that she has no time patience or empathy for my concerns?

Describe

I noticed today you felt bothered by my questions and I felt in the way

Explain the impact

I understand your workload is heavy, but when you ignore me, I feel unimportant and get the message that you wish I wasn’t here

State what you need

I need to find some way or some time to connect with you. I really want to learn and be the best nurse I can be.

Consequence if nothing changes

If you continue to ignore me, I can’t learn and I won’t stay

Practice! Practice!

A “GREAT” nurse is a skilled communicator.
5. The Model in Action

Describe

Explain the Impact

State what you need

Consequence if nothing changes
Podcasting and Nursing: A Savvy and Safe Way to Communicate Study Guide

From Jamie Davis

1. Topics I about which I’d like to podcast. Be as specific as possible and avoid overly general topics. You’ll find a more passionate audience for niche topics. (For example, not a podcast on baseball but a podcast about the Baltimore Orioles; name at least 5):
2. For the following 2 questions, keep in mind this rule of thumb. For each minute of finished audio, figure on 3 to 4 minutes (minimum) in production time. That means that for a 20 minute podcast, it will take you at least an hour to an hour and a half to prepare, record, upload, and post to your blog. If your show requires research beforehand, then you may need to double that number. My medical shows run upwards of 6 to 8 hours per 45 minute episode.

How long do I want my podcast to be (minutes)?

How often do I want to do my podcast (circle one)?

Daily
Weekly
Bi-Monthly
Monthly
Other (specify)

3. For each potential podcast topic above, brainstorm at least 10 episode topics that would fit in that podcast topic. Topic:

Episode Sub-Topic:

A
B
C
D
E
F
G
H
I
J
Podcasting in Ten Steps:

To avoid “Ready, FIRE, Aim” syndrome it helps to have a plan of action to do any project. Use these steps to create a checklist of material for creating your own podcast. I will talk here primarily about audio podcasts but the steps apply to video just as well with only a few adjustments.

Content is King

You’ll notice as I run down the list that I don’t talk about the technical aspects like what type of microphone or how you post your shows on the web until the last few steps. Why is that? Because your audience will forgive you if you use a $30 USB headset mic to record your show as long as you have something interesting to say.

1. Select a main show topic. Make it as specific as possible. It's ok to talk about medicine, but emergency medicine is better, and training in EMS is even better. Pick a passion or pet peeve that you really like to talk about and on which you would like to share your views.

2. Select one or more episode topics. What are you going to talk about? Be specific and break broad topics into shorter sub-topics if necessary. You want to create a series so think of as many potential topics as possible. An example for a 10 minute tip segment would be “BLS Airway Adjuncts” as opposed to “Airway Management” which is much too broad for a short subject show.

3. Decide on the length of the show. A good target for most starter podcasts is 10 to 20 minutes. Longer shows may lose audience interest unless the content is compelling, has multiple speakers or panelists, or has an established audience from which to draw.

4. Break the show into segments. At the minimum this should be a beginning, middle, and end, but you may have a middle with multiple sections.

5. Decide on the length of your segments. In a 20 minute program, if you want your middle or main content to be about 10 to 12 minutes, you will need your beginning or ending to be 4-5 minutes each. You can go over a little since your listeners will be forgiving but don’t turn a 20 minute show into a 50 minute show every now and then.

6. Plan your open and closing. Do you want to put your contact information at the beginning or the end, or both? Leave room for some listener mail and a short bit of “chit-chat.” It’s okay to talk briefly about something that happened to you this week for 1 to 2 minutes. This makes you interesting and human. Don’t get sucked in to talking for 8 minutes about your trip to the Vet with your poodle. Some people might care but most won’t.

7. Select your microphone and recording device. I put these two together because I have listened to many wonderful podcasts produced on a $50 digital recorder with a built-in microphone. My advice for new podcasters is to start small. There are some decent mics out there for less than $30. If you are using a computer to record the audio, depending on your operating system, you have two free options.
Windows users can use the free audacity program. Mac users should use the built-in Garage Band program and it’s podcasting option.

8. Record your show and convert your recorded audio to mp3 format for upload. Both of these two programs will do that with a drop down menu choice. You can also convert WAV and AIFF audio files to mp3 using iTunes which is available for both PCs and Macs. You can tweak the basic settings but I recommend using one of the pre-selected conversion options based on the type of show you are doing (spoken word, music, etc.).

9. Upload your file to your website and link to your RSS feed. If you are using blog software like Wordpress (also free) and a podcasting plugin like powerpress by Blubrry.com this is very simple. Upload your file using your web hosting control panel. Copy the link to the file's location into your podcast plugin field in your blogging software. All blogs create RSS feeds for both the whole blog and for each category. Create a category called “podcast” and then always mark the entries with podcasts as being in the “podcast” category.

10. Add your podcast category RSS feed to the various podcast directories. For example, the big two, iTunes and Zune Marketplace, both have links on their sites to “add a podcast” or “suggest a podcast.” Simply paste the RSS feed URL for your podcast category into the field provided and in a couple of days, you will show up in their directories.

Two final tips

   Record several shows before you add your RSS feed to the directories. You might decide this isn’t for you and there is no easy way to take your podcasts off of the directories once they are posted. I recommend doing 4 or 5 to get your flow going. This will also give your listeners something else to listen to while they wait for the new episode. By the time they have listened to all 5, they will be looking forward to the next one.

   Listen to your shows, the whole show, after you record each one. This will help you improve each time you record a new episode, tweaking your style and format as you go. Nothing you decided above is written in stone so if you need to make your opening segment longer and add to the middle to provide more content, that is fine. You won’t know how the show flows unless you listen to it.

   Good luck and welcome to podcasting! I encourage each of you to contact me and let me know when your shows go live. I would be honored to share your programs with my listeners and I look forward to listening, too!

   Visit MedicCast.com/10tips for a free video tips on podcasting along with a printable episode template and checklist.
Promises and Pitfalls of Social Media
Study Guide
From Cynthia Saver

1. How can we adhere to privacy regulations and standards?

2. What is best practice for becoming ‘friends’ with patients and/or their families on social media?

3. Is it a good idea to have a professional account and a personal account?
4. What about organizational privacy policies? Where and how can I find out about them?

5. Is it OK to give medical advice via social media? What type of disclaimer can I use?

6. What are the 'rules' regarding social media use at work and are there any guidelines to follow?

7. What do I do to get started on social media?
Resources


National Labor Relations Board. Memorandum from the Office of the General Counsel. May 2012. (Includes sample policy)

Saver C. Avoid the perils of social media. *OR Nurse 2012.*


Advancing Your Career through Networking Online Study Guide

From Jennifer Mensik

1. What are the benefits to professional networking?

2. If I am a staff RN, does this apply to me? What benefits would I get?

3. With all the social media outlets, where do I start?
4. Do I have to be on every social media outlet? What if I don’t have the time nor do I want to be on my phone or computer all the time? Will this still work for me?

5. Can you over connect with people? Should I stick to people just in my profession and like areas? What about people phishing for data?

6. How do I go about making an identity for myself on social media?

7. Is there position statements for social media from my state board of nursing and other professional organizations that I should be aware of?
Resources


Creating a Success Plan For LinkedIn: How to Get Started Study Guide

From Carmen Saunders

1. What are your goals for being on LinkedIn? Is it a new job, more contacts, more relevance, mentors, increased sales, investors? This helps shape your time and investment.

2. What do you want to be known for? What are you good at doing? What do you like doing? This will optimize how your profile will be found.

3. What keywords will you use throughout your profile on LinkedIn? What job responsibilities, job titles, degrees, or certifications do you have? Using keywords throughout your profile will help define your brand so you are found on searches.
4. Who are you? Who do you help and how? How have you been successful? Why would someone hire you?

5. What do you already have that you can add? Power points, PDFs, presentations, multimedia projects, website links, video links, twitter, website, or blog.

6. Who can you get recommendations from? Who can you recommend?

7. Who do you want to meet? How would this person describe themselves? Search title, keywords to describe this person, industry, region, types of groups this person belongs to, and describe actions steps to meet this person, etc.
8. You can join up to 50 groups. Maximize this number. Search your region, interest, and areas of expertise, professional titles of colleagues or customers, hobbies, and associations. Keep experimenting until you find the groups that are meeting your goals.

Nurse Coaching & Connecting to the Client/Patient Story Study Guide

From Barbara Dossey

1. What is Nurse Coaching?

2. Why is reflective practice important in Nurse Coaching?

3. What is ‘bearing witness’?
4. How do stories fit in with Nurse Coaching?

5. How does the Nurse Coach engage with the client as the story-teller?

6. What are the seven phases of a story, as described in Story Theory?

7. How do you define a strength?
8. How does energy help to identify a client's strengths?

9. What is the chronology that is useful in Nurse Coaching for assisting a client with achieving goals to move forward?

10. Summarize the following topics: Nurse Coaching, Stories, and identifying client's strengths:
1. What is the definition of stress? What is your definition of Holistic wellness?

2. Why do nurses feel so much stress today?

3. How has technology added to the fray of stress on the job?
4. How do you define Compassion fatigue from the vantage point of Health Psychology?

5. What are the four styles of mismanaged anger?

6. What is mindfulness and how does it reduce stress?

7. How does humor help deal with stress and add to resiliency?

8. What are some ways to create resiliency in our life?
Evolution of Caring: For Self, Others and the World Study Guide

From Jean Watson

1. What is the definition of the Caritas theory?

2. How can we get our professional leaders and workplace administration to see the benefits of The Caring Theory?

3. What can nurses do to assist with incorporating this essential healing modality into the practice of other nurses, or even better yet - leadership? Can you teach "conscious awareness"? Can you teach caring?
4. In this economic climate, nurses are frequently being told to "do more with less." How can nurses respond to this within the framework of the Caritas theory?

5. What are some self-healing practices that nurses can do?

6. What vision do you have for your own healing and self-care work?
Supplemental Reading

Articles on Leadership, Communication, Social Media & Resilience
The 3 P’s of “Legacy” Leadership!

By Naomi Jones

I have been in nursing for over 35 years with more than 20 years in management. Throughout my career, I have come to know, that everyone in a leadership position doesn’t belong there.

There are those who get into leadership positions and find out that it’s not for them and get out. Then there are those who stay but shouldn’t. They may stay for the bump in salary or may feel ashamed to leave because others may think that they “couldn’t hack it”.

Most of us decided to stay in our positions because we know leadership is more about helping others reach their potential than it is about us. “It’s all about you but it’s not all about you!”

As nurses in leadership positions, we step into the role desiring to make a bigger impact in our organizations and in our spheres of influence. God placed you here to invest your life in others. That’s why nursing is a calling for most of us. When you understand your purpose and how it gives you control over your legacy, you will be effective and enjoy the role you have as a nursing leader.

What is “Legacy” of Leadership?

The essence of legacy is when you believe that your position has a purpose that is bigger than yourself as an individual. It’s a compelling way of living forward—a way of intentionally influencing people to move toward positive outcomes which will extend beyond a generation. It is all about you making a difference!

The essence of leadership is to live our lives in service to each other, unselfishly, for the greater good. It’s about having a passionate desire to positively impact people, who will then impact other people. It’s about nurses who find a way to lead and light the way for others. In that sense, all nurses are leaders in the lives of our patients regardless of job titles.

Some assumptions need to be challenged though. Unselfish doesn’t mean you cannot care about yourself. The greater good of others does not mean that you have no right to benefit from the good that you do. The greater good includes you! Living life in service does not mean that you are a doormat! Leadership doesn’t have to hurt!
Knowing your *purpose* as a leader helps to focus on why you want to lead. The next step of the process, is understanding that leadership is a *privilege*. You are in a position of influence! You have the authority and access to influence any situation, however small or large. You have the privilege to interact with the lives of others at a level that most others don’t.

You have *power* to make other people’s lives difficult or easier, chaotic or peaceful. You make things happen! By bringing all of your resources: vision, fortitude, patience, integrity and compassion to your position within an organization, you will be *strengthened*, making it easier for you to advocate for yourself and others. The power you have in leadership needs to be tempered with the reminder that it is also a privilege and that you have a purpose for being here.

How do you *balance* the purpose, privilege and power of leadership? By balancing your mind, body, soul and spirit. When they are in alignment, you will say to yourself “*This is why I’m in leadership!*”

You have a choice in how you will be remembered. It will be based on the decisions you make today and the motivations you use to make them. Make a difference in your life and the field of nursing! Use your personal power to ‘*Embrace your “Legacy” of Leadership Right Now!*’
Leadership Skills for Nurses: Empower Your Practice

By Elizabeth Scala

Leadership Skills for Nurses:

Empower Your Practice

While drafting my educational planning table document for the South Dakota Nurse Association (SDNA) convention keynote address, I spent some time in reflection on what makes a nursing leader. The SDNA requested that my talk focus on nursing leadership and so I decided to present 'Nursing from Within: Leadership from the Inside Out' this October.

So what makes a great leader? Are there certain qualities or characteristics a nurse leader must have? Is leadership innate or is it a quality that one can cultivate over time?

Being that I myself am also a nurse, my logical mind went to traits like organized, innovative, connected, resourceful and educated. I decided to have a poke around on the internet to read about what others recognized in great leaders.

While I was all ready to find these highly masculine qualities, I was pleasantly surprised to read this article on Entrepreneur (dot) com on the 4 Critical Traits of Great Leaders. Strength, positive energy, passion and selflessness were the qualities offered in the post. This made my heart sing.

There is no doubt that to be a great nursing leader it takes education, clinical skill and professional expertise and experience. Yet I wonder how much of the other stuff, maybe the 'soft skills', that may be overlooked.

Here are 3 leadership skills to help you empower your nursing practice:

- **Stay present.** A good leader creates a habitual routine in their non-professional life which cultivates mindfulness. A leader cannot be distracted by every little 'bing' that comes their way. They cannot be thrown for a loop when a huge barrier presents itself in the change process. A leader stays present and focused, able to effectively lead through one task at a time.

- **Allow for appreciation.** A leader looks for the good in each situation, even when that may be hard to find. A nursing leader can take a difficult experience and find the lessons learned. To be a leader means staying upbeat, positive and enthusiastic so that others feel the same.
• **Be yourself.** A leader can only lead by being themselves. Other people can sense and feel when a person is being inauthentic. Trying too hard to fit in with a crowd or serve everyone's wants and needs will only create exhaustion and overwhelm. To be an effective nursing leader, one must be themselves every step of the way.

*How about you? What leadership skills would you add to this list? How do you present yourself as a nursing leader in your role? I would love to hear from you; feel free to bring a comment to the online forum groups.*
Do You Really Listen?
By Barbara Phillips

When I started my first practice, I chose a practice tag line that reflected what I had been hearing from my patients for years. I was told that I really listened to them and that they felt cared for. Thus our tag line was and is “We Listen...We Care”. Nearly 10 years later, several of my patients continue to refer that tag line with the amazed reaction that it’s true.

As nurses we pride ourselves on listening to our patients and their families. We believe we carry that skill forward in our communication with each other and with our friends and families. But do we? I have to admit there are times when I seem to “come to” and realize I’ve not really heard what a loved one has said!

Plenty of studies have been done that prove that people in general are poor listeners and, unfortunately that includes those of us who are healthcare providers. At best, people will remember approximately 25-50% of what they have just heard. That percentage goes down again after about 10 minutes. These statistics are dismal at best. But why is that?

First, we are all busy, often too busy. We have patients to see, phone calls to return, administrative duties to attend to not to mention the mountains of paperwork we are required to complete that ironically enough is suppose to enhance communication about our patients. In other words, we are distracted.

Here is a great example of this: I recently heard someone tell the story of being interviewed on a podcast. The gentleman said he told the story of losing someone close to him and that is what prompted him to write the book. When he was done with the story, the woman interviewing him said, “That’s wonderful” and when on with her next question.

Obviously she was not listening but was concerned with her next question. As health care professionals we do the same.

We tend to engage in what is called passive listening. Basically only the information that can get through our ears, our filters and all the noise in our heads, actually gets heard. It’s often better illustrated with a few examples:

- You are listening to a shift report yet at the same time there is someone just outside the door talking about your patient. You are attempting to listen to both.
• Your partner or child is talking to you about their day and you are thinking about what will you cook for dinner and if you’ll have time to write your term paper (because of course you are back in school for another degree.)

• Your patient is telling you about a problem with a medication and at the same you are trying to enter the information into the EMR and are focused on the information you need to obtain from the patient in order to complete your note.

• You are having dinner with your friends and at the same time sending text messages to your family, or responding to that viral video.

So what can we do to really hear our patients, friends and families?

We need to engage in active listening. Active listening implies that we are actively participating in the communication exchange that is going on. Here are some tips to get you started.

1. Stop what you are doing and look at the person talking to you. Eye contact goes a long way.

2. Put down that mobile device. Silence the notifications, or better yet, turn them off.

3. Give feedback that actually matters instead of the more commonly heard “uh-huh”.

4. Do not impose your “solutions” on the speaker until they are done. And then check that they actually want your solutions.

5. Do not formulate your next statement until they are done... in other words try and stay in the moment and hear what is being said.

6. Try to see and feel what the speaker is talking about.

7. Be proactive with your listening.

It’s sometimes hard to be mindful about truly engaging with people when we are so pressed for time. But it’s in those moments of true communication that gems are uncovered. The next time you have someone in front of you... stop, look and truly listen to what they are telling you.
Nursing: Competition or Connection? 5 Facts to Embodied Collaboration

By Elizabeth Scala

According to Wikipedia:

**Competition** is a contest between organisms, animals, individuals, groups, etc., for territory, a niche, or a location of resources, for resources and goods, mates, for prestige, recognition, awards, or group or social status, for leadership.

AND

**Collaboration** is working with each other to do a task and to achieve shared goals.

**So are nurses’ true collaborators?**

To be honest, when I read the Wikipedia description of competition, I hear ‘nursing’. The definition reads: ‘A contest between groups for a location of resources. A contest for prestige, recognition, awards and leadership.’

Does our healthcare system create environments where nurses are competing for resources? Almost daily I receive an email from my own organization asking functional units to please release IV pumps as the central supply has a shortage. Units literally hoard their materials, worried about having enough.

Does our education system set us up for competition amongst ourselves? We all want to be the ‘best’ in our nursing education, recognized and awarded for our achievements. Does the clinical ladder breed natural born competitors who strive to outperform the next, in order to establish leadership roles and prestige?

While I do not admit to have the answers, I do believe that in terms of collaboration our walk must outweigh our talk. It is much more meaningful when we *live* collaboration. Our actions speak louder than our words and while a nurse can ‘say’ she/he is a collaborator I urge you to observe the behaviors that they model.
With four RejuveNation Collaborations, a print book of interviewed experts and the dozens of radio shows I have hosted- I'd say I know a thing or two about collaboration. And so, here are my fast five facts to successfully living and breathing collaboration in nursing:

1. **Release fear-based thinking.** Collaboration is not about tit-for-tat. Just because you promote someone else you shouldn't be expecting they do the same for you. And on the other side of the same coin, don't withhold your own collaborative efforts because you don't see someone lifting you and your work up. This is an extremely fear-based approach, a lack mentality that is common in nursing. Collaborate because you want to, not because you think you ought to.

2. **Protect your own self-care.** Say 'no'. If you don't have the time to collaborate or help another nurse out, then say so. Avoid trying to be everything to everybody. This often presents you as nothing to nobody. You won't miss out by saying 'no'. In fact you open up the space for someone else who may fit better in the project on hand. Your collaborators will respect you more when you join in as the timing is right.

3. **Be You.** Know yourself and your values. Engage in authentic projects that you believe in. Collaborate where it makes sense. There are billions of people on this planet and not every single one of them has to like you. When you are able to collaborate using nursing from within, it makes things that much easier and productive for all parties involved.

4. **It's not about the numbers.** In this case, quality is greater than quantity. Collaboration is about establishing, building and sustaining meaningful relationships. These collaborations in nursing can create lifelong friends. As mentioned in points 2 and 3, you don't have to be 'friends' with everyone. You will be able to engage much more effectively in true collaboration (which takes time) when you grow lasting relationship.

5. **Enjoy yourself.** If it starts to feel like work- it won't get done. Collaboration should be about fun, upbeat energy that lifts you up. Collaborating with nurses is a really awesome gift. Enjoy it!

*I'd love to hear your thoughts. Leave a comment, reaction or question below. And in the spirit of true nursing collaboration, feel free to share this article with nurses you know.*
Podcasting for Nurse Healers
By Kate Loving Shenk

Podcasting for Nurse Healers

I have the podcasting bug and lately, this has been my daily task, along with a daily accompanying blog. But I am also rebellious, so I don’t follow all the rules of launching or promoting. I don’t like the word professional. I want to look into your eyes and have a meaningful conversation. In lieu of that, and not being able to see you, my style of podcasting has to be intimate without any bells and whistles, or fancy incoming and outgoing music which could be distracting to my message. But I also see how music pulls you in. Yesterday, I listened to a podcast with music that made me want to dance. That is a definite rewire, as far as Prayer goes, nondenominational prayer, mind you. In the end, I will probably have some music that works for my podcast.

My podcast is called P.R.A.Y.E.R.: Prayer Prescriptions that ReWire Assumptions about Your Everyday Reality. When you rewire your assumptions, your thoughts and your beliefs, you rewire your brain. In essence, my podcast is one big rewire.

It’s a rewire about death, your fear of death, fear in general since all fear points directly to the fear of death. This is universal Truth.

My target audience, then, are those who are open and either ready to receive these ideas, or have already received these truths through direct experience.

Promoting your podcast need not take up much time or energy. Once your podcast is on iTunes, you can release that link into your Twitter feed periodically, or anywhere else you choose.

Before I write another word, do you have a Twitter feed? So far, I’ve noticed my podcast is gaining ground faster on Twitter than all of the other social media sites combined.

I am thankful I listened to one of my first marketing gurus when he told a group of us to immediately grow a Twitter following back in 2007.

I did as I was told and now have nearly 6000 Twitter followers. However, the podcast has helped to grow that following more rapidly.

Other podcasters are joining me and adding me to podcasting Twitter groups. I am having meaningful exchanges with other like-minded podcasters.

I use buffer app and pay $10 a month for as many as 200 tweets scheduled at one time.
Since I put my daily podcast on my blog, as well as build a daily podcast page on Audello, there are never ending possibilities for Tweets. I promote my books, The Prayer Prescription Series, on Twitter in the same way. Affiliate opportunities have not done as well on Twitter as when I promote my own projects and books.

It’s also important to interact with your Twitter followers. Retweet their Tweet’s. Have conversations. Tune into their efforts to change the world for the better. I’ve created an online publication affiliated with Twitter called Optimal Health Secrets, which has helped to grow my Twitter following, make some wonderful connections and increase online visibility. This translates to expanding reach as a podcaster and author.

Keep in mind, 2015 is predicted to be the year for Twitter, so I am recommending you ride the wave.

Another cool way to get your podcast noticed is to join a 30 day blog/podcast challenge on Facebook. My favorite one is created by Sarah Arrow who is a brilliant award winning blogger and pays attention to all her blog challengers and cheers them on. I am on round five of the challenge. If you decide to go this route, be sure to comment and share the blogs of the other challengers in the group. When I Retweet the blogs appropriate for my audience, for instance, they are also shared in my Optimal Health Secrets online publication, if I want them to be. The bloggers appreciate it, and in the process you can forge deeper relationships with this strategy.

I also enjoy doing Google hangouts, promoting them to my audience while my guests promote to theirs. I then turn those hang out videos to mp3’s and down load them into the Audello podcasting system, and continue to promote them in that format.

Google plus is a social media platform we must also pay attention to. I just did a Google search on my name, for instance, and the podcasts promoted on Google plus came up at the top of the page, second only to my Word Press website. Doing Google hangouts will give you extra exposure on the Google search engines too, as You Tube is now owned by Google.

I pin my blog and podcasts on Pinterest and occasionally run that link through my Twitter feed, which is retweeted and favorited by many Twitter followers. Pinterest adds a visual to your audio, video and written content. I also pin my Google hangouts on Pinterest.

I have a Blogger account, and repurpose my Google hangouts there. I repurpose my daily blog and podcasts on Tumblr, and have used that account for years in other capacities.

I have had a Typepad blog since 2006, called “Nurse Healers, “and will be putting my podcast over there as soon as I find a moment or two to do so.

My last tip for promoting your podcast is to talk it up. Don’t let one person you talk to walk away without telling them about your podcast. Make business cards specifically for your podcast with the iTunes URL printed there along with your website, phone number and email address. Print your iTunes
podcast URL in the front matter of your next Kindle book. Post it as many places as you are inspired to do.

Ask your audience to sign-up to your list at the end of every podcast, with a free gift giveaway. Ask if you can speak to your audience to find out what their problems and pain points are. Then go about solving those problems.

Stay on course. The show must go on. Surrender to the truth of your message. Don’t get blocked by the need to be perfect or the act of comparing your worked with anyone else’s. Imperfect action leads to an art form that comes to life seemingly without you, at all. The need to control this process will kill it. Step back. Let it flow.
Leverage Social Media: 3 Ways to Improve Your Nursing Career

By Elizabeth Scala

Leverage Social Media:

3 Ways to Improve Your Nursing Career

A good rule of thumb for every nurse entrepreneur is the following:

If you put yourself 'out there' (in the public eye) you are bound to attract attention - both good and bad.

The same goes for any professional nurse - no matter what type of nursing career you find yourself in. As a nursing instructor, some students will enjoy your teaching style while others will butt heads with you the entire semester. As a clinical nurse, caring for patients, some family members will bless you with appreciation while others will ream you out as you're attempting to leave for the day.

It's the nature of the beast. As human beings we all have our unique perceptions, thoughts/feelings and personalities. While we clash with some, other people will be lifelong colleagues and even friends.

So what's this got to do with social media and our nursing careers?

I am active on social media. As a nurse entrepreneur, it is one of the channels that allows me to connect and communicate with clients outside of my local community. But guess what? Social media is not just for nurse entrepreneurs.

In today's age of healthcare IT and digital information, social media is being used in all types of nursing careers. Well, if we're nurse professionals who like to be leaders and stay up-to-date on the times.

Trust me. I went onto social media kicking and screaming. I didn't want people to 'know my business'. I was (and still am) a private person who prefers her alone-time. I've never enjoyed large groups of people and do think of myself as an introvert.

Social Media is Here to Stay

However, social media is the wave of the future. Patients can interact with prospective providers online. Families can get organizational updates and quick information. References, resources and all sorts of data is being shared online.
If you're a nurse in this day-and-age, and you want to remain a nursing leader in your field, it's time for you to step out of your comfort zone and join the ranks in the social scene.

Here are 3 Ways Social Media can Improve Your Nursing Career

1. **Grow Your Professional Network.** Say you're a nurse who enjoyed doing evidence-based practice projects (EBP). You've maxed out your online search for relevant research and articles, yet you still don't feel like you have all of the answers to your problem question. Well, you can go onto a professional social media platform, like LinkedIn and use the search box to find nurse professionals with similar professional and research interests. Once connected with them (either person-to-person or via one of the LinkedIn professional groups), you can ask them for any resources, information or references they may have on your particular topic. LinkedIn is the best platform to grow your professional network online, yet there are others that are up-and-coming (see Next Wave Connect or KevinMD online).

2. **Provide Up-to-Date Information to Your Patient.** There are lots of places patients and their families can get their healthcare information. For one (and this one isn't recommended), patients can simply open up their browser and search in a search engine for a topic they are looking for help with. Since we all know this isn't the most legitimate way to get healthcare information, why not be a resource for your patient? You can start up a blog, podcast or radio show on your particular specialty for patients in your local community. Then, since you are a nurse with a professional degree and real-life work experience, you can provide resourceful information to patients that is actually safe for them to consume. Patients are going to turn to social media and online networks to get their answers- why not show up as one of them? Nurse Gail's site is one that I highly recommend for credible healthcare information.

3. **Balance Work and Have Some Fun.** What does all work and no play make? A burned out nurse who's exhausted, stressed out and disengaged with his/her profession. Social media is just that- it's social. Now you don't have to stay on there for hours a day, losing all track of time. Yet it can be a good way to unwind after a long day's shift. You can find inspiring quotes, humorous blog articles and make friends with nurses who 'get' where you are coming from. I mean we all know that trying to tell our spouse a horror story of work at the dinner table gets glazed eyes and empty responses. Strike up a friendship on social media and you will find tons of like-minded support from nursing colleagues.
Radiant Resilience

By Buddy Ann Ross

Radiant Resilience

Nurses are experts at the art of resilience. We know what is like to “hold it together” to get through the shift, and then cry on the way home or yell at our family as we walk through the door. There is a certain amount of “push through-it-ness” that caring for humanity requires. We are all resilient, or else we would not have made it this far in our profession. We can always grow, evolve and improve towards becoming even more resilient. When our self-care needs are met, we are no longer resentful. Customer service improves.

The definition of the word “resilient” in most dictionaries, states “the ability to recover quickly from illness, change or misfortune; buoyancy; the property of a material that enables it to resume its original shape or position after being bent, stretched, or compressed. All of us would agree that we are “bent, stretched and compressed” every shift we work. Collectively we have so much to offer each other on how to “become even more resilient”. Images in nature come to mind when I consider resiliency. I ponder how bamboo bends in the breeze, but doesn’t break. I think of trees blowing in fierce winds that do not break. I remember the “Theory of Dissipative Structures”, from the laws of physics that states when a system breaks down, it rebuilds itself even stronger.

In my trauma/critical care career, so many time times I would get letters of thanks and compliments from patients and families, yet I would go home and cry on my husbands’ shoulder or I would grab junk food and mindlessly “eat away my stress” with unhealthy food choices. More productive ways I coped with stress off the job was to go biking on nature trails, or dance in night clubs to “burn off the stress”. If I had more “tools of resiliency”, those days would have been so much easier. Daily arrows come at us from so many angles. How can we allow these arrows to bounce off, instead of penetrating straight to the heart?

As a wellness, health and life coach, and Board-Certified Holistic Nurse. I have learned so many new coping strategies. I have found a wellness model called the Wellness Inventory, to be the best tool for self-care. The Wellness Inventory was created by Dr. John Travis in the mid 1970s. It was used a framework to help health care professionals suffering from burnout and compassion fatigue. It has evolved to become a national wellness model, currently used by spas, health care facilities and even the military to help vets with post-traumatic stress.

The twelve dimensions of wellness have so much wisdom to share to help us grow in our resilience. This model can help us develop a “resilience self-care, tool kit”
Self-Love/Self-Responsibility

Nurses are conditioned to be hard on themselves. We are taught early on in nursing school “if you make a mistake your patient will die”. We are conditioned to be hard on ourselves and “to be all things to all people”. In this dimension, questions to explore are: How can we be gentler and more compassionate on ourselves? How can we acknowledge our limits? How can we stop playing “superman or superwoman” to our co-workers, family, communities and more. How can we soothe and comfort the “little girl/little boy” inside of us?

Breathing

As we rush around on a busy shift, it is so easy to ignore our breathing. Yet the breath holds so much power to ease our anxiety and stress levels, both on the job and in our personal life. How can you slow down and take deep regular breaths throughout the day? Consider using sticky notes or screen savers with the word “breathe” to remind yourself. When we stop, pause and breathe, space opens up, our thoughts calm and we can just think better.

Sensing

Do you remember the five senses from our preschool days? How can we use the senses to gain resilience? Do we use the power of sound to help us? What kind of music is soothing and calming to us? Do we pay attention and notice nature, the stars, the sun, flowers, snow, etc. on our way into work and as you leave. Can we look out a window or catch a breath of air on a break? One of my favorite ways to calm myself is to carry an aromatherapy inhaler in my pocket, called a MygraStick. It is a combination of lavender and peppermint oil. I simply open it and inhale it. Many times aromatherapy can make patients sick, so be cautious not to have patients smell this, unless you have an aromatherapy protocol at your hospital. Can we get regular massages to help cope with stress? Soaks in a bath tub filled with 1-2 cups of Epsom salts is a huge stress soother at the end of a long day.

Eating

How we eat greatly impacts our resilience. The more processed food and sugar we consume the less brain function we have and the more toxic the entire body becomes. Sugar and processed food causes neurotransmitter imbalance and can have great impact on our mood. Processed food also depletes magnesium levels, which is such a critical nutrient for resilience building. We all know what it’s like to work in hypoglycemic state and how counterproductive that is for us and our clients. How can we eat healthier “on the run”. I find packing whole grain crackers, cheese sticks, Greek yogurt, whey protein powder, almonds, walnuts, pistachios and other healthy foods, greatly reduce my impulse to go to a vending machine when I am sick of hospital food or the cafeteria is closed. Often times I hear nurses complain of bladder/kidney damage from dehydration. It is so vital that we drink water. We know the body is 70% water and brain cells shrivel when not hydrated. Have we explored nutritional...
supplements? There are so many great whole food supplements that are safe, energizing and mood-regulating.

Moving

Us nurses excel at being busy and moving, but are we giving ourselves time and space for exercise? We know that exercise boosts moods, gives us a pathway to get our stress out and benefits the body from head to toe. What is stopping us? If we can’t get to a gym, can we get outside? If not, consider DVDs. Many libraries have them and they can be used any time of day. When I worked shifts, I could not imagine being with my collection of DVDs.

Feeling

What gives us emotional resilience? Do we have a way “to dump our marbles”. Many times we have to “stuff” our emotions to get through a moment. Ultimately we need to feel, to process, to allow and to ride the ups and down of emotions in our life, life a wave. Emotions drive our behavior and affect our physiology, according to the work of Candace Pert, who wrote “Molecules of Emotion” in the mid 1990s. So many times, emotionally we are “saturated” like a sponge, which needs squeezed out. As a Reiki Master, I have learned that emotions can be an energetic drain on us. We often take so much emotion from our patients, our co-workers and families that we can become sucked dry, if we do not have a way to “replenish and recharge”. Some ways to become more emotionally resilient are to participate in something fun, speak to a close friend, counselor or life coach and by reading self-help books or websites. As we work through our emotions our “fuse becomes longer” we become more tolerant and more resilient.

Thinking

How we think, also affects our behavior. As nurses, we need to explore our beliefs. Beliefs are thoughts that we think over and over again. An example is “I am not good enough”, “I am enough, just as I am”. Beliefs can be limiting or empowering. How can we calm our thoughts? In the middle of mayhem, as on-the-job priorities change, what calms us? Can we stop, pause, take a deep breath and talk to the voice in our head. Instead of saying “work harder, faster, come on, move it”. Can we change our thoughts to “I am doing my best, I am only human, I can only do so much”. When the patient or family yell at us, can we change our thinking from “defensive” to “curious” and understand that they are acting out because they are feeling powerless. When we change our thoughts, resilience is a natural result. Sometimes we need to surrender and let go, instead of trying to control outcome of everything.

Playing/Working

How is our life balance as nurses? Do we have play time? Play reflects recreation and to re-create means to “make new”. We are refreshed from “play time”. There is an inner child in all of us. How can we have a more playful attitude in all aspects of our life, both at home and at work? How did you play as a child? Can you reconnect with those toys? Sometimes “play” for me means reading a magazine
for 10-15 minutes. As nurses, we excel at using humor to get us through difficult moments. How can we make “play time” a priority in our life? We all know that we are better caregivers after a refreshing day off, or after vacation.

**Communicating**

Who do we talk to the most? If you answered “yourself” you are correct. We all know the voice in our head that motivates us, rewards us, punishes us and more. When we pay attention to the voice, we get a new level of awareness. Do we praise and build people up, or do we tear down and criticize and complain? There is a fine line between venting and re-hashing over and over again, when we need to “let something go”. Are we aware of the tone of voice we use with our patients, our co-workers our family members. Tone of voice affects how we are perceived by others. Are we taking time to listen?

**Intimacy**

What is the first thing that comes to mind? Yes, sex may be important based on the season of life we are in. However intimacy in the broader perspective refers to “connection to humanity”. Are we satisfied in our personal relationships, with our neighbors, in our community, with our co-workers? Many times we want to change other people, when in reality, we can only change ourselves. What change in relationship, can make us more resilient? Can we be more open-minded with people, instead of thinking “my way or the highway”? We all know that toxic people and “energy vampires” are real. Is there someone we need to “let go” of, so that we can become more resilient? How can we stop “people pleasing”?

**Finding Meaning**

When we lose meaning and hope, resiliency can diminish. What gives us meaning? Many of us went into nursing to make a difference. Are we making a difference? In what way? When I struggled with severe grief and depression after losing my mom, I found keeping a daily gratitude journal to be such a source of strength. Every night, in an ordinary notebook, write down 5 wonderful things that happened that day. I do not mean general things like a roof, food, a car. I mean very specific things like: gorgeous sunset, co-worker went out their way to help, someone let me go in the traffic line, the laugh of my child, etc. All day long, you will be looking for “the good” instead of “the not so good”. What is important and valuable to you? When we have meaning, we have deep resilience. We know that even in challenging times we will persevere.

**Transcending**

This dimension reflects our “true spiritual self”. We are all spiritual beings, whether we are religious or not. Many times we lose resilience, when we are not connected to our “spiritual self”. By cultivating our spirituality, much resilience can be found. Three ways we transcend are by: 1) overcoming something challenging, like illness, death, divorce, etc. 2) finding flow or engagement, like an activity we are passionate about, and 3) by connecting to God, our Higher Power, a person, or nature. Do we
have a “daily stillness” practice, such as prayer, meditation, or quiet time? Can we “unplug” from technology to create time and space for reflection? What nurtures our soul and spirit? What makes us soar to new heights? How can we create time for “energy work healing sessions” in our life, such as Reiki, Therapeutic Touch, Polarity, Reflexology, etc, so our “energy system” can stay balanced?

Overall, the Wellness Inventory has so many creative possibilities to help us build resilience. Many times we cannot change ourselves, if we are lacking in self-awareness. At www.wellpeople.com, we can take a computerized self-assessment which will serve as a starting point to help us on our self-discovery journey. We know that as humans on this earthly journey, and as health care professionals, we will always have challenges, sometimes referred to “the storms of life”. How we “weather the storm” is all about how resilient we are.
Resiliency in Nursing: 3 Steps to Success

By Elizabeth Scala

Resiliency in Nursing:

3 Steps to Success

Searching the literature on nurse well-being can be tough. There are a lot of articles that can be found on the importance of resiliency in nursing, yet the evidence can be frustrating. Case studies, qualitative research and even meta-analyses can be found—however, they all tend to have one thing in common. They state that compassion fatigue, nurse burnout and secondary trauma syndrome are all issues and then the authors wrap up in the same way. They urge nursing leaders to do something to help nursing staff build resiliency. Yet that ‘something’ is not offered. No one concrete solution that works is ever given.

Maybe that is because there really is no ‘one-size-fits-all’ solution. In the world of holistic health, we teach that instant gratification is not the answer. Yet we need to offer our nursing leadership something to help nurse resiliency.

Here are three steps to strengthening the resilience of your nursing staff:

- **Avoid the mountains out of molehills perception.** Life is stressful. Problems come and go. Yet the greater source of all that is will never give us more than we can handle. If you stay present in the moment, avoiding creating catastrophe of what has not even come, you can view the situation with a realistic and logical mind. Take your time to brainstorm in the here-and-now and allow your action to move you forward. Life is inherently a good thing and you can deal with all of the stresses thrown your way. Just take it one step at a time and you will be guided along your way.

- **Create connections.** When the going gets tough, it is always best to have handy helpers along your way. What can you delegate out to take something off of your plate? How can you ask for help when you have too much to do? Who can you lean on for support when all you need is a shoulder to cry on? We are in a people populated world and there will always be someone who can help you through the stress.

- **Be mindful of the inevitable.** We live in a changing space. Nothing stays the same forever. The world is an ever-moving place of impermanence. The more that we can remain unattached to
expectation, outcome or the need to control the easier it is to flow with the process of life. Being flexible and fluid helps create resiliency in every changing situation life throws our way.