



Podcast Transcript

Why Choose Nursing as a Second Career

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Host

Leana McGuire, BS, RN

- Extensive expertise with leadership development and executive coaching
- Best selling author
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- Expertise in content development, visual performance, speaking and podcast hosting.

Episode 1 – Marketing and Neonatal Intensive Care

Guest

Lucy Laughlin will describe her journey from a possible long-term career in marketing to that of a neonatal intensive care nurse. She chose the path of a master's degree as entry into nursing practice.

Guest

Lucy Laughlin, MSN, BA, RN

- Bachelor of Arts in Communication
- Master of Science in Nursing
- Digital Marketing Specialist
- Marketing Assistant
- COVID-19 Clinic Nurse
- Level IV NICU Nurse

Transcript

LEANA MCGUIRE (HOST): Hello, everyone. My name is Leana McGuire, and I will be your host for this Elite Learning podcast series, Second Careers in Nursing. Our first episode. I'm really pleased to introduce you to Lucy Laughlin. She's a Level IV NICU nurse from Baltimore, Maryland. Welcome, Lucy.

LUCY LAUGHLIN (GUEST): Thank you so much for having me.

MCGUIRE: I'm so glad to have you here. I can't wait to hear your story. First of all, I'd love to know what your first career was.

LAUGHLIN: Sure. So I went to school at La Salle University and I got my communications degree and kind of dabbled in some marketing, and then some design Photoshop stuff. So I worked for Stax, which was a lacrosse company in Baltimore, and then I did a marketing job for someone remotely, so kind of did a little bit of everything.

MCGUIRE: That's interesting. And how long were you doing that before you decided to go into nursing?

LAUGHLIN: About a year.

MCGUIRE: Okay. Excellent. So I'm curious, what made you choose nursing as a second career?

LAUGHLIN: Yeah. So I always wanted to be a nurse. When I went to school, I played lacrosse, so it's very difficult to do my clinical roles and forward with lacrosse. And at the time, lacrosse was paying for school. So I kind of had to make a tough decision. But ultimately, I'm still very glad that I did follow through with my communications degree, and it's helped me a lot.

MCGUIRE: Well, that's kind of leads me to another question I was interested in, in, in. Do you feel that that has helped you in your nursing career with that communications piece? And I know.

LAUGHLIN: It sounds kind of cliché, but it's ultimately helped me with my communication in the NICU specifically. It's very difficult to have, I have some pretty tough conversations, whether it be with providers or family members. So just being able to be confident and hold myself professionally, I don't think I might have been able to hold myself to the standard that I do now without that degree.

MCGUIRE: That's very interesting. Are there any other skills that you gained from your first career that you found have been helpful with nursing? Or is that the main one?

LAUGHLIN: Yeah, I think just being flexible. Before, I mean, you kind of think like, oh, you're going to the professional world, everything's clear cut. They have things this is what you're going to do, this is the time you're going to do it, but it's not how the world works. So I think just kind of having that first degree and understanding that you kind of have to roll with the punches and being able to be flexible as a professional person and in your personal life, that's definitely helped.

MCGUIRE: So no regrets on starting with one that wasn't nursing. Excellent. Oh, good. That's really good. What about your educational preparation for nursing? I know that your courses probably weren't. Well, I'm just assuming that they weren't, you know, biology and AP and all those things when you were going through communications. But I'm curious about what you had to do to get into the program.

LAUGHLIN: Yeah, absolutely. So I did start out as a nursing major. I was like I said. So I did have a few prerequisites done, but very minimal. So I went back to community college, started taking the rest of my pre-reqs and then applied to nursing school. So within the first round I did not get into nursing school, so that was very difficult.

You think that this is something that you want to do? You put your life on hold for it. And I didn't give up. I kept going. I took my prerequisites, ones that I didn't maybe got a B in, got all A's and reapplied, so.

MCGUIRE: Excellent. Good for you. That's fantastic. So I know that you work in NICU currently. Has that always been your goal to be in NICU or did you discover that while you were in school?

LAUGHLIN

Yeah, so I definitely wanted to be in pediatrics in general. I love kids. I like to be funny and silly with them and just having that aspect. So in my, I want to say it's like around my fourth semester I decided that my practicum was going to be in the NICU and there's very few spots, so I was very lucky to be able to get into that.

So I actually went to Saint Petersburg, Florida at Johns Hopkins and was placed in the NICU. And the minute that I walked in, I loved it. They just having babies they don't have, they are not able to communicate their needs. So they can't tell you when they're sick. They can't tell you when they're hurting. So just being advocates for them was really intriguing to me and made me feel good.

MCGUIRE: It takes a special person to to work in NICU and Peds I would say my I was see it's interesting because my perspective was always I can't reason with them right? When you're you're looking it from the side of the patient which is beautiful. I love that. That's really great. Do you ever, you so you don't regret your communications degree at any point of view thought, boy, I wish I'd just ditched the lacrosse and gone into nursing or no.

LAUGHLIN: I do. A big piece of it was money. I went to my LaSalle, yet most of it was paid by lacrosse, but it was still a private school. So after community college that I did my pre-reqs, I ended up getting into Johns Hopkins in their master's program, which I was so happy about. I ended up deciding to do that based on its length.

It's only about a year and a half, five straight semesters to get my master's, which is awesome, but that came with a really big price tag. So I think just knowing that I have a lot of years of paying off student loans is definitely a little daunting. Maybe I wish I did that sooner, but still don't regret it.

MCGUIRE: Good, Good. Five months for a master's. That must have been intense.

LAUGHLIN: A year and a half.

MCGUIRE: Oh, a year and a half. So you wouldn't have thought like five. Okay, gosh, five semesters.

LAUGHLIN: So it's a little like. Yeah.

MCGUIRE: But intense. Right.

LAUGHLIN: Had to be. Yeah, no break. So it was kind of straight through, but it kind of didn't allow you to get your head out of your space and it just allowed you to kind of grind through. And that was nice.

MCGUIRE: Fantastic. Do you still work in your first career as well or you focus just on nursing now?

LAUGHLIN: I'm focused mainly just on nursing. My stepmom actually works in marketing, so I'll help her every now and then with some social media content creating stuff. And I still do like that creative side of me. So whenever I can help out, I will.

MCGUIRE: That's fantastic. I love that that you can pull that in, especially with the social media piece. There's a lot of us just aren't that savvy so. Yeah and you know that go ahead.

LAUGHLIN: No you just takes a lot, too. I mean, I had to learn a lot of things. I didn't go to school for Photoshop and I ended up doing a lot of that. And it's just a lot of fun to kind of just taking on new things and new challenges.

MCGUIRE: And and I think that really speaks highly of reverse mentoring when it comes to nursing, because I know there are a lot of nurses who have been in the profession for a long time and they can mentor people who are new to the field, but you can also mentor them in some of the things that you learn, you know, combination of your first career and the fact that you're probably pretty computer savvy.

Do you find people open to that reverse mentoring in nursing since you've entered the field?

LAUGHLIN: I do. But even with things like communication studies that I've had are kind of like evidence-based practice, things that I look for. So just being open and most people are pretty receptive with that.

MCGUIRE: What has been maybe your biggest challenge going into nursing as a second career?

LAUGHLIN: So I have a couple that are kind of on the same wavelength, so I'd say probably the first one was COVID. That was extremely difficult. So I go in, I'm super excited, I have in-person

classes, I'm meeting my new classmates, my professors that I'm going to be with almost every day for the next year and a half.

And then one month in we went all virtual. So that was just, that definitely turned things around. I'm a very like hands on learner. I like to ask questions in class, I like to see things and that was difficult. Just you're learning from your living room and it's a lot easier to kind of check out. So that definitely did pose a little bit of a.

MCGUIRE: Just a little.

LAUGHLIN: Yes. And then I would say the other one that was a little difficult for me was just comparing myself to other people my age. So I'm going into this new career. I'm not making any money yet. I'm barely being able to make rent. I had to work like two little side jobs that weren't necessarily a job job for having a degree.

So I think just not saying looking at myself, comparing myself to other people and saying, you know what, I'm supposed to be where I am, this will all be worth it and kind of keep my head up.

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MCGUIRE: Yeah, I can see that that that would be a huge piece of it. What did you do on the side while you were going through school?

LAUGHLIN: I worked at a salon and then I did nannying.

MCGUIRE: Oh, wow. Okay, so good for your your pediatric background, too. Yeah, that's really flexible.

LAUGHLIN: Easy to kind of pick up when I needed to, so I. Perfect.

MCGUIRE: What about surprises in nursing? Did anything surprise you when you got into training?

LAUGHLIN: Yeah. So I just didn't realize how many hats that nurses wear. So you're kind of at some point you're a therapist to people, you're a housekeeper because you're cleaning up. You're a caregiver to some in my case, babies that don't have any family, or in the foster care system. So I think just kind of navigating that, you're kind of just thought, oh, it's just the health care side.

You go in, you do your job and you leave, but you take a lot home with you, too.

MCGUIRE: Yeah, you do. You really do. I always say that nursing is the only job in healthcare where you can't say it's not in my job description because we do all of it. Exactly. And you mention I'd just like to hear your thoughts on because some of those babies that don't have parents are going into the foster system.

How do you cope with that on a personal level? Does it hurt your heart? Are you able to separate yourself from it to a degree as a protective mechanism or it's got to be kind of sad, right?

LAUGHLIN: Yeah, I'm one of those people I feel like that I get very attached and I always thought that that was going to be a negative in nursing. But I think specifically in the NICU there's times that I've cried in front of parents, I've cried with them. It's it's just kind of, I think takes on a little bit of a different connotation, I think, depending on what unit you're on or like what role that you need to be, there's times that I would like to cry, but I need to be the strong one for those family members, or other nurses who are going through things.

This week has been definitely or I'd say the past two weeks have been kind of tough on our unit. We've lost multiple babies. Just none of it comes when it rains, it pours and then it will be okay for a while. So I think I'm kind of even dealing with that right now. Just when I do go home, I need to make sure that I'm doing my self-care and staying positive.

But it is still, at the end of the day, rewarding that I know that we're doing the best we can for people.

MCGUIRE: Absolutely. And that reaction speaks really highly of empathy. And I think that's an element that we all need to have in this career. Different times. Like you said, sometimes you can be part of the mourning process and sometimes you know instinctively when you have to be the strong one. So self-care is huge. What kind of things do you do for self-care?

LAUGHLIN: For me it involves a lot of Netflix, some face masks, just kind of hanging out, I think just turning off the day and truly taking your brain for a rest, especially. There's a lot of overtime opportunities right now. So I think most people in our unit, including myself, are taking advantage of that. So on your day off, truly just relaxing and not doing much is.

MCGUIRE: Yeah, yes. And I believe you work night shift as well so that that requires some self-care too just get back on that routine. Any thoughts or advice for anyone who's thinking about advancing their own careers within nursing? Because some people may think, well, you know, I'm on Med-Surg, I'd really like to go into ICU or I'd really like to go into MICU, but I just don't know if I can do that.

What would you say to people making a big change like that?

LAUGHLIN: So it's kind of like twofold. So I'll kind of maybe start with like people that are outside of nursing or say like me with a second degree and then I'll go into like nursing. But like with the first one, I said, if you're coming from a completely outside world and it could be for 40 years, it doesn't matter. I would just say there's one thing that kind of always stuck with me that my mom said is, you're never going to have enough time and you're never going to have enough money, so you just have to do it. And with that, it's just it's true. You kind of always make excuses like, Oh, this isn't the right time. Or maybe I'll wait till after I have kids, or maybe da da da da da. At some point you just have to say, Is this what I want to do? And then once you making the decision, I think is the hardest part and that's kind of downhill from there.

MCGUIRE: Right? Right. Okay. And you mentioned it when you spoke about your mom. It sounds like she was really supportive of your decision. Did you have anybody in your life that said, are you crazy?

LAUGHLIN: I would definitely think, yeah. Some people ask me or just kind of I felt like I was on a roller coaster because I started out with starting out with nursing. And then I did kind of feel like, oh yeah, you failed. Like you didn't complete what you said you're going to do. This is what you always wanted to do and you didn't carried out.

So I think I did try to have like a lot of pride in marketing and really run with it and try to make it work. But ultimately, I knew that that wasn't going to fulfill my happiness long term. So I just think focusing on what you know is best for you and kind of drowning out everyone else of, Oh, you're going to get another degree or you're going to take out all that money and you just have to do what's good for you.

MCGUIRE: Yeah, yeah, exactly. I've had people say that would take four years for me to do that. And I think, well, four years is going to pass anyway. Like you're going to be at that mark. Do you still want to be in the place you're in or do you want to be in a place you'd love to be? So Oh, that's great. So you do find fulfillment in in the career?

LAUGHLIN: Absolutely. Yeah. Just from what I said, it's just it's very rewarding being there for someone that can't be there from themselves, but also just the attractiveness of nursing, of having the flexible schedules. And we're really lucky on our you know, we pick our schedules fully. So, I mean, I'm very like maybe one or two days I won't get on a schedule.

So just being able to take vacations when you want to and not having to take time off or if you have a family, that's fantastic. And then if you want to pick up over time, it's there and the incentives there right now. So nice.

MCGUIRE: And do you have other aspirations within nursing? Like do you want to stay in NICU for a certain period of time or I'll let you tell me.

LAUGHLIN: Yeah, I have to say, I think I'm going to be a forever NICU person. I just have not. I've been here for nine months, but I haven't felt any one time like I'm missing out or thinking of going to another unit. I would definitely like to go back to school, probably to get my DNP, neonatal nurse practitioner. But, we'll see how long.

That's another conversation, right?

MCGUIRE: That's right. Yeah, that's a great. We'll have you back for a third, third career.

LAUGHLIN: Hey, I'll be there for giving you a couple years.

MCGUIRE: Yeah, that's great. That's fantastic. Anything else you'd like to share about your journey?

LAUGHLIN: I'd say just some advice for, I guess, before when you said some nurses maybe making the next step or brand new undergraduate, it's like trying to figure out what they want to do is just try to get as much experience as you can. I see a lot of people saying like what you brought up earlier, oh, you can only start in Med-Surg.

Or if you start on medical you'll have like the most experience. Then you can go anywhere from there. But the truth is you're going to every unit is so different and so unit specific that we have so many adult like nurses coming from the adult world, like adult ICU or trauma and that come to the NICU. You have to get a full course of new orientation.

It's a whole different world. So yes, that might help you. Absolutely. In your critical thinking skills and basic nursing concepts. But I think you can start wherever you want to start and you can kind of float around. And that's the nice part about nursing.

MCGUIRE: Oh, yes. It's it's so flexible. I agree with you 100% that you're not stuck in one area. You can learn and grow and go to all of these different places and literally go to different places if you choose, do.

LAUGHLIN: Absolutely.

MCGUIRE: That's the other thing. There's always jobs in healthcare, so that's fantastic. I'm so glad that you found your fulfilling career, my friend. You know, life's too short not to. Right? So good for you. And how did the lacrosse go?

LAUGHLIN: It went well. Yeah, definitely. It just I think that also helped me just with, like, motivation and being a team player and just kind of taking everything from my past life and putting into a little ball and taking it with me from wherever I go. And it's kind of crazy how much I use from different aspects of my life.

MCGUIRE: One last question: Did you experience any negativity from some of the folks that have been there for a long time? When you started, I know nurses have a bit of a reputation for eating their young, so to speak. Did you and did you encounter any of that?

LAUGHLIN: I am so lucky because I don't know if it's just my unit, but they are the most supportive people that I've ever met. I was like, Walk them. Definitely some with tough love but needed, and then just support with teaching and openness. And when I tell them that I have a second degree, it's the response is always, Oh, that's so cool. What were you doing?

MCGUIRE: Right.

LAUGHLIN: Oh, great. So I think it's just yeah, I was very, very lucky with that.

MCGUIRE: That's Fantastic. We always want to be the change we want to see in the world. So I'm glad that that's what's happening for you. Fantastic. I really enjoyed this interview. You've been a pleasure to talk to. So thank you so much. Absolutely. We hope you've enjoyed this

episode of Second Careers in Nursing with Lucy Loughlin. We encourage you to continue your learning as you shape your own careers by checking out all of the courses available on Elite Learning dot com.

Thank you for joining us today. I'm Leana McGuire for Elite Learning by Colibri Healthcare.

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Episode 2 – Farming and Nursing

Kevin Lee was born into a farming family. His father was a farmer and his mother was a nurse. He farmed for over 20 years before going back to school for his second bachelor's degree in nursing.

Guest

Kevin Lee, BSN, RN

- Bachelor of Science in Agribusiness
- Bachelor of Science in Nursing
- Farmer
- Same-day Surgery Nurse
- Two-time DAISY Award Recipient

Transcript

(INTRO)

(SOUNDBITE OF MUSIC)

KEVIN LEE (GUEST): So the first degree, you know, I wasn't all that focused as a young man and I but I'm plodding along and being successful in the program. But when I stepped into that bachelor's degree program for nursing, wow. The breadth and the width of the knowledge that's necessary to have that BSN or that RN on the end of your name really caught me off guard. And, and then, then you think you know it all, you know, you're, you're, you've got those letters at the end of your name and, and I started working and I realized I had a long ways to go.

(SOUNDBITE OF MUSIC)

LEANA MCGUIRE (HOST): Hello, everyone. My name is Leana McGuire, and I will be your host for this Elite Learning Podcast series. Second Careers in Nursing. During this episode, we'll have a conversation with Kevin Lee, who's a same day surgery RN working with pre- and post-op surgical patients in an ambulatory setting. Hello, Kevin.

KEVIN LEE (GUEST); Hello. Hello.

MCGUIRE: I'm so glad to have you on this podcast. We're really excited to hear about your journey. Tell us before we get started. Tell us what your first career was.

LEE: Well, it's actually still my additional career. I've been a farmer for 26 years. And prior to starting farming on my own, I worked in other ag business related things for about eight years.

MCGUIRE: Wow. That's really interesting. So how long? So you'd been doing that for quite a while before you decided to go into nursing, obviously. From what you just said.

LEE: Yeah, I pretty well knew when I started farming on my own that I was headed the nursing direction. It was just a long trajectory.

MCGUIRE: That's great. And what made you consider nursing? Was it something you always wanted to do or was there something that precipitated that decision?

LEE: Yeah, a couple of things actually. I had planned on always having something along with the the farming. That's just the reality of being a grain only farmer, no livestock. So I have a fair amount of at least half of the year, I have a fair amount of free time. Also being self-employed, there's no benefits, health insurance and those kind of things that comes along with that. So it's it's nice to have that provided from a second or parallel job.

MCGUIRE: Yeah.

LEE: So I knew I would need something, but I was, an acquaintance of mine one day I expressed that I really at that time was planning on getting an advanced degree in agronomy and or something. I didn't know. And she said, Well, perhaps you ought to consider nursing. And I'm sure I laughed. Was that that was not on my radar at all. It was so far from from what I was doing. But that that seed that got planted in that small conversation like that, it was always in the back of my mind. And and the more I looked at it, I realized there was a lot of flexibility in the way nurses work and the scheduling and those kinds of things.

But probably more important than it was just a practical fit into my life was the notion I was kind of going through some self-discovery in life and figuring out what I'm good at and what I'm not good at. And it came became clear to me that I was a helper. And so it when I realized that about myself, it made it easier to go this strange route for a farmer to go to nursing school and go down that path.

MCGUIRE: Yeah, that's really interesting. It's not two things that I hear together frequently, but I can see how it would work really well with with the farming as far as the scheduling piece as well. Certainly, yes. So it ended up checking a lot of boxes.

LEE: It does, yes.

MCGUIRE: Yeah, that's great. And why why did you choose same day surgery or was that basically because of that scheduling piece?

LEE: I mean, so surgical nursing in general chose me rather than me choosing it. To be honest, when I finished up with my bachelor's degree, I really had a strong bent towards going into mental health nursing. At the time, one of my was actually my mental health instructor in school said, you know, Kevin you're going to get mental health nursing no matter where you go and no matter what you do.

She suggested, you know, maybe just try something a little more middle of the road and go from there. And so I started looking for something that was more of just acute care, medical floor or whatever. I, I had been working at the hospital. I've been at the same facility my entire CNA career and nursing career. I've never left there.

But I had an idea of what unit I wanted to work though, a unit that had a great manager that I knew was would lead me well, but she couldn't offer me a day job and I was committed to saying, I'm not, I'm too old to work nights. I'm not making that switch at this point in my life.

And so I started looking elsewhere in the hospital and lo and behold, the surgical floor had a daytime opening. It was a part time gig, which was exactly what I was looking for. I'm like, Okay, I guess surgery is what it's going to be.

MCGUIRE: That's great. Are there other areas? Oh, go ahead. You were going to...

LEE: I was just going to say so I spent about three years working in that setting and really liked what I did. I like that part of that patient population. And I was gaining a skill set that then led me to where I am now.

MCGUIRE: That's fantastic. Are there other areas in nursing you'd like to explore at some point, or even go back to mental health nursing? Pretty content with how it's all working with your farming schedule.

LEE: I really like what I do. I like the surgical end of things and at this point in my life I don't know how many years more of nursing I have, but, you know, I'm content to stay in the lane that I'm in and and and I get to the point now where I can kind of give some leadership, especially on the post-op side, as as we bring in new people to our group that I've got some of those experiences, a lot of it came from working on the actual surgical floor that I can bring to the table.

MCGUIRE: I also like something you said. I just want to hit on that point. Again, for people who are listening, when you were looking at areas that you wanted to work in, even though it didn't happen to work out, was you looked at the leader and thought they were someone who could lead you well. And I think that's a really strong key point that people miss when they're looking for positions. So I just wanted to re-mention that in case somebody missed it because that's important piece.

LEE: Yeah. And I can add on to that. The unit that I'm in right now, our leader, is exceptional. Perhaps one of the things she does best is put the right people on the team. And we really do have a team. We work well together, we help each other out and I joke with her that she can't leave until I retire because I want to keep working with somebody like that.

MCGUIRE: Yeah, absolutely. That's great. So talk to me about your educational preparation for going into nursing.

LEE: Well, as diverse as farming and nursing are you wouldn't, of course, expect the the education to be the same thing. My first degree was in the Ag business. You know, there was some those pre-reqs that a nurse needs to get into a BSN program. There was some overlap, but there was also some gaps as well. I was busy raising kids and didn't have a lot of like free time to get to jump into a full blown program.

But what I did was I picked up those prerequisites one class at a time over the course of a number of years. Those prerequisites.

MCGUIRE: Good for you. Yeah, that's that can be a I had a similar path myself. I did. I did a similar thing. So I can relate to that. What do you think you brought to the table with nursing, with experiences from your first career or from your agriculture, agricultural or farming career?

LEE: Yeah. You know, as a as I think about that, I mean, as as different as they are, there really isn't a lot of, you know, practical hands on stuff. Probably the thing I would say, though, is just work ethic. Being self employed, either do the work or it doesn't get done. And I brought that same attitude into not just my work now, but also into the BSN program and nursing school.

And it it made it, I won't say easier to be successful, but I knew if I put the work in I would be successful. Little different experience than 15, 20 years prior when I got the first degree.

MCGUIRE: You're right. Absolutely. And do you have any challenges balancing the two or do they work pretty well? You can handle the schedule based on.

LEE: Yeah. So like I mentioned earlier, not having livestock. I'm certainly busy six months out of the year when I have a crop growing the other six months, winter or late fall, early spring, it's easy to make that balance work. A little more challenging during the growing season. Sometimes it seems like the sun only shines when I'm working a shift at the hospital and it only rains when I'm available to be at the farm.

But I've been doing it long enough to know, like I said, 20 plus years of farming and with always another job along with it.

MCGUIRE: Wow.

LEE: It always works out that that's great.

MCGUIRE: I know you've hinted at when you retire, when you retire from nursing, will you also retire from farming or will it be something you'll continue doing?

LEE: You know, I don't know which way it's going to go. You know, there's a lot of options there, as I as I don't see myself just all at once retiring from farming and retiring from nursing. And I'm undecided as to which I would slow down from first. If I decide that I want to slow down from the farming more first, it's a little more physical, although the nursing is, of course, on my feet a lot.

I've toyed with the idea of being a a travel nurse somewhere warm and tropical, and that would be a nice sunset for my nursing career.

MCGUIRE: Yes, it would. Definitely. There's so many options with nursing. That's the that's the nice part about it.

LEE: And that was one of the things that led me into it is how versatile it really is, both with the schedules you work, but also with the types of nursing that are out there.

MCGUIRE: Yeah, there's lots of opportunity for sure. Now that you're in nursing, any regrets that you didn't get that seed planted earlier?

LEE: Yes and no. It would have been nice to have had the second degree or an advanced degree done earlier in life to capitalize on that as a younger person. But it was an intentional decision on my part because I was busy being a parent and I don't regret focusing on that and then waiting before I jumped into the the BSN program.

MCGUIRE: So speaking of your children, how did your family react when you said, you know what, I'm going to go into nursing?

LEE: Well, let me give you just a little bit of background on what some of my family members do for a living. It's easy to guess that my dad was a farmer, but it gets missed sometimes that my mom was a nurse.

MCGUIRE: Oh, okay.

LEE: And of my three children, one is a nurse that I work with in the same unit currently. Another one started as a nurse and is now a midwife. And my niece works in the same department that I do as well, as a nurse.

MCGUIRE: Nice. That's really cool.

LEE: So there's a lot of that in our family.

MCGUIRE: That's that's fantastic. So they were all embracing.

LEE: Yeah. In fact, my the the daughter that's the midwife, she did, her NCLEX in December. And I had done it the prior August. So there was some overlap in our programs.

MCGUIRE: That's fantastic.

LEE: So that's that's kind of a unique situation to be able to bump heads together. Father daughter.

MCGUIRE: That's fantastic. What surprised you about nursing, if anything, once you got into it?

LEE: So the first degree, you know, I wasn't all that focused as a young man and I but I'm plodding along and being successful in the program. But when I stepped into that bachelor's degree program for nursing, wow. The breadth and the width of the knowledge that's necessary to have that BSN or that RN on the end of your name really caught me off guard.

And, and then, then you think you know it all, you know, you're, you're, you've got those letters at the end of your name and, and I started working and I realized I had a long ways to go.

MCGUIRE: Yeah. Yeah.

LEE: And so that was another surprise was how much I learned in school and how much I still needed to learn once I was actually working.

MCGUIRE: Now, what do you find the most rewarding in both careers?

LEE: So I was out on the farm this morning and just looking at a good looking field of corn or beans that that I know that a lot of my attention to detail and effort says has yielded that. That's pretty satisfying.

MCGUIRE: Yeah, it would.

LEE: On the on the nursing side of things going back to what am I good at, I'm a helper and when I can when I can lead somebody through some of their dark, difficult times and maybe talk them down off of the ledge. That's the most rewarding stuff for me.

MCGUIRE: Yeah.

LEE: I sometimes say I'm not a great science nurse, but you know that mental health bent when somebody has got a new diagnosis that's rough or things didn't go the way they had

anticipated in surgery. I can work with them and I can walk walk through that with them and that I find exceptionally rewarding.

MCGUIRE: That's fantastic. So did you have challenges other than everything that was going on with the farm and your family like that wouldn't be enough. But to have a family through all of that. But challenges with getting your nursing degree.

LEE: Fitting that into my specific life was it was a challenge. If there was not a fast tracked BSN program available to me, I don't know that I ever would have been able to do it. Even in a in a two year program that would have been two full farming years where I would have had to have stepped away.

But the accelerated program that I was in condensed it down such that I was able to miss, I had just planted a crop. And so then I started with a summer semester that following fall somebody harvested for me the following spring somebody planted for me. And a few months after that I was done.

MCGUIRE: Oh, wow. Okay.

LEE: So that was the challenge for me, was to find a way to squeeze that into my my unique situation in an efficient way.

MCGUIRE: Got it. Got it. And then you're in nursing, and we end up in a pandemic, which I'm sure you didn't count on. I think I entered nursing just as AIDS was becoming a challenge for everyone. So how did you how did you fare through the pandemic or how how was that experience?

LEE: Yeah, I and we're still, we're still, you know, dealing with that. The first thing for us was we had to figure out a safe way to do surgery. And so we were we were kind of shut down for a while. Other than some emergent cases as we developed, you know, what's safe, what can we do? And and as we work towards that, our department was responsible for developing a drive through COVID testing, specifically for surgical patients.

And since our case numbers were way down as we figured out what we could and couldn't do, I actually worked in that the drive thru testing some.

MCGUIRE: Okay so.

LEE: That was the the one thing was figuring out how to do it safely and then the other thing on the other end of this has been getting caught up and some of my coworkers would say we're not there yet. But it does feel like a lot of those procedures that got put off for a couple of years, we're starting to work our way through that backlog.

And so we were slow for a while in the beginning. And now on the tail end of things, we have been exceptionally busy.

MCGUIRE: Got it. Got it. What an interesting journey you've had through all of this. I just think it's fascinating. It's so interesting to have both careers and to balance them and and get joy out of both of them on on some level. So that's great. Do you have any words of advice for folks who maybe are thinking of advancing their career or changing the direction of their career at this point? And they're not sure. Or just thoughts in general?

LEE: Yeah. So one of the things that I think I touched on it briefly was that once the prerequisites for the BSN program were done, I did do the CNA thing. And so I worked as, as a patient caretaker, a CNA at the, at our hospital for a number of years. In fact, I held that job through nursing school as well.

My point is find a way to get your feet wet in what you think you might want to do. I was doing the coursework and I'm thinking, well, this seems okay, but I still wasn't, I still wasn't all in to committing to doing the work in the nursing program. The CNA thing finished that and then started working in that capacity and I quickly knew that I was I was going to follow through with it.

So the advice, I guess I would offer is find a way to get your feet wet and whatever it is you're looking at so that you can be sure that you're headed down the right thing. Understand yourself well enough to know what you're good at. I would have been terrible as a nurse manager. It's not my thing. When I figured it out, you know, I'm good at helping, then I knew what path to go with things.

I guess the other thing I would add to that is it's never too soon and it's never too late to go back to school. I'm a big advocate of additional degrees and advanced degrees, and so that would be my advice.

MCGUIRE: That's fantastic. Really great. I appreciate it. I appreciate you coming on this podcast. Thank you so much for that.

LEE: My pleasure.

MCGUIRE: Now we hope you've enjoyed this episode of Second Career Nurses featuring Kevin Lee. We encourage you to check out all of the many courses through Elite Learning dot com as you move through your own careers. And we thank you for tuning in and listening. I'm Leana McGuire for Elite Learning by Colibri Healthcare.

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END

Episode 3 – Construction and Nursing Education

Jesse Kennedy was on a construction site from the time he was able to help clean up at the end of the day by using a broom. From these humble beginnings, he became a crew foreman and learned valuable leadership skills. He chose the nursing path of an associate degree followed by an RN to BSN program. He is currently enrolled in a PhD program.

Guest

Jesse M.L. Mensik Kennedy, BSN, RN

- Bachelor of Science in Nursing
- Nurse Practice Consultant
- Board-appointed consultant to Oregon Student Nurses Association
- Professional Development Specialist
- Float Nurse
- Foreman and Site Manager for construction
- Owner and General Contractor
- Vice Chair American Nurses Association Political Action Committee

Transcript

(INTRO)

(SOUNDBITE OF MUSIC)

JESSE KENNEDY (GUEST): I guess initially I thought that I was going to be able to learn all of these amazing things and all of these amazing treatments and all these amazing methodologies and be able to tell people what they needed to do or, you know, tell them how to fix what was going on. And I think the thing that I value the most about nursing was that I really learned that what I want doesn't necessarily matter.

I can help them to engage with what's most important to them. And through all those things that I learned, through all those methodologies, through all that stuff, I can help to find better ways for them to get there. But I'm not driving. I'm not driving the ship. I'm just trying to help them get there. I'm trying to help them navigate that. And I think that was a really good thing for me to learn with in nursing

(SOUNDBITE OF MUSIC)

MCGUIRE (HOST): Hello, everyone. My name is Leana McGuire and I will be your host for this Elite Learning Podcast series, Second Careers in Nursing. During this episode, we'll have a conversation with Jessie Kennedy, who is a nursing practice consultant for the Oregon Nurses Association. Hi to you, Jessie. How are you?

KENNEDY: Good, good. How are you?

MCGUIRE: Good, good. So before we get started on what you're doing now, which sounds really intriguing. What was your first career?

KENNEDY: So my first career was in construction. My my stepdad was a general contractor. So really, from the time I was able to go to the job site and, you know, pick stuff up and sweep, I was doing that. I started doing that full time in high school like my junior year back and forth between school and work and that kind of stuff. But yeah, I did that for, for quite a while until, till I was ready to do what I wanted to do.

MCGUIRE: Okay. And when did you graduate from nursing?

KENNEDY: I graduated from my associates program in 2013.

MCGUIRE: 2013. Okay. And how long you said you'd been in construction? Since high school?

KENNEDY: Yeah. Yeah, through most of the any free time I had in high school. And then full time once I graduated, that was 2002.

MCGUIRE: Okay. And you said that you finally decided to do what you wanted to do. So was this something that it always called your name? Nursing, or did it present itself to you at one point?

KENNEDY: Yeah. I mean, so during high school, actually, I was able to participate in a fundraiser for the Children's Miracle Network, which was one of the most amazing things that I had ever had the opportunity to do. And it was the premise of it was initially kind of silly. I mean, basically it was like we raised money, but then we had to do like a, like skits and like a pageant thing, which is, which is kind of funny.

But the important thing was that we got to go visit the children in the neonatal intensive care unit, and that was a pretty amazing experience to be able to see all of those babies who would not have been able to survive otherwise, except for the care of those nurses who are working with them directly. So being able to see them was it was a pretty impactful situation.

And then once I had had my daughter, I felt like it was it was, I don't know, I guess, disingenuous of me to be able to keep telling her that she could do whatever she wanted to do. When I kept doing what everybody else wanted me to do, rather than what I wanted to do. So that was kind of the point where I knew I had to do something else.

MCGUIRE: Good for you. That sets a great example for her. And, you know, you get to fulfill your life's passion so this entire thing can really have an impact. So that's great story. You could have turned into an actor after the skit. I mean.

KENNEDY: You know, it wasn't that good. It was pretty ridiculous.

MCGUIRE: Okay. Well, talk to us about this. The area of nursing you're in currently and what made you choose that route?

KENNEDY: Sure. So as a nursing practice consultant for the Organ Nurse Association, basically I mostly focus on the staffing law. So working with nurses to better understand what the staffing law says, how they can interact with it, and how they can create better staffing plans, working with them to to build up their skills, their boardroom skills. So like how to work with Robert's Rules, parliamentary procedure, that kind of stuff, so that when they're in those, those types of settings, they use those rules that they can understand the flow of things so that they can they can move effectively through them.

And that also works directly with shared governance committees and things like that. And then I also do a lot with continuing education, so I do a lot of creating content specific for things like, well, parliamentary procedure. I'm kind of a parliamentary procedure, Robert's Rules geek with that kind of stuff. So those sorts of things. So prepping nurses before they go to like the membership assembly or conventions and that kind of stuff to help them understand, you know, what, what that means when there's a motion and then there's an amendment to the motion and then there's an amendment to the amendment and all that kind of stuff.

And then I also work a lot in general with helping nurses to become familiar with legislation and community involvement to help coordinate between ONA and other community organizations, and basically working towards finding those areas where ONA and nurses in general in Oregon can interact with other members of the community and utilize their specialty. That's kind of where I got involved with the professional association was working with the community and trying to find that bridge.

MCGUIRE:

Right. And you've been on both sides. I know you have experience in boardrooms, definitely, and on boards and clinically. So you can speak to both sides. That's fantastic. Are there other areas within nursing that you're interested in exploring at some point?

KENNEDY: That's a good question. I mean, I really liked working in the ICU. I really liked working with those patients and those families especially. I think I ultimately just felt like it was difficult with the skill set that I had at the time to be able to really make a difference. And in the nursing profession, knowing what I know now, I realized I could have, you know, had a had a broader impact than what I had thought at the time.

But I've been trying to find those those positions where I could make the biggest impact. And so that's where I came here to my current position. And so I'm not sure what that could look like afterward, but I think right now I'm working towards my Ph.D. So continuing to increase my education and continuing to be able to understand those data points, which are always really important for those discussions, whether it's the boardroom or a one-on-one conversation with managers or with nurses, to be able to point to those data points and say, this is this is really why we have to do X, Y or Z, because this is what the data is saying rather than trying to turn the data around to to fix to to support a point, you know, confirmation bias. We really want to utilize data to show where we should go. So that's really kind of where I'm moving towards at the moment.

MCGUIRE:

Excellent. Excellent. Speaking of education, what kind of preparation did you have to do for nursing coming out of construction? Did you have a fast track or did you have to get prerequisites or what did that look like for you?

KENNEDY: So I started at my community college here. I did about a year and a half of prerequisites and then applied to the nursing program, which was honestly like the scariest thing I've ever done of applying for nursing programs. And it was it felt pretty scary at the time to be to have to go to an interview and then a group interview.

Jesse Kennedy

And then also we had to sit down at a computer. And soon as we sat down, we had I think it was 2 hours and they gave us four questions and said we had to write essays on three of them and

then they would be making the decision based upon those essays. So, it was a lot of, I don't know, craziness and then trying to buckle down and figure out what it is that I really wanted to do because the bar was set pretty high.

There was, I don't I think there was probably somewhere around 1200 people that were applying that year and they only let 63 in the program that year because of faculty. So it was pretty intense. But yeah, when I finally got in, it was the two-year associates degree with clinical time built in with all of that. And then as soon as I graduated I was one of the first students in OCNE, which is what we call it in Oregon, which is the Oregon Consortium of Nursing Educators.

So basically as a associate's degree nurse, I was able to transfer in directly to a RN to BSN program, so I was able to work as a nurse with my associates. I started in the float pool, which was an amazing experience to be able to go to all those different areas and and try to figure out what what I liked, what I, what I didn't like.

But at the same time, I was still able to do the RN to BSN program online through the through that whole time.

MCGUIRE: Wow. Wow, that's fantastic. That is great. And I love that you're working on your Ph.D. You're a busy man.

KENNEDY: Yeah.

MCGUIRE: Now, any skills from your construction days that you've brought that have transitioned into the nursing career or.

KENNEDY: Yeah, I think being able to work with others and and start every day with, with a plan, with a goal for for what you want to do for the day. I think in general, that's like that's a pretty common thing that I think you would hear from, from people who are in construction. I think it was also there's also an additional level since my stepdad was, you know, everybody's boss was that it was always more difficult to be able to prove myself all of the time to to show that I did belong there and that I wasn't the foreman just because. I actually knew what I was doing.

So there was a lot of leadership without. Leading without trying to just be the person in charge I guess There wasn't. I think I excelled or I learned how to engage with them and then lead from example and lead through engagement rather than telling them what to do. You know, we would sit down and come up with a plan for the day, you know, decide when we were going to do stuff together rather than, you know, hammering everything down on them and say, this is what we're going to do.

And that sort of leadership style. I really was able to develop a leadership style that kind of tried to pull on everybody strengths and figure out how we all can get to where we need to go without trying to say, Well, I'm the boss and this is how we're going to do it, we just figured it out together.

So I think that was probably the biggest thing, which initially seemed really scary but ended up ended up helping quite a bit.

MCGUIRE:

Yeah, that's great experience. Excellent. And do you still dabble in construction? Are you the one

people come to for repairs or.

KENNEDY: Yeah, definitely. I mean, and actually now it's a lot of fun, Now I enjoy it again. It definitely got to the point where it was no longer any fun. Now I get to go down and play at the shop and that's kind of my that's kind of my Zen time is to go and build stuff and play with stuff and be able to experiment in new ways with wood and stuff that I had never got to before, I mean, it was always so focused on, you know, you work from dawn till dusk and you get as much stuff done as you can. And there wasn't a lot of time for creativity and fun, but now there's a lot more.

MCGUIRE:

So speaking of your stepdad and the rest of your family, what was the reaction when you went to them and said, you know what, I don't want to do this anymore. I'm going to go into nursing.

KENNEDY: Yeah, it was it wasn't great. Yeah, my mom was very supportive. Most of my family was very supportive. My stepdad did not like it at all in his mind that I was leaving him high and dry. It was either I was with him or I was against him. So it was that was definitely a really difficult period. But I think if it hadn't been that difficult, then it would have not have benefited me as much as it did for getting through school. With all of the engagements with patients who are upset and there's nothing you can do about it. So I think that was really helpful for me to go through that. At the time, that didn't seem like it was helpful at all. It was pretty rough, but looking back on it, I think it was really helpful for dealing with what nurses normally deal with and the health care system, which is, you know, we're doing the best that we can and we're sorry.

But, you know, this is kind of where we are and trying to figure out where we can help people get from where they are right now to where they want to go in the best way that we can. And there's never really going to be a right answer and it's never going to be easy.

MCGUIRE:

Right. And kudos to you for sticking to that path. Some may have buckled under that kind of pressure. So kudos to you. And I would assume and maybe I shouldn't, but I would assume that he's probably come around at this point.

KENNEDY: Kind of.

MCGUIRE:

Kind of. Okay, we'll leave it at that kind of. Okay. Let's get back to your nursing career. And I'd love to know from you what you have found to be the most rewarding.

KENNEDY: I guess initially I thought that I was going to be able to learn all of these amazing things and all of these amazing treatments and all these amazing methodologies and be able to tell people what they needed to do or, you know, tell them how to fix what was going on. And I think the thing that I value the most about nursing was that I really learned that what I want doesn't necessarily matter.

I can help them to engage with what's most important to them. And through all those things that I learned, through all those methodologies, through all that stuff, I can help to find better ways for them to get there. But I'm not driving. I'm not driving the ship. I'm just trying to help them get there. I'm trying to help them navigate that.

And I think that was a really good thing for me to learn with in nursing. And I think that's

probably my favorite thing is trying to help patients and and nurses now more specifically to be able to get it to get to where it is that they want to go. And then at the same time, when they do figure that out, like when you see that light bulb turn on, I think that is one of the most amazing feelings in the world to help them have just figured out what it is that they want to do, help them figure out what it is that they're looking for.

And sometimes it takes a while and sometimes it's it's a lot of listening and it's a lot of engaging and trying to hear where they're coming from and try to hear what they say and to repeat it in a different way that helps them to even understand what they're saying. But I think that's probably the most rewarding, is to be able to see that light that that turns on where they realize, oh, that's that's what it is that I was trying to say.

That's what it is that I want to do. And it's generally just listening and trying to engage and trying to understand them better.

MCGUIRE: Is that what led you to the nursing practice consultant role wanting to pay it forward in that way?

KENNEDY: Yeah, I think so. I think I think being able to engage with nurses and to understand where they are right now and to try to help them get to that place where they feel empowered. Where they feel engaged. I think when I left the bedside initially, I was feeling pretty disenfranchised pretty, pretty powerless. Pretty hopeless. So the reason why I am where I am now is that it helps with the process to be able to engage with those nurses and to be able to show them that they're there is an avenue you can engage.

Just this is a career, this is a profession. This isn't just a job. You have the ability to control your practice. That that is what separates nursing from from a lot of other careers is that we do dictate our practice. The Board of Nursing is made up of nurses. And if there is something that is really important to you, then it's equally important that you are sharing that with everyone else.

If you're really excited about, I don't know, vaccine clinics, I think that was one of the things that was really important to me when I was first starting in nursing school. Then you can do those things. You can engage, you can find the resources in there, out there to be able to engage in what it is that you're excited about.

MCGUIRE:

Right? Right. I wish I'd known you when I was a young nurse. That would have helped me a lot. I know there's quite a few people that feel that sense of being disenfranchised. So that's I love what you're doing. So I know you've told me what's been the most rewarding. What has been the most surprising for you about nursing?

KENNEDY: I think the thing that has been the most surprising has been how to how to engage in a meaningful way, that that really impacts everyone. I think I think it's it's fairly easy to do the one offs and to engage one on one with people. But it's it's fairly difficult to be able to do that on a larger scale and still get everyone what they want.

I guess. I guess I feel like I've always existed in my little bubble where I think that these are the things that I am really passionate about, or these are the things that I find are really important. And it's it's very difficult to reach a reach a place where everybody is equally excited about an

outcome. So we can always get some people the things that they want.

We can always help some people to find the end of what it is they're looking for. But there's always going to be people that that aren't happy about it. And it's always difficult to try to juggle all of those things to find an outcome that everybody's happy with. And unfortunately, that's generally not possible. And I really kind of thought that, well, once I get into nursing, like, everybody's going to think the same way.

Everybody's going to be really excited about preventative care. Everybody's going to be really excited about, you know, advancing nursing practice in the best way possible, like working at the top of their license. And, you know, not everybody is, and that's okay. So I think that was probably the most surprising thing was, you know, sometimes people just like to go to work and go home and that's entirely okay.

But I think coming into it, I thought that everybody was just as crazy and gung-ho as I was. So you never know. I mean, everybody has their different priorities. So I think that was probably the the biggest surprise.

MCGUIRE:

Biggest surprise. I know you also have experience as an educator. Did you always see yourself in that kind of a role as well?

KENNEDY: It's kind of funny, no. But in high school, I was voted most likely to become a faculty member, which I thought at the time was like the craziest thing. Like, why would I thought it was a joke.

Why would everybody do that to me? But, you know, looking back on it, that's kind of always where I've been. I initially thought I wanted to be a history teacher, and then I realized not everybody is Indiana Jones.

There's really only one Indiana Jones. So that probably, probably wasn't the best path. But yeah, I think for some reason that's always where I've kind of felt the most comfortable, is trying to understand things, and then I feel like I also understand things a lot better after I help other people understand them as well. So even if I can read whatever, but once, once I help somebody else understand it, I understand it a million times better.

MCGUIRE:

Isn't that the truth? Were you initially comfortable with with some teaching, or was that kind of a stretch? Initially.

KENNEDY: I mean, I guess from a formal perspective, yes. But I've always thought of it more as like a conversation or engagement with other people, to find out where they are, to find out their understanding of something, to share my understanding of whatever the topic is, and then to learn from each other. From that perspective I think I've always been comfortable with it, but I definitely when I became a clinical nurse educator, there was this more, I don't know, like formal role.

I guess you could you could say where it felt like I was supposed to stand in front of a room and just talk at people, but I was never really good at talking at people, so I'm much more comfortable. Even if I have to stand in front of the room. I'd rather talk with people and engage with everyone, have conversations and show what it is that maybe it that I've learned about it.

So show me what you've learned about it or tell me what you've learned about it. So I think I've always I feel slightly uncomfortable with the formal role, but I think at the same time we can always adjust that to what it should be, which is more of a conversation, more of an engagement, more of a learning perspective.

MCGUIRE:

Well, that's excellent point. I love that you shared that because a lot of people do have angst about it's a form of public speaking in a way. But a lot of people have have some stress around that. So the conversation approach is perfect for our listeners. That's a that's a nice nugget right there. So I know that you're working on your Ph.D. and after your Ph.D., anything specific, are you just like, just get me over this hurdle right now?

KENNEDY: Yeah, I don't know. Yeah, I don't know. Yeah, yeah.

MCGUIRE:

It will present itself, probably.

KENNEDY: Yeah. Most of the things that have ended up working out really well for me were things that were kind of uncomfortable and kind of scary to begin with. So I'm not really sure what the next thing would be, but it's probably going to be a little bit uncomfortable. It's probably going to be a little scary. But I'm sure there's always going to be teaching involved.

There's always going to be engagement and community engagement with it, but hopefully I'll be better able to engage in those discussions after I understand, you know, a little bit more deeply all of those data points and that kind of fun stuff and all those things that when people talk to me right now about data, it sounds like they're speaking an entirely different language and I have no idea what they're talking about.

But yeah, I think that's the biggest challenge of education and discussion, is being able to to put things in in a way that everybody can understand. So I'm looking forward to learning those things that I have to figure out how to translate and understand better myself.

MCGUIRE:

Right. Well, we'll look forward to talking to you again when your Dr. Kennedy.

KENNEDY: Sounds good.

MCGUIRE: Any last thoughts or advice for those who want to advance their career but may be a little nervous about that process?

KENNEDY: I mean, I think just sometimes putting your hand up, volunteering, stepping up and risking that people, you know, might, you might feel that people are uncomfortable with it. You might feel that people are making fun of you. I think usually when I do like large scale town halls or large scale events with with nurses, now I tend to start stuff off with really ridiculous jokes or like dad jokes or something that's just ridiculous because it kind of breaks the ice and it's like, Well, now everybody laughs to me, that's okay, because we've already started laughing.

So breaking the ice with things that kind of make it feel a little less serious, I think I always when I have to speak in front of people. I once spoke in Australia in front of several thousand people and it was the scariest thing in my life and I kind of don't remember a large portion of it, but I've

since developed ways to help deal with it, like holding a glass of water really helps.

Making us a ridiculous joke in the beginning helps. And obviously it's got to be, you know, appropriate to the audience. But, you know, making it making a silly joke in the beginning really helps to kind of lighten things up and realize that, you know, now, if everybody laughs at me, I can kind of feel like we're laughing together, even though who knows?

But at the same time, it kind of helps to lighten the mood a little bit and feel like it is what it is. And I'm going to go out there and do the best I can, and I would assume everybody else is doing the best they can, too. So trying to lighten the mood always helps.

MCGUIRE:

Excellent advice. Thank you for that. We hope you've enjoyed this episode of Second Career Nursing featuring Jesse Kennedy. We encourage you to familiarize yourself with the other courses that are available through elite learning dot com and to help you advance your own career. We really appreciate you listening. This is Leana McGuire for Elite Learning by Colibri Healthcare.