Podcast Transcript

Travel Nursing: Opportunities and Experiences During the Pandemic to Now

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Content warnings: Mentions of death, handling the deceased, psychological and/or emotional trauma, divorce, race

Guest

Ivette Palomeque, BSN, RN

- Founder
  - Frontline Life Media: www.frontlinelife.co
    - Resource and website for frontline healthcare workers
- Travel Nurse
  - COVID-19 Disaster Response Teams
- Critical Care Nurse
  - Extensive experience in critical care including medical ICU, surgical ICU, OB ICU, shock trauma ICU, transplant ICU, neuro ICU, burn ICU, cardiovascular ICU
  - Rapid Response and Code Blue teams

Host

Jannah Amiel, MS, BSN, RN

- Jannah Amiel is a visionary nurse leader with extensive clinical experience in high-acuity hospital settings. In addition, she has education expertise in pre- and post-licensure nursing education and leading organizational teams in building and developing products and talent. She is the founder and nurse educator of an online bootcamp-style course experience that prepares pre-licensure nursing graduates to pass the NCLEX-RN and enter the workforce. She is currently Head of Learning, Healthcare, with Colibri Group.

Content Reviewer

Maria Morales, MSN, RN, CLNC

- Maria Morales is a nurse planner for Colibri Group and a certified legal nurse consultant. She is a quality-focused, results-driven nursing education professional. As a continuing education leader with nurse executive experience in developing interprofessional educational programs, she supports healthcare workers with educational activities to help increase communication within the healthcare team.

Transcript

Episode 1 – Travel Nursing: An Inside Look from a Nurse Who Traveled During COVID

SOUNDBITE OF MUSIC

JANNAH AMIEL, HOST: Hi, I am Jannah Amiel, and welcome to another episode here with Colibri Healthcare. Now we're going to be talking to a very special nurse today, Ivette Palomeque, who's joining me. And Ivette, I'm going to let you talk about yourself in just a moment, but I wanted to kind of set the stage for what it is that we're going to be talking about, something that got a lot of conversation and a lot of like highlight, right?, over the pandemic, the COVID-19 pandemic, which is travel nursing.

IVETTE PALOMEQUE, GUEST: Correct.

AMIEL: And believe it or not, my experience with travel nursing, I, as an RN, I've never done travel nursing, but I've worked with travel nurses who quite honestly, I thought were the coolest nurses I'd ever worked with! I felt like you guys saw and did all the things. So, I'm really excited to talk about it in, in the light of COVID-19, kind of what's happened there, and now that we feel like we're slowly creeping out of it, what's that look like? So, I'm gonna hand it to you, to Ivette. Tell me a little bit about yourself. Tell our audience a little bit about yourself.

PALOMEQUE: Well, first of all, I want to say good morning and thank you for having me on this podcast today. Thank you. And thank Colibri Healthcare, for that matter. My name is Ivette Palomeque. Um, I am a Miami native. Miami, Florida. So, let's start there. All right. ... where some of the coolest people reside!

AMIEL: That's right!

PALOMEQUE: So, I was born and raised in Miami, Florida. I attended Florida International University to obtain my first degree, which was a bachelor's in biology. My initial plan was to go to medical school and become an orthopedic surgeon. But, everything went left, okay. So, that did not happen, obviously. So, fast forward a few years later, in 2007, I moved to Houston, Texas. My twin sister is also a registered nurse, and she took a travel

assignment into Houston, and she convinced me to go with her and uproot. And I said, you know what? South Florida is having a bad market. It's, you know, housing crisis. You know, you remember.

So, I said, you know what? I'm packing everything up, and I'm out of here. So, I left, and, um, we got to Houston, and she really enjoyed the traveling thing. It was her first assignment, and then shortly after she finished that one, three months later, she was off to Washington, D.C., and she just kept going. And I said, "Well," so when I got to Houston, I said, "You know what?" I'm gonna look into nursing instead. I think that's going to be the win for me. And sure enough, two years later, I was accepted into the University of Texas Health Science Center at Houston, where I finished my second-degree program with a Bachelor's in Nursing.

AMIEL: Awesome.

PALOMEQUE: And um shortly then I started to work at one of the local level one trauma centers there as a new grad in the ICU. So, my base experience is ICU from day one. That's 11 and a half years ago. So, you can imagine what I've seen. So when I, when I finished, I worked, moved around a couple of hospitals during that time, and then 2019 I was facing a divorce between Houston and Florida. I had to keep going back to court in Florida. So, I said, I'm gonna to take a travel assignment to Florida so that I can be close and make my court dates. And, so that's when I started traveling.

AMIEL: Right, interesting.

PALOMEQUE: And, shortly after that COVID hit. And, you know, you know the story, the rest is history from there, so....

AMIEL: Yeah, no kidding. So, let's talk a little bit about that piece. So, you were working, and this is, this is not gonna sound right. But, let's try to frame this up, you're working as a regular nurse, meaning that you were a staff nurse, right? And, when I see regular, I mean a staff nurse, right? You have a home hospital that you work in as a staff nurse. And that's, that's where you're practicing on a daily basis. So, then you got into travel nursing around like 2019.

What is travel nursing? Help us to understand like what that is? Is it just, "I'm going to go to the hospital down the street?" What's, what's travel, nursing?

PALOMEQUE: So, to be classified as a, quote unquote travel nurse, you have to pick up an assignment. The word assignment refers to the hospital and the scope of work that you'll be doing at the hospital. So, it means the hospital, the unit, your hours, that's part of your assignment. Okay?

AMIEL: Got it.

PALOMEQUE: So, to be classified as a travel nurse, the general rule of thumb is to be stationed at a hospital, at least 50 plus miles away from home, whatever your home base is. In that case, in the case of me, my home base was Houston, Texas, at that time.

AMIEL: Right.

PALOMEQUE: So, I took a travel assignment in Miami, Florida. Now, even though Miami, Florida was my hometown, I wasn't living there at the time. I did not go to nursing school there. And I wasn't practicing nursing in the state of Florida.

AMIEL: Right, makes sense.

PALOMEQUE: So, I was a travel nurse. I traveled 1500 miles away from home practically to start my first assignment. And um just to bring this up, as a variation, there are certain particular categories to a staff nurse. So, a staff nurse refers to somebody that's in the hospital working as a nurse. It doesn't matter the unit, it doesn't matter, you know, their scope of practice, it doesn't matter their degrees or years of experience. They are basically permanent hospital employees that work strictly for the hospital.

AMIEL: Got it.

PALOMEQUE: Depending on the hospital that you work at, Houston, if you know anything about Texas, Houston houses the Texas Medical Center, which is the largest complex of hospitals in the country and actually probably in the world. So, we have a few level one trauma centers within close proximity of each other. Those hospitals are pretty big in terms of number of beds that they serve.

So, they create what's called float pools within the hospital. So, let's say um there is a nurse like me that's an ICU nurse, but the hospital has ten different ICUs based on specialty. It could be a cardiac ICU for hearts. It could be a trauma ICU for your accidents, gunshots, and whatnot. It could be a transplant ICU. Those types of ICU are categorized differently. So, what, the position that I took after two years at my first hospital was a float, an ICU float nurse.

AMIEL: Okay.

PALOMEQUE: I was an employee of the hospital, which means I was a staff member, because I didn't have any other jobs. I didn't, you know, I only worked strictly for that hospital system ...

AMIEL: Right.

PALOMEQUE: ... but within the hospital, I was a float. So, that means one day I could be in cardiac ICU, the next day I could be in trauma, the next day I'm somewhere else. And, it went on and on. And, I did it that way, because I wanted the variety of specialties. I wanted to learn. And, sometimes what happens is when you are in a staff position, you learn your unit very well, but you may get limited into other specialties. And, if you don't see the other specialties often, if there ever comes a day where you have to work in a different specialty, you might feel lost. Right?

AMIEL: Good point.

PALOMEQUE: So, I decided that I wanted to learn. I wanted to be a really well-rounded nurse, and that certain hospital happened to have positions open for ICU nurses with experience that wanted to be floats, which means they can be placed anywhere in the hospital, pretty much, within their scope of practice, which is ICU and intermediate care. So, I chose that path, and it paid off. It was really hard and really scary at first, but to be honest with you ...

AMIEL: Yeah.

PALOMEQUE: ... it was the best thing I ever did, because I learned so much of everything. I learned a little bit of everything in terms of where ... I can go anywhere in the country and function as a full-fledged ICU nurse and not be afraid of machines or devices or different treatments, because I've seen most of everything, right?

AMIEL: Yeah. Yeah.

PALOMEQUE: But unbeknownst to me, seven years ago, when I took that position, I didn't know that I'd end up traveling um later, but it helped me, because it made me not afraid to go places. It made me not comfortable in

just one place. And, it made me think that I could be here tomorrow. I could be there. So, if I could do this within the hospital system, why can't I do it in a different city? Right?

AMIEL: Yeah, that makes a ton of sense. So, do you think then that that really contributed to your ability to, like, travel, right?, outside of just your own area, but your ability to travel into different areas, even within healthcare and in nursing and feel comfortable, not scared and like, "Oh my goodness, like this is brand new," and there's just a real fear of doing things that are brand new in general, especially, I would say in nursing, stepping into a role and not feeling like you have any idea about that.

PALOMEQUE: There is a real fear among nurses themselves, because when I would go to units um and say, "I'm a float nurse for today," and it was great, because I never knew where I'd go. But every day was a new opportunity to learn new things, make new friends, meet new doctors, meet you know, different people, meet new patients with different problems. But also, um people were thankful that I was there, because I was like labeled as the help, right?

AMIEL: Yeah.

PALOMEQUE: You know, when you get a float nurse, it's because your unit is short, and so somebody is coming in to save the boat, right?

AMIEL: Right. Okay.

PALOMEQUE: So ...

AMIEL: We're all glad to see you.

PALOMEQUE: Yeah. Yeah. So, you know, I'm. I mean, you're a nurse, so, you know, unit culture sometimes lends itself to be very cliquish, very um you know, divisive, depending on what side you're on. And this and that, night shift ... day shift, the whole versus nurses versus doctors. I mean, everything's a fight, right?

AMIEL: Yeah. Yeah. No, I hear you. I hear you.

PALOMEQUE: So, it ended up being where I didn't have to participate in unit culture, because I didn't belong to a unit. I reported directly to one manager. So, if there was any issue, she reported to me, and I reported to her, and that was it. I didn't have to deal with "Oh, well, she said this, and she said that." Because you know what, If I'm there for one day, and I don't have a good day, I don't have to go back the next day.

AMIEL: Yeah, that's actually a really interesting point. I want to dive into that a little bit more actually. ... to talk about travel nursing and the culture around it, right? And we talk about unit culture, but even travel nursing culture and how it's received traditionally, especially post-COVID and maybe these ideas, maybe myths that we might get to debunk, right?, today, you know, about travel nursing and what we think about it.

But I'd love to hear, you know, what your experience was initially going into travel nursing, like what that real experience was there for you. And really some questions that I know I'm thinking of ... our audience is thinking of, right? Like, "How much you gettin' paid, Ivette?" Right? You know, what's, what's that looking like? We hear all these things, but let's, let's really frame it up to see what's going on.

So, what was that initial experience thinking that you had come from this float culture, which is fantastic. You were exposed to a lot of different areas and a lot of different opportunities to practice in new ways. So, that was a helpful thing. But what was that, like your first assignment? Am I using that term, right?

PALOMEQUE: Yes.

AMIEL: Your first assignment, what was that?

PALOMEQUE: So, my first assignment, I have to say it was not hard for me, because I, I had come from a place that did so many procedures that was always seen at the forefront of healthcare and just the sheer volume of patients that we saw. So, going to a place that is half the size of the hospital where I come from and, you know, has a, you know, less volume per se, I didn't have a hard time adjusting to taking care of patients.

AMIEL: Interesting.

PALOMEQUE: The culture was extremely different!

AMIEL: Yeah.

PALOMEQUE: Um, they weren't always nice. And, this was even pre-COVID. So I just, I just want to put it out there that it's not, it's not necessarily a post-COVID thing. Although I'm gonna corroborate with you on that and say that travel nursing has taken some sort of turn to be looked at negatively by people, but even pre-COVID, the culture um there at that particular place where I ended up, they weren't very nice, they weren't very welcoming.

Um, you know, the cliquish thing that we talk about um and, you know, going into south Florida, you know, the main language is Spanish, not English. So, I would literally hear nurses that didn't know I spoke Spanish ...

AMIEL: Uh oh.

PALOMEQUE: ... talk about some of the other travelers in a derogatory form and say things like, well, she's making all this money, so why can't she do this? And, why can't they do that? So, I'm listening to this, and I'm just like, “But if we didn't even bother to come here in the first place, you would still be working short, and you'd have to do it all yourself.” So, I'm trying to understand why is everybody in a pinch and why is everybody so upset that travelers are on the unit?

AMIEL: Yeah.

PALOMEQUE: So, during that time, I just kind of observed the culture a little bit. And, you know, again, I was in the midst of a divorce going back and forth to court. So, you know, my head was all over, and I was, I was there on a mission. I didn't necessarily really want to be there per se. That would have never been my first choice of an assignment. That would have not been an ideal situation for me to take, not even the facility. However, I mean, this assignment popped out of the sky, and it was at a time where I needed to be in South Florida on a regular basis, and I had my baby sister that I could stay with, which lived 10 minutes from the hospital. So, I didn't have to pay for housing. So, I mean, that saved me quite a bit, and it made the move worthwhile at least to take that assignment for the time being.

AMIEL: Yeah.

PALOMEQUE: But, the culture was, even management, they weren't always very inviting or inclusive. Um, and I think that definitely plays a role, because, you know, as you know, culture in any organization starts at the top.

AMIEL: Yeah.

PALOMEQUE: ... how management dictates how the unit is run. It makes a difference.

AMIEL: Yeah, absolutely. Now there's a lot to unpack there, and I think it's really important to ...

PALOMEQUE: You didn’t know I was coming with the travel baggage, right?

AMIEL: ... and we are keeping it R-E-A-L on this! So, it's true. We know that prior to COVID there was a travel nursing culture. I think, you know, in general, we have to be very honest with ourselves when we talk about nursing, right? We understand that nursing, like any other profession, to your point exactly, Ivette, has a culture, and we certainly do have a culture. And, I mean that in and of itself is a podcast by itself for several ... really talk about where that comes from. But, there is a lot of like floating circles of it's this bunch and this bunch and this department, that unit and this crew and, and just kind of weird rules of hierarchy and ownership that happen in this very wacky way. And, then you introduce travel nursing, and that brings in a very new kind of setting ....

PALOMEQUE: So, what are we unpacking first?

AMIEL: Well, well, do we have time? Well, we want to definitely unpack what you know, what you think about, as far as your opinion on that. But before we get into it, I really want to know, you know, how did you decide? Because I'll tell you, like any RN right now who subscribed to anything, we get text messages and emails from this agency and that agency and this need and that need.

But how do you go about even determining, okay, this you know, I'm going to do travel nursing, and I'm going to go with this agency uh because why? I mean, I feel like there's so many different things to consider about what you're choosing, and how you choose. Are you like an employee? Do you have different rights in that way?

Like, you know, some of those kind of background things that we don't think about in travel nursing before we start talking about, you know, the luxury of what people are doing with this travel nursing. Right?

PALOMEQUE: What people see! Right? What people see.

AMIEL: Exactly.

PALOMEQUE: Okay. So that first assignment actually, I chose the agency, because one of my best friends had been a travel nurse with them for five years prior.

AMIEL: Okay gotcha.

PALOMEQUE: She had very good things to say about them. Um, her recruiter had seemed to be pretty attentive and pretty accommodating to her. So, she said, “Look.” Right now, because of the situation I was in, remember I'm divorcing. So, I'm getting blasted with emails and invoices from lawyers on the daily, and I'm just like, I'm up to here with that. Okay, all I really wanted to do was just get down there and be present so that I could just close this out and move on. So, I didn't really take the time to shop agencies, because that wasn't what this was about.

I wasn't trying to make traveling a career per se. I was very happy, actually with my situation, at my home hospital, because honestly, I didn't tell you this part, but um because they were short and they needed float nurses all the time, we were paid extra incentives.

AMIEL: Okay.

PALOMEQUE: All the time! And so, I mean, I was making like $150,000 dollars a year.

AMIEL: So, it wasn't like a money thing. I'm going to do travel nursing, because I want to get paid beaucoup bucks. Money wasn't my motivator.

PALOMEQUE: It cost me time, okay. I put in about 50, 60 hours a week, but I had the time. I don't have a family. So, I mean, you know, it's okay. And, I loved what I, I loved my job. I loved the people I worked with. I became

friends with like literally everybody in the hospital. If you, if I walk through there, like it was like seeing a celebrity, everybody, even people I didn't know, were like, “Hi Ivette, hi Ivette!”

I'm like, “Okay ….” So, it became like my home away from home, literally. So, when again, the life comes crashing down, and divorce hits, and I have to make all these moves. I didn't have time to shop agencies. Um, not that that would have been the best time, because I was in a time crunch. You know, court dates were fast approaching. I couldn't keep buying plane tickets to go back and forth like, you know, understand my divorce cost me $50,000 dollars. So just that alone was ….

AMIEL: Wow.

PALOMEQUE: So, my best friend said, “Hey, listen, let my recruiter try to find you somewhere in Florida, their agency um works a lot out of hospitals in Florida, so I'm sure he can find you something.” So, we looked and, you know, a couple of weeks go by, and he couldn't really find something that was a fit, because it was either like way over in like Weston versus Miami, you know, that's far!

AMIEL: Yeah.

PALOMEQUE: So, you know, it was like, okay, but then one day he calls me out of the blue. He said, “Hey, I got something in Miami. They just opened up about 12 slots. Get in.” I said, ”Okay.” You know, he said, “It's (this much) money per week.” It was like $2,000 per week. It wasn't even a lot. And I mean, honestly, at home I was, I was ...

AMIEL: Moving it.

PALOMEQUE: I was making a little more than that when you average in incentive pay. But I said, “Okay.” The good thing is that in this case I accepted it, because A) it was strategically where I needed to be and B) I had housing covered, because my sister had an extra room in her house, and she lived 10 minutes from the hospital. I mean, it was like a godsend!

AMIEL: Right!

PALOMEQUE: And so I said, “Okay.” At least the money per week will literally be for me to do what I need to do and get myself ahead and be able to be present on court dates. Um, you know, of course, I did disclose to management that I would probably have to be out certain days ahead of time for court dates. And, they understood, and they didn't make a fuss about that. So, that's how that worked out. But I'm going to advise everybody, if you're going to start, you need to shop. I did mine, my situation was a little bit more out of a need and a desperation kind of. And, I just happened to have somebody who put their recruiter in my hand to say, “Hey,” and he magically popped up with a position in a couple of weeks.

AMIEL: Yeah.

PALOMEQUE: It just, like I said, it was a godsend. But in hindsight, had I had the time and probably had the better headspace at the time, the plan for me to travel and go away, I would have shopped. I would have certainly did homework and shopped. But nonetheless, the agency had very good rapport. Um, they walked me every step of the way. They were available for questions, concerns like I didn't have any issues out of them at all. The pay was always on time. I had no issues.

AMIEL: Excellent. That's good news. What would you say ... when you say pay on time, that’s good news! ... when you, you know, are saying, “Hey, do your homework,” right? If I was thinking about travel nursing now (and

there are so many different, you know, agencies I could choose from), what's some advice you might give me to say, “All right, you're thinking about this. You should really think about these things, Jannah, before you pick.”

PALOMEQUE: So, what I would advise to you and anybody else is if you have friends already in the industry, get their accounts, because your friends are credible sources to you.

AMIEL: True.

PALOMEQUE: Okay, and your friends are going to give you the real. If you have real friends, they're going to give you the real. That's another topic, right?

AMIEL: Yeah.

PALOMEQUE: Oh, my goodness. We can go on and on. (So, you'll have me for another podcast for sure!)

AMIEL: Excellent.

PALOMEQUE: So, do your homework. I mean, again, take word of mouth referrals, um take them seriously, because these are your friends, your colleagues, your people that you know in real life and in real time that have had experiences and take the good and the bad.

AMIEL: Yeah.

PALOMEQUE: There's no such thing as a perfect agency. It's just, I can't think of any, because even the good ones, they've even, either fallen short. Um, you know, if payroll was a day late, because somebody didn't submit, that's a shortcoming. It's not a deal breaker for me to say, “Okay, I'm leaving the contract,” but it's a shortcoming, nonetheless. And you have to think, you know what, what is your ... draw your lines, draw your boundaries.

AMIEL: Yeah.

PALOMEQUE: If an agency is basically trying to coerce you into taking a night shift, and you know you don't want night shift, don't do it. Don't do it. The tone of the recruiter is as important. How they handle you. Um, you know, lately it's just, I get all these text messages on my phone, and it's like, “Ready for your next assignment? Call me.” Who are you? Good morning. How do you know what kind of day I'm having? Like, that's rude!

AMIEL: Right. Yikes!

PALOMEQUE: Yeah. Oh, no, it's, it’s .... Yeah, and I mean, these recruiters are snapping back at nurses just saying, like, “Well, you can't expect to make all this money.” And, you know, I understand the market is changing. However, the skillset and the expectation hasn't changed.

AMIEL: Right. You’re right!

PALOMEQUE: The level of, the level of patient's sickness and their ... you know, the hospital conditions haven't changed. So, you know, watch how they talk to you.

AMIEL: Yeah.

PALOMEQUE: Watch responsiveness time. The time it takes for them to email you back with information that you asked for, or the time it takes for them to respond to a request or the time it takes for them to just, you know, how, how they interact with you along the timeline. That's important, because when you get in an assignment and you get in a pinch, for whatever reason, you might need a clinical liaison to help you with a

clinical issue on your assignment. You want to know that this company is responsive, not that they're going to make you wait till next week and put you on the back burner, because when you're out there by yourself, 1500 miles away from home, and God forbid, like I got sick on one of my assignments, I caught COVID.

AMIEL: Oh, no! Oh, no!

PALOMEQUE: Yeah. So, you know, all of those little things make a difference, you know, in the whole excitement of wanting to vet your first contract, it's important that you kind of bring yourself back down to earth and really, really hone in on what's important to you.

AMIEL: Yeah.

PALOMEQUE: Um, you know, recruiters are recruiters. They are business people. Most of them don't have the nursing background or the medical background to be able to tell you, “Okay, well, there's, if there's not ICU positions available, I can place you in intermediate care,” which is a step down.

AMIEL: Yeah.

PALOMEQUE: An ICU nurse can totally competently take care of a step down patient. But if a recruiter is not of medical background, they don't know how to vet you for that position. And it could have been a great contract and a great location, but because they didn't have that knowledge and you don't have the know how to say, “Well, I can do that too.” You just missed out on an opportunity.

AMIEL: Yeah, good point there. Now, you said contract a couple of times. Which makes me think about what is the wiggle room for a travel nurse, right?, who's taking on an assignment, is entering a contract? And, I think about different scenarios where as a professional, whatever, you know, you have wiggle room to negotiate your contract and the terms of that. Is that true for travel nursing as well? Is there like any allowance there that travel nurses can negotiate part-time contract?

PALOMEQUE: Absolutely.

AMIEL: Ok, good, good.

PALOMEQUE: Absolutely. Everything's negotiable in life, right?

AMIEL: Yeah, that's what they say!

PALOMEQUE: That's what they say. So, travel nursing is no different.

AMIEL: Excellent.

PALOMEQUE: You know, pay is negotiable, because the hourly pay they might not budge on. But they can, you can ask them, hey, throw in a, you know, weekend bonus if I pick a weekend shift, throw in an extra allowance for gas money to and from or a budget for a rental car, because I'm going somewhere rural. You know, um, a lot of things are negotiable. Throw in you know double the rate for overtime instead of time and a half. A lot of things can be talked through, not saying they're all going to be accepted and not saying, you know, it depends on the person, meaning you.

AMIEL: Right.

PALOMEQUE: Um, how aggressive you want to be about that. And it depends on the recruiter and how unafraid they are to kind of break some doors down to kind of help you get in the spot that you want. Location was the thing for me. Everything else was like, okay, whatever, it is what it is at that point, you know. I did say that I

wanted to make sure I had an option for overtime. I wanted to make sure I had, you know, that that the pay was going to match the overtime rate and things like that. I did negotiate that and make sure that that was a part of the contract that I would be okay to pick up overtime if the facility um needed it or if it was even allowed at the facility.

AMIEL: Yeah, and that's smart advice. I really, you know, I would assume and I, and I do recommend that for most people entering any type of contract in this type of way, certainly negotiate … and smart of you to negotiate for things that were really important to you beyond the money, but, you know, you said something else. You know, it was your first assignment. Right? And so I'm wondering, is there any type of, I don't want to say seniority, right? But I imagine it might look a little bit different for a nurse who maybe is brand new to nursing. Let's say she's been nursing for a year or less and maybe a nurse who's been nursing for, you know, 8 to 10 years. And those two different nurses, you know, deciding to get into that, the travel space, is that not that newer nurse versus our more experienced nurse? Is there a different pull to that even in the agencies? I wonder, are there requirements for how long you've been nursing? And does that also come with how much you can ask for as far as what's in your contract, how much you're going to pay me? What are the perks that I need to make this happen?

PALOMEQUE: So, for starters, if you have less than a year of nursing experience, um, a lot of agencies will not vet you for travel.

AMIEL: Oh!

PALOMEQUE: And, I personally do not recommend …

AMIEL: Hmm.

PALOMEQUE: … because, um the way travel nursing culture is, you have an expectation to get out there and hit, hit the ground running.

AMIEL: Gotcha.

PALOMEQUE: There's no leeway of time frame for you to orient with somebody weeks and weeks and weeks at a time. No, you get one to three shifts of orientation. Three shifts is a lot. But, uh, depending on the facility and your contract and things, how lenient they are with days of orientation is also a thing, but there's no, nobody gets more than a few days of orientation on a travel assignment, because again, the expectation is that you have the experience to walk in a unit and perform as expected, according to the scope, according to the laws of the state as well …

AMIEL: Yeah.

PALOMEQUE: … and what their nursing standards say that you can and cannot do as a nurse.

AMIEL: Is there like a minimum that exists as far as like what they say, "You must have X amount of years before we would even consider you?"

PALOMEQUE: So the, the standard was, pre-COVID, the standard was two years.

AMIEL: Okay.

PALOMEQUE: Intra-COVID and post-COVID, they've gotten a little lax to say a year. Uh, people slide by with eight months, you know, ten months. And again, I mean, you know, if that's good for you, hey, do your thing. But, you

know, we're taking care of people. And, the minute that there's an error made, you've got to understand you have full accountability, because you told the agency somewhere that you had the experience.

AMIEL: Right.

PALOMEQUE: You probably didn't. And it means people lying on their resumes and, you know, adding months and years to their experience that they don't have. Understand that at the point that there is a, you know, situation with a patient or somewhere at your facility, you're going to be called to the carpet.

AMIEL: Yeah.

PALOMEQUE: So, you know, the standard I would say is two years.

AMIEL: Okay.

PALOMEQUE: If you have experience at a level one trauma facility, that's, you know, generally the county hospitals in big cities that turn over a lot of volume and take care of the sickest of the sick. You know, you may be able to get away with a year and a half, but just again, the way travel nursing culture is viewed now, you have to understand that you're going to be expected to go in and take care of probably the sickest patients on the unit, because the facility might say, well, you know, you have the experience so you can go out and take care of the sickest.

AMIEL: Yeah, that's so interesting. That's so interesting. You know, and this is going to be part of our unpacking that we're going to do in just a minute. The one thing you know, we've been kind of like skirting around, and honestly, it's because it's just one of those things that becomes the most popular thing about travel nursing. But it falls in line, I think, with this experience that we're talking about coming with this nursing experience, coming with, you know, the ability to negotiate a contract that is, is, makes sense to you, feels good to you for the work that you're doing. But I wonder, how does then the pay rate get factored into this? Because we're going to have to put it out on the table. We talk about travel nursing, and the very first thing that most people think about nurses, right?, is how much you're getting paid ….

SOUNDBITE OF MUSIC

AMIEL: That's all the time we have for episode one. We'll continue this conversation in episode two talking about travel nursing and money. Most seem to think travel nursing is very lucrative, and maybe it is! But, let's explore this.

SOUNDBITE OF MUSIC

Episode 2 – The Impact of the COVID-19 Pandemic on Travel Nurses: Money, Experiences, and Opportunities for Something Different

SOUNDBITE OF MUSIC

AMIEL: Welcome back to episode two. Let's jump right back into the discussion.

We talk about travel nursing and the very first thing that most people think about nurses, right?, is how much you're getting paid, like travel nurses are walking out with golden pants and golden t-shirts and like platinum headbands, because they're gettin' paid ALL of this money. Right? That's, that's what we think. I think like "Y'all the Bill Gates of the nurses!" So ….

PALOMEQUE: For the record! Okay, I'm gonna put this on here, travel nurses, if you're thinking about it, if you're doing it already, do not air that out. Okay? … especially in a dating scenario! Do not. People think, I mean, they really think we're out here just like, oh, my gosh, I'm like …

AMIEL: … rollin' in it. Rolling in the dough. That's the idea, right?

PALOMEQUE: I don't understand where that came about. I mean, I understand. It came from COVID. However, you know, I've had numerous interviews with news stations and newspapers such as Wall Street Journal and things, and they talk about the money that travel nurses make. And I always have to go back and tell them, you know, yeah, at some point we were making $10/$11 thousand dollars a week. Okay, but we didn't tell you that we were working 70, 80 hours a week. Right?

AMIEL: Hmm, there's that part.

PALOMEQUE: People don't want to, people don't want to talk about that, right?

AMIEL: Right.

PALOMEQUE: We didn't tell you we were bagging bodies, okay, for most of the time.

AMIEL: Hmm.

PALOMEQUE: So in the meantime, our souls are getting destroyed in the process. We're traumatized. There's no amount of money that we can pay for therapy to undo the damage that we've seen. So, $10,000 dollars a week was a figure to justify some of the risk that we took in pulling away from our families, going into unknown charted territories where we didn't know if COVID would kill us, would not?

I mean, I got sick on assignment. I had nurses like literally, you know, from New York. I went to New York when COVID first hit, and we had nurses flying home after two days saying they couldn't do it anymore. They couldn't. So, to talk about the money that yeah, okay, the money, the money was good. However, there are people that do way less work and make that kind of money on a daily basis. So, I don't see why nursing has to be at the front and center of a conversation when you're talking about us trying to keep people alive. We're still held to the carpet where we're going to be criminalized if we make an error.

AMIEL: Mmm, hmm.

PALOMEQUE: At the end of the day, the risk did not outweigh the money.

AMIEL: Yeah, no. I love the way you said that. I love that you said that.

PALOMEQUE: It did not.

AMIEL: You know what happened to those …? It's terrible to hear, but I mean, I get it. I can't lie. I get it. I'm a nurse. The nurses that even spoke about, that started assignments and probably were feeling like the world was quite literally crumbling and … had decided, "Hey, I'm leaving." Does that happen often? And, maybe not today, right? But, I imagine when COVID was at its peak. And then what happens if you just walk out on an assignment? I'm sure it wasn't like that, but I mean, if you feel like, "I can't complete this, I can't do this!"

PALOMEQUE: Walking out on an assignment generally means you do finish the shift, but then you just don't come back for the rest of your shifts scheduled. Um, you know, I, I've only seen a few cases where a nurse or nurses have been actually pulled off of their assignment in the middle of their shift and sent home.

AMIEL: Oh, wow.

PALOMEQUE: Yeah.

AMIEL: Wow, what happens when that happens?

PALOMEQUE: Well, other nurses have to pick up the patients, but it's usually because either a huge medical error or, um you know, they've tried to pass for experienced nurses, and they're really not. So now people caught on to them.

AMIEL: Yeah.

PALOMEQUE: And, that's why I speak about having that experience beforehand, because, you know, you can "B.S." yourself if you want to, but you can't "B.S." experienced nurses that know, that know what they're doing. And, I have to say, and I'm not ashamed to say it, but I've reported a few, because I mean, it was blatant. What they were doing was not, you know, proper nursing care. So...

AMIEL: And it's dangerous.

PALOMEQUE: Yeah, it is. It is. We have to put patients first. And, I hate that culture of having to report people. But, you know what if that was my mom, what if that was somebody else's grandmother, my friend's parents or somebody? These are people, you know, and that's why experience is important.

AMIEL: Yeah.

PALOMEQUE: Integrity is important.

AMIEL: Yeah.

PALOMEQUE: That's why, you know, I hate the narrative when the media says, "Oh, travel nursing, it's just lucrative." And, what about the integral, the legal parts of it? Where if I make a mistake, I can't take it back, because I gave too much drug to somebody, because I put a zero in the wrong place. What about that?

AMIEL: Right. Right. And that's such a huge thing. You know, and to your point, I had seen stories during the peak of COVID about that. And, I heard stories about nurses that were fluffing their resumes, fluffing their experience for the sake of just trying to get into a travel nurse position ...

PALOMEQUE: For a buck!

AMIEL: ... in a state that was paying like the most, I think I am not sure. I know New York was one of those, and it was paying a lot. Some of the state, I don't know who was actually paying the most, who was paying the least at the time, but you saw people trying to do these sideways crooked things to try to get in there, because you're right. Travel nursing really was advertised in this way of like a bunch of money ...

PALOMEQUE: Right.

AMIEL: ... doing what you already do. And, that really was not the reality.

PALOMEQUE: That, that was not the reality. And that should never have been the narrative, you know, because as much as they advertised the money that was being paid out, they should have advertised also the collateral damage that we were gonna endure in terms of being away from our loved ones for so long, working in places that literally made us isolate every day, because we're just singular boxes of hotel rooms, and we couldn't really go anywhere. But, you know, what about our mental health the whole time? We have nobody to talk to, because nobody understands. I mean, you've got half the country out there, still doesn't even think COVID is real. Imagine that.

AMIEL: Right. Right. Right.

PALOMEQUE: So, I hate that they really use that narrative to just describe travel nursing, because again, I've sat in on several interviews, and I've corrected reporters myself as well to say, “Okay, yes, the money was there. However, no average human being works 60 to 80 hours a week to make that money.” They're either gonna make it within their 40 hours, or they're just not going to make it, right? Nobody is ...

AMIEL: Mmm, hmm.

PALOMEQUE: ... working 60 to 80 hours a week unless you're like a medical resident or something of the sort. But, you know, to, to gain your expertise. But that is not a reasonable workweek, and that's not sustainable.

AMIEL: Right. That's not the expectation.

PALOMEQUE: That's why those rates were so high, because the expectation was that you were gonna go in there and just work, work, work, work, work out of five, out of seven, working days, you were going to at least work five to six.

AMIEL: Yeah. Yeah.

PALOMEQUE: So, of course, they had to justify paying you that much, because they were going to work you just that much.

AMIEL: Yeah, right. You know, this is, I think this is the right time now. We started this conversation off, and the very first thing I said was I'd worked with travel nurses before, in the past. Right? So, when I was working bedside (and my background is pediatrics, ICU as well, I worked in the PICU, and ED and Trauma), I did all that. I loved it.

And I, honest to God, we worked with a lot of travel nurses, and I thought travel nurses were just the coolest, because you saw all the things, right? You just saw all the things. And I thought, well, what a great resource this is, right? This nurse has done all the things. And so that, you know, that was my experience.

However, a couple of years into nursing, that starts to change a little bit, and the reason why is a lot of what we talked about, and I just want to put it out there, these are not even factual things, right? But just the perception, it comes back to that culture question that we talked about. So, this has been my new, my new concern, right?

Travel nursing blew up in this way that got very big during the pandemic, makes a ton of sense. I think we all clearly understand where that need came from, and that, that's great. Then we take that, we take that same scenario, and we plug this in, right?, to the pandemic. Travel nurses, who, to your point, about, you’re totally right, started to already get this new air of who they were, these nurses just getting paid a bunch of money to do whatever they want.

Couple that with the fact that you are isolated, you are away from your home. You are in this new reality that we're all just trying to navigate together. Couple that with nurses that are working already in that hospital, that is their home hospital that are also feeling all of the breakdown of the world and COVID. Couple that with the perception that they have of travel nurses, and, and to my point, it creates this very like messy, chaotic type of culture. And, it's something that I saw firsthand with my peers, my friends happening both ways. Travel nurses, staff nurses working in their hospital, and it was a very, you know, I got to tell you, it was a really ugly time. It was ugly. It was nurses against nurses in this time where really like we needed to band together, and we needed to figure out how to utilize our voice and our expertise to get through this, get our patients through this, get our facilities through this.

So, that's a lot, that's a lot to unpack. And, you know, I think about a new travel nurse who's taking on an assignment in this way and what they might be feeling as they're kind of getting hit with all of these different things and external, you know, stimuli (good, bad, and other) from the outside. And, I just wanted to get your take on that, on the culture and how do we shift that narrative? How do we stop making this travel nurses, home nurses, the twain shall never meet. What's your opinion on that?

PALOMEQUE: So, I'm gonna give you my take based on my experience initially as the staff nurse who, you know, I was staff, I was a float, but I was still staff. Okay? I was making whatever the hospital designated me to make. I was there. I didn't work anywhere else. I wasn't going anywhere. So, I'm gonna call myself the staff. Okay?

AMIEL: Sure.

PALOMEQUE: At that time, we had travel nurses come into our hospitals, different units, and I welcomed them. I befriended them. I was and all of us were very nice to them. We're very receptive to them, because they did come with experience. They did come with, you know, different insights. And, and, but they were also people that came to try to contribute to the culture and make the unit better and really dig in and participate. And they would help pick up shifts where needed and they would, you know, they would float, and they wouldn't complain, because they understood that that was part of their role.

AMIEL: Right.

PALOMEQUE: So, now fast forward. Now I'm a travel nurse, brand new, going somewhere else to a unit that I'm not being received very well. Neither were my other colleagues who got there that weren't really received all that great either, because you hear the disgruntledness of the nurses already on the unit as to, well, “Why can't the travel nurses do this?”

So, I'm gonna just give everybody a little background, okay? When you are deemed competent as a nurse, it's not just the state licensing board that gives you a license. Everywhere you work, there is a list of competencies that you have to complete to be deemed competent at your hospital. Okay? Because of the nature of travel nursing, this is very true in ICU settings. And, I'm speaking to ICU settings, because that's pretty much the bulk of the work that I've done. There are certain places that will not let you touch certain devices or machines per se without you having gone through their competencies or their um, whatever their process, their courses, whatever their learning process, and, you know, certification, competency, whatever you want to call it, process is, okay? At the height, when COVID first started, I was still on assignment in South Florida and, you know, we had a couple people come in that were like maybe, rule out, you know.

AMIEL: Right?

PALOMEQUE: But at that time, we had the testing that was like taking a couple of days, so we had to isolate the patients. Well, our facility at that time said travelers could not go in those rooms, because of the liability and they didn't want to have to, I guess, you know, settle with the agency for the time that we're out or whatever it was. I'm sure it was a liability/money issue. Right?

AMIEL: Right.

PALOMEQUE: Um, but the staff didn't understand that. And they were upset. I mean, they were livid to the point where the comments were like, well, they make all this money. Why can't they go in the rooms, and why can't they take these types of patients? And, I literally turned my head to one of them, and I said, “Listen, everything you're doing on this unit, I've done 100 times over. If your manager and director don't let me, it's on them. So go be upset at them, not at me.” And, I had to literally snap at somebody and say that, because you're making it a very uncomfortable environment for people who don't have the say. I can't go in and say what I'm going to do

on the unit or what not. If the facility says you didn't go through our course so you can't take this type of device, they can't assign me that patient, because that's their rules. And as a traveler, I'm going into somebody's house. I have to follow their rules. I have to operate based on their unit policies and procedures.

AMIEL: Mmm, hmm.

PALOMEQUE: I don't just get to go in and just run things and do what I want to do. Part of being a traveler is adaptability, and this is why travel nursing right now is getting such a bad rap, because the people that went into it in the past two years, they went for the wrong reasons. They went for a buck; they didn't go, because they're adaptable. Half the time they're complaining about everything.

AMIEL: Right.

PALOMEQUE: Why are you traveling if you're complaining? If you're, if you're, if you're at the nurses' station crying about not being home every day saying you miss your bed, why are you traveling? You know? So, I see why it's gotten a bad rap. And that's why I'm, I'm telling you, I'm giving you both perspectives, because as a person who's received travelers at their unit when I was a staff, and as a new traveler somewhere, and now intra-COVID and post-COVID, it's, it's, it's changed. It's changed so much and not for the better, I have to say.

AMIEL: No, you're totally right. And, I appreciate you framing that up in that way and really putting the whole picture, because, you know, you touched on this earlier, too, and I couldn't agree more. I think we are not telling the whole story, and we are not giving all the information. And, unfortunately, that happens so much. Right?

PALOMEQUE: Neither does the media.

AMIEL: Exactly.

PALOMEQUE: With the travelers, it makes a huge headline, not necessarily for the right reasons, just because travel nursing is a hot topic. So, every now and again, a reporter who's reporting on it just wants to get a viewpoint from a travel nurse. They don't always even talk to the proper people who have the experience and the expertise and the know-how.

AMIEL: Absolutely.

PALOMEQUE: They might have been talking to a travel nurse who just took one assignment during COVID, and that's all they know.

AMIEL: Absolutely.

PALOMEQUE: That's not it!

AMIEL: Absolutely. And this is, this is such a rub, I think. Right? And this is the rub that really happens in nursing, because when we get right down to it, and again, like these are, these are ongoing conversations we've all had in this profession. But that rub, you know, really is that money that they talk about so much, they being wherever we hear it in the media, wherever we hear it at work, it becomes the thing.

Travel nursing is tied to all the money you're gonna make. And boy, are we leaving out a lot of the story, what your experience is going to be, what you're going to be doing there, how much time, energy, effort, life, right?, that goes on. And if we're mad about the money and this is really just my thing, if they're mad about the money, travelers like Ivette are not paying herself! Right? That's, that's a bigger conversation.

PALOMEQUE: Right.

AMIEL: That's a bigger conversation.

PALOMEQUE: Right.

AMIEL: It's not the travel nurses that are funneling down that money. We got to talk about it on a larger scale.

PALOMEQUE: Let's, let's talk about the broken healthcare system.

AMIEL: There it is.

PALOMEQUE: ... that has allowed these shortages over and over and over. COVID exacerbated it.

AMIEL: Right.

PALOMEQUE: COVID didn't start the shortages. So, let's be real with that.

AMIEL: You said it, you said it, you said it. So, what's that look like now? You know, I'm wondering, you know, travel nurses who, who you know, were really out here helping all of us in healthcare, all of us on the front lines to get the work done that we needed to get done for our community, our fellow human beings. Now that, you know, we think that the peak is over, what's, you know, what's travel nursing looking like now?

PALOMEQUE: Well, I'm, I'm going to go back and just tell you also, you know, the, the trust is also gone. And, you know, staff don't trust travelers like they did, because they, they know that it could be somebody that buffered a resumé or it could be somebody that has legit experience. And you won't, the staff won't know that until they get on the unit and watch their work and everything. And you know, a last place I was at, the first couple of weeks, it was hard, because they didn't trust us. And, you know, we were a couple of black nurses going onto a primarily white unit, and that was a thing. And it was like, okay, they weren't speaking to us. They weren't coming to help us. They weren't offering us any type of support. They were just kind of letting us function. Until then, they started to see, "Oh, you guys really have experience; oh, you guys know what you're doing."

AMIEL: ... quite well.

PALOMEQUE: "Oh, oh." Then the narrative changes. And then, by the end of the assignment, it's like, "Oh man, you guys are so awesome. Oh, I hate you guys are leaving." Well, of course!

AMIEL: You're here to do this.

PALOMEQUE: But, you know, if you're not strong, if you're not of thick skin, if you don't have certain qualities that enable you to push past all of that negativity, it's very easy for you to get stuck and say, I mean, "Oh, no, I can't do this, because they're mistreating me." I've had several nurses there on that assignment during the time in the first few weeks. I said, "I don't like it here. I don't like the way they're treating us. I'm out of here."

AMIEL: That's unfortunate.

PALOMEQUE: So, I mean, it is. It is. And, I'm sorry for that, for the field of nursing, because, again, like you said, when we're supposed to be in a time of unity and, you know, nothing's ever going to change in nursing if nurses don't unite and fight the real problem. The real problem is not the travel nurses.

AMIEL: Say it louder for the people in the back. That's right! That's Right. What are you up to Ivette? What are you up to? You know, now that we feel like we're kind of past this peak and what are some of your other, like, travel nurse peers and friends up to? You know, what other opportunities have you gotten in?

PALOMEQUE: So, um all my friends, for the most part are taking a break right now.

AMIEL: Okay.

PALOMEQUE: Yeah, I just finished in July, so, I've been kind of sitting home all summer, just resting. I realized that in like three years, my my place here has been, like, almost untouched. So, correspondences behind, you know, I'm like, I haven't even unpacked from two assignments ago. Because everywhere I go, I collect more clothes, more this, depending on the climates, depending on where I'm at, what activities I'm doing, I collect more items and before you know it, I have literally a stash of things in bins that I'm like, "What am I going to do with this?" "Do I really need this?"

AMIEL: Yeah.

PALOMEQUE: When am I planning to go out next? Am I going to keep traveling? Is this it for me? You know, I'm working on other things that are not necessarily bedside nursing related. They're more into business. So, I you know, I've taken the time right now to kind of put forth some effort into that, because on assignment, it was just impossible for me to really, really put the time in, you know. Most of my assignments for the past three years have been like 50 to 70, 80-hour work weeks.

AMIEL: Wow. You are consumed!

PALOMEQUE: Yeah. Yeah.

AMIEL: Wow. Well, good for you taking a break. I think that that's good. You know, a little bit of rest.

PALOMEQUE: Yes, Yes.

AMIEL: That's probably well needed. Now, you know, I want to ask if you think about, just kind of reflect on your experience in travel nursing and maybe nursing in general. Typically, you know, this new type of journey that you've been on traveling, is there anything that, you know, we haven't touched on or spoken about yet that you would really want to leave our audiences listening with just something, your one little tidbit, your own little piece of advice or just a pearl of wisdom?

PALOMEQUE: What I would say honestly and I have no regrets, I love it. And I think at some point I would probably pick up and travel again. Um, I loved it! I got a lot out of it. I made new friends everywhere I went. I got a lot out of it! I made impact, and that's the thing. Everywhere I went, I left the facility better than what it was.

So, when you want to talk about your thoughts on travel nursing, and if you're gonna do it, just do it for the right reasons. The money, yes, there's money there. But, think about also the byproducts, what it can do to your mental health if you're not used to being alone, if you've never left home, if you, if you have a circle of friends and now you can't see those people, now you, what your life looked like as a normal is going to be totally disrupted by travel nursing.

AMIEL: Yeah.

PALOMEQUE: So, if you're not doing it for the right reasons, you're going to hate every minute of it, and you're going to just be again forever saying, "Oh, I can't wait to get home. I can't wait to get home." You know, weather ... like I caught winter blues in Maryland.

AMIEL: Oh my goodness!

PALOMEQUE: Then I caught COVID. So that was a horrible one.

AMIEL: Those are not good gifts. But, that's a great point. Even considering things like where you're traveling to.

PALOMEQUE: This is why I said the thought has to go a little bit deeper than just a buck. The money will be there, you know. And, if you love what you do, the money's gonna come. But why are you doing it? Why, you know, be strategic about where you're going, why you're going, what you want to accomplish while you're there.

And always understand that just as the facility is going to be lucky to have you, you are lucky to have that opportunity to do something that somebody else is wishing to do. So, don't take that lightly, and make sure you leave an impact, because at the end of the day, it's all about the patients.

AMIEL: Yeah, that's excellent. Ivette, you've been a blast. You've been an absolute blast. This you know, this is what happens when you put two South Florida folks together, especially nurses!

PALOMEQUE: It's a party.

AMIEL: That's right. That's right. This has been great. You've shared a ton of great information and new things, truly, that I've learned about travel nursing. And quite honestly, I just want to say thank you, thank you for what you've done. Um, COVID wasn't easy for anybody. It was really uneasy for nurses, and it was very tricky to navigate as travel nurses who really were, to your point, in it, because there was a huge need. The world was crumbling, and nurses were the right people to do this. And so, thank you. Thank you for doing it. Thank you for enduring all the chaos and the things that were hard and ugly and didn't feel good. And, we just really, really appreciate that. And I appreciate all your time today and what you've shared.

PALOMEQUE: Thank you so much. I'm happy, and I'm honored, and honestly thank you and Colibri Healthcare for having me on.

AMIEL: So, let me ask you about, for you and for, for some of your friends, your peers in travel nursing, what are they up to now that the peak is kind of over? I'm just curious, like, what are their opportunities? Are they getting into, or you're getting into, beyond kind of what we talked about travel nursing, working the bedside, getting slammed by COVID?

PALOMEQUE: So, actually, my friends and I have ventured into a variety of things besides taking a break. Okay. And that's going to be my first recommendation, take a break between assignments, because the heaviness and everything you bring from one assignment, you don't want to carry it to the next. Not all experiences are gonna be alike. And so, you want to give yourself that kind of decompression time from one to the next, if you're going to continue to travel.

But for, as far as my friends and I, so one of my best friends has gotten a couple properties and she's into real estate, she's invested in the market. You know, she's, she's doing okay. She's doing okay. You know, one of my other friends is opening up a med spa, so she's getting all the way away from the bedside and onto the more esthetics and med spa and wellness type arena. And, um, a lot of nurses actually have gone that route. You know, they're all doing injections. They're doing IV drip therapy, which, you know, my twin sister is in the process of launching hers.

AMIEL: Oh, congratulations to her!

PALOMEQUE: Thank you! Of course, she wants me to be on standby for PR for her. So. I'm like, okay, but um I am going a bit of a different route. Over the time with this whole COVID wave, and the whole time I've been traveling for COVID, I've gained some media experience along with having the opportunity to be featured on major networks and, you know, other print and news articles. So, I have actually taken a media type track.

AMIEL: Good for you! So, I know they can't see my face. But, I'm giving you the "good for you," nurse, face.

PALOMEQUE: So, as you know, there's not really a whole lot of nurses involved heavily in the media, because it's mainly doctors who have their TV shows or they're the ones that are always featured on the news and everything. But, I think that it's time that nurses also get the opportunity to, to give their two cents and give their take, because what it looks like for a doctor versus a nurse could be two different perspectives.

And, I think by now the public should be also privy to, you know, the roles of nurses and how we fit in in society overall, not just as a doctor's helper, not just as a bedside nurse or a clinic nurse, but that we can do other things as well. And, I think nursing entrepreneurship is definitely on the rise, and it should be very interesting to see over the next couple of years how many more different venues that nurses can get into and how they produce.

I mean, we have overall, we have the work ethic. We have know-how even though we may not have the business knowledge, but that's teachable. We have the integrity among us overall, not saying all, but overall. There are certain qualities that to be in business are required, and nurses pretty much have them all.

AMIEL: Yeah, I agree.

PALOMEQUE: So I think that, um, you know what I'm doing with media, um I'm actually an executive contributor for a wellness magazine. I have my website. You can check it out at www.frontlinelife.co. Um, I created a stress management workshop that I have taught. And, you know, it's different things I'm creating such as courses for CEs and things like that.

And, so I just, um I feel like the more the public hears from nurses, the better perspective they can have. Because I think, again, nurses were literally thrust into the spotlight, but nobody really knew what the nurse's scope was or what their take was or how much they even really had to offer and how much they held down the system.

AMIEL: Right.

PALOMEQUE: So, I think the media track is a way to kind of expose that too. And, and just, you know, hearing our stories, our takes and developing programs for workplace wellness and things to help nurses, because how do you expect broken nurses to go treat broken patients in a broken healthcare system?

AMIEL: Say it again! Very good. That's excellent!

PALOMEQUE: Something's gotta give. So, I think that this, this is a way, this is at least a starter. I'm only one person, but I'm doing the best I can.

AMIEL: Hey, we gotta start with where we're at. And, it just sometimes takes one person. That's awesome, Ivette. That's fantastic. Thank you for sharing that.

SOUNDBITE OF MUSIC

AMIEL: Thank you everyone who's listened and tuned in. We hope you enjoyed this conversation and check out all of our offerings that we've got going on under our Colibri Healthcare group here with Elite. Thank you, everybody, for tuning in, and goodbye for now.

PALOMEQUE: Bye.

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