

Living with Chronic Illness: A Nurse's Perspective

Guest: Catina Morrison, RN, BSN

Catina Morrison, RN, BSN, and future Executive MBA, is a testament to resilience and thriving while navigating health challenges. Her extensive personal and professional experience makes her the ideal autoimmune disease and health equity consultant for your projects. Driven by her passion for diversity, equity, and inclusion (DEI) in healthcare and medical research, specifically for women with autoimmune diseases, Catina shines as a talented speaker for your health equity and awareness initiatives. She is skilled at connecting with others, inspiring them to accept diverse perspectives, and fostering supportive communities. At Nurse Loves Essentials (NLE) LLC, Catina is an expert consultant who champions equity in healthcare and medical research for improved health outcomes for the chronically ill. As the founder of the non-profit, Inflamed Sisters Thriving Inc, she fosters a resilient community and advocates for autoimmune disease awareness.

Host: Candace Pierce DNP, MSN, RN, CNE

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Episode 1: Living with Chronic Illness: A Nurse's Perspective

Candace Pierce: This is Dr. Candice Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast where we share the most up-to-date education for healthcare professionals. Welcome to the podcast series, Living with a Chronic Illness, a Nurse's Perspective. So, in this series, we are going to explore the unique experiences and challenges that are faced by nurses living with chronic illnesses. And joining me today, we have

a very special guest, Catina Morrison, who is going to share her personal journey, her diagnosis, and really shed some light on some of that female bias that is seen in healthcare. So, this series is especially important for our fellow nurses as we delve into the realities of not only just managing a chronic condition, but also managing it while you're providing care to others. So, grab a cup of coffee, settle in, and let's get started. Catina, thank you so much for taking the time to share your story and insights with us today. And I love how you are taking your story and you're inspiring others. So, thank you for making time for us.

MORRISON: It's my pleasure, and thank you so much for having me here today, Candace.

PIERCE: Absolutely. Can you really start with sharing your story with us? How did you first realize something was wrong?

MORRISON: Yes, well, as mentioned, my name is Catina Morrison and my journey with chronic illnesses started from infancy, actually. My mother identified that I was having what appeared to be inflammation even when I was a baby. But in childhood, my doctors told us that it was growing pains, or it was something I would grow out of, and in time it would resolve itself. Well, the problem is that was not what occurred. In fact, I continued to develop chronic pain throughout my childhood, teenage years, and into my adulthood. I was not diagnosed with rheumatoid arthritis until I was 32 years old, and with endometriosis when I was 34 years old, and fibromyalgia around the same time as my rheumatoid arthritis diagnosis. So just to also give some information in reference to the time of diagnosis when I was 32 years old. It was after a severe car, a very traumatic car accident that my husband and I was in, in 2012. And after that accident, those flare-ups that were occasional, maybe every three months or sometimes monthly where I would have unusual swelling in my hands, my feet, my knees, and of course the regular chronic pain that I had become daily and consistent. And each time that I went to the doctors, they informed me that my pain was, well, one doctor informed me that my pain was in my head. He was a rheumatologist who explained to me that if you think of pain, you'll feel pain. If you think of swelling, you'll see swelling, is what he told me. And I was like, well, I'm a registered nurse and that just sounds like he said it was in my head.

PIERCE: I never heard that. I'm thinking of swelling, that means swelling. I have never heard that in my entire career.

MORRISON: Yes. And by that time, I hadn't been able to wear my wedding ring for more than a year because the swelling was severe. And all of the specialists, at least 10 to 12 doctors that I visited, all felt like this was some type of autoimmune condition, but they weren't the, you know, your diagnosis has to come from a particular specialist in this case, and that was a rheumatologist. I was eventually referred to a rheumatologist that was a friend of my primary care physician that I've been seeing for more than a decade, and he immediately did the testing. So, this gave me clarity on the symptoms that I had through all my life, but especially during nursing school, which was challenging, working full-time at the hospital as a unit coordinator and nursing assistant. And then, those times I was passing out and having pain

that they couldn't explain, I finally had answers. So, I couldn't dwell on the 30-year journey, but on the fact that I finally had an answer.

PIERCE: So, looking back at this 30-year journey, how easy was it for them to do something to give you a diagnosis? I mean, was it lab, blood draws? Was it scans that they could have done and would have seen years before you finally got your diagnosis?

MORRISON: Well, yes, actually I have been testing positive for all of the labs associated with inflammation and rheumatoid arthritis. The RA factor is not always sufficient, but the ANA, antibody nuclear something. I can't think of the last, that one, the ANA, the SED rates, all of those throughout my life have always been consistent with having an autoimmune condition and specifically rheumatoid arthritis. I also have an extensive family history of autoimmune disease. My mother, all of my aunts, including several of my uncles and cousins, all have some type of inflammatory condition that has been diagnosed. So, we have a very strong family history of autoimmune disease. And one of my aunts I grew up with, she was diagnosed and when she was 25 before there were any types of treatment. So, I was very familiar with what it looked like when you didn't get the proper treatment. But with regards to the labs and considering my personal family history, they told me that the labs were false positive throughout that journey. So, I remember at 13 having the labs taken and my doctor informed me that they were false positive. I was too young to have this condition and

PIERCE: But wait a second, but that's not a far jump for you to have been positive. I mean, you're saying I have this in my family, I have this family history. So, it wasn't a far leap, so it boggles my mind how for all those years they could sit here and say, no, was a false positive.

MORRISON: It boggles a lot of minds, including mine, because as you know, I'm a registered nurse. I've been a registered nurse now for 18 years and worked in the healthcare system in a variety of roles for over 24 years now, and seeing what I saw in my patients and myself, you often see, especially in the case of females, their diagnoses go undiagnosed and untreated for extended periods of time. And on a higher level, because 90% of the cases or 80 to 90%, and that's just from what some of the books say in reference to this, are all women who have autoimmune conditions. However, men are diagnosed much faster than women. And in addition, women of color tend to have a much more extended period of time for their diagnosis as well. So as a black woman, it took much more time for me to not only get the treatment I needed, but for the diagnosis and for a doctor to really listen to me. And that's why it took the amount of time I felt oftentimes. And then of course there's those stereotypes or those things as far as, you know, women and pain in general. But we can take a whole lot of pain. When I went to a podiatrist, and I went to him from, he was a holistic, one of the very few that do holistic treatments. So, he's not one that's just getting steroid injections. He did the ultrasounds on my feet, and he said, immediately, this is rheumatoid arthritis. But on top of it, because I had a foot deformity, it had caused me to actually fracture into pieces all of the bones that were surrounding the ball of my foot that's near my big toe. It felt like pieces of glass in my foot. No one could explain that. And when he saw my foot and the number of neuromas that were attached to certain areas of my foot, those tumors attached to the nerves.

He said in 36 years, he had never seen someone in this bad of condition with the number of tumors that were present and the fact that I had been walking on these feet for years with a fractured area of my foot in both feet. But he said that women can endure so much pain that if a man walked on this for one week, he would have went straight to the hospital. But I had been walking on it for months and for years. That's consistent with what my journey was with all of my symptoms. Eleven years old, the pain that I experienced prior to my menstrual cycle and during my menstrual cycles were outrageous, but people were telling me this was normal. So, I've had an extensive pain journey, chronic pain journey. The time that it took for the diagnosis and the treatment, it is work that I think that we need to have done in our medical system. And I feel that we definitely need to take the time to look at research and, you know, even the difference between men and women, because men get their diagnosis before women, but they only make up 10 % of the population who deal with these types of chronic illnesses.

PIERCE: Well, when we're looking at biases and misconceptions and care for women, I was young, and we lived overseas. My husband is in the military and we lived overseas, and he was gone a lot. And I was, I was young, but I was still, I was a nurse at this point. I didn't get married till after I graduated college. And I remember walking into this doctor's office for a completely different reason. And then just looking at him before we ended, I'm like, my stomach really hurts. I don't know what's going on. I've done blah, blah, blah, blah. It's not getting better. And you know what he told me? He told me that I should go see a psychiatrist. I ended up in the ER on that following weekend and my stomach was huge and my bowels were so swollen that a doctor walks in and tells I can't tell you if this is cancer or not. And they put me on some really strong antibiotics and then I had to go in and have the colonoscopy to make sure it was healing and stuff. But I remember walking back into his office for my follow-up, those follow-ups, and he just looks at me, and he looks at what happened and my records for that weekend. And he's like, I'm just going to go make a phone call to the GI doctor. He didn't say I'm sorry. He didn't acknowledge what he had done, but you could see in his face that he saw it. Why? Why are women, why is it so hard for women? Because it's not even just women of color, it's all women are pushed to the side, they're ignored. And like you were talking about, yes, women might can endure more pain, but we shouldn't have to. We shouldn't have to do.

MORRISON: I agree. I feel like for me, those years were very challenging for me in the sense of the chronic pain, the way that it impacted my life, especially living with severe anemia from the endometriosis that I had that was just considered to be fibroids. That's normal. Everybody gets them. You know, we know now that fibroids are not just benign tumors. They can impact every aspect of someone's lives. In fact, even, you know, your mood, the way that you're able to cope with challenges, along with the physical pain and things that it adds. I'm just so sorry to hear what you went through too. And as you said, it is a systemic issue that is impacting our healthcare system that is affecting all women. But when in adding in, whether it's a woman of color or whatever it is, all of us deserve better healthcare treatment. So, what can we do to reduce it? What can we do to change these things? Recently, there were statistics that are showing how even after the delivery of children, the number of women that are in America

passing away, as after delivery and we are not a third-world country. These are things that you expect to happen in those types of countries, but it's not the case. We have levels that are consistent with those of third-world nations where a high number of women are passing away, and when they complain about pain when they complain about the symptoms they're experiencing, they are pushed to the side, and they lose their lives as a result. So, this is the same thing with the chronic illnesses that I faced with what you went through in your journey. We need a change in reference to, as I mentioned, research, health research, medical research, even pharmaceutical research, because many of the things that impact us as women with chronic illnesses aren't addressed medicinally or holistically.

PIERCE: Well, we're not represented, we're not represented in a lot of any of the research towards disease processes, towards medications that are being used. I mean, I think that it needs to start with an acceptance and understanding that we actually don't know what we need to know in order to treat women well, in order to answer the questions, to give them the treatments that they need and even the diagnoses that they need. And so, I think it's going to have to start with that saying we need to start this research on women.

MORRISON: Exactly. Base level is research, understanding, and then an acceptance that there is a problem because oftentimes people aren't willing to accept the problem. When you shared your experience and you went back to the doctor and you didn't even get an apology, there's a measure of humility that is missing now in our medical system, because doctors can't understand the more than 100,000 different types of conditions or 10,000. One hundred thousand may be drastic, but I believe it's around that. They can't understand everything about what we have a description for right now. And there's conditions that have not even been diagnosed. You know, understanding and acceptance that the practice of medicine is a science, which usually starts with a hypothesis and not with, I know this is what it is. Let's start with, you are experiencing this. These are the things that I know of that it could potentially be, let's take the steps to address it rather than tell you your pain is normal or that it will go away or of course the worst of them all that it is in your head. I think that's one of the most important things to me. Like you said, starting at base level, but starting with acceptance that the problem exists and more doctors need, before going to those biases, go to what can I do to help this person because I can't understand what they're feeling. All my life, I didn't understand actually what I was feeling because of the lack of treatment and care that I received for so many years. When I was talking about, for example, the anemia that I experienced, most of my life, I thought that it was normal to a degree, but I also knew that it wasn't because I don't think anybody should have the amount of pain that I experienced, especially, you know, with that that resulted from the endometriosis. To have a person who has the amount of heavy bleeding and the amount of fatigue that I experienced. I learned it wasn't until I was 34, that I was diagnosed with endometriosis. I had diagnosis of ovarian cysts and fibroids throughout my life. But it was at that time when I was 34 that they really looked into the fact that my hemoglobin of 9 my whole life or 10 was directly correlated with what I was explaining to them about how heavy my menstrual cycles, and when they overloaded me with iron infusions, where my levels of my iron was as high as 1300, which still, by the way, years later has not went down very much, they realized too that we've waited too long to

address this. Here's a woman who's lived with infertility as a result of endometriosis that could have been diagnosed in her teenage years at the minimum, now she has a choice of having a hysterectomy or seeing what's going to happen her next menstrual cycle. Because by the way, her hemoglobin is now 8. And if we go any further, she's going to be hospitalized. So that was the choice that was put before me because of chronic illnesses that I lived that went undiagnosed and untreated. And, you know, we don't get an apology. We don't get a, "I could have done better," but right now we can discuss ways we can improve the system so that women who follow me don't have to make that choice at 36, you know, to have a hysterectomy or be told that one of the ways, you know, the one of the ways to resolve your symptoms is to have a baby. Well, what if your endometriosis, your fibroids, your PCOS removes that opportunity? And by the way, having a baby doesn't reduce your symptoms. For some, it has actually worsened their symptoms. So, we have to get rid of those, not only the biases but those myths that actually exist within the healthcare system where they are pushing women to have children, who it is impossible for, to have children and having multiple surgeries to do something where endometriosis comes back. It doesn't go away just because you have a procedure in which they do a DNC and all of those things. I had that and my doctor went in two years later and she said it was worse than it was before. In fact, they couldn't even find my fallopian tubes. So, the point is you have to look at the system and how it's impacting women to the degree that everything is escalating basically. As I've mentioned to you, how many conditions so far, but because I didn't get an early diagnosis and treatment, it led to the opportunity for even more things to develop and worsen. And then to the situation that I was in where I'm a person who lives with multiple disabilities as well as with the fact that I have, you know, forever infertility because I had to choose to have a hysterectomy at a very early age. So, living with chronic illnesses is one thing, but living with the consequences of being mistreated, misdiagnosed and not having access to the quality of care you deserve leaves lasting consequences to the person who has had to endure it. But my goal, yes?

PIERCE: I was going to say, kind of have, I want to go backward just a little bit. I have two kinds of questions to play into each other. So, the first one that I have is, you shared all these things with these different doctors all of these years from the time that you were a teenager until you were diagnosed in your thirties. And so, did that start to make you doubt yourself? And then my other question, and it even playing into trust within healthcare in general. But my other question that plays into this is all of the, we say mistakes and misunderstandings and, but could we really say looking back at how women are treated that it's how is this not medical malpractice? Look at all the things that it causes. Why do we, just because you're a woman and they don't believe us and now we're understanding these biases, but why can't we go a step further and say how you've treated women should be under heading of medical malpractice. Look at all of the damage that it has caused. So those were my two like tie-ins.

MORRISON: Yes, so when we look at the journey and with regards to trust, let's go there as far as trusting myself. Actually, it instilled in me the importance to trust myself more and to also make sure that when I see things to if I don't get solutions, treatment, the diagnosis or get results, at least a doctor who is willing to listen to me, it motivates me to move on to the next one. I always tell people to advocate for their health. In fact, that's what motivated me to

do the work that I do now in advocacy and in the development of my nonprofit, Inflamed Sisters Thriving, was to advocate for women to understand their health conditions more, their body, their symptoms, track them. That's also what it instilled in me the importance to and not to doubt yourself because just because someone tells you it's in your head that you should trust, obviously it doesn't mean it's in your head. And there's so many other women who that need to be connected to one another so that they are able to know and hear the experiences of each other to know when they need to need to do something. That's the case with me in my journey. It's motivated me to speak out in this way as much as many times as possible so that when people, women hear my journey, they know the steps that they should take in order to do what they can to resolve them. So going back to that, that's what motivated in me, the importance of me not doubting myself and trusting myself, but not allowing too much time to pass where I'm accepting poor treatment or bad treatment when it comes to my medical experience. Now, moving into malpractice for doctors. As nurses, we know what malpractice is and we know what neglect is or negligence is in healthcare. We have to ourselves take the correct steps in order to ensure that we meet the needs of our patients. I feel like as nurses and women, in medical fields, because there are male nurses, of course, but I feel, especially women in healthcare have a have a responsibility, a higher responsibility to do our best to provide the quality of care. And we are analyzed at everything that we do within it. I know me working at the bedside, the things that I saw and experienced from doctors, I felt was very much so consistent from to neglect, to negligence and to malpractice even what I experienced. But flip it and if it was a nurse who did that, what would have been the results? What have been the consequences? Would that nurse still have her license? How many nurses have made, and you know, we all make mistakes because we're all imperfect. I always say we're perfectly imperfect, but I feel like nurses are more likely to stand up and admit what they have done wrong and have to in order to save their patients' lives in the same sense that doctors should be as held accountable to that degree to practitioners and those who are responsible for our diagnoses, treatment, prescriptions, should have a high expectation for them to also honor what their dedication to the medical field was, honor what they said that they would do to protect the health of others. And if they don't do their best or they did their best intent, made a mistake, just to admit it so that people can have closure. Because the truth is when you experience things like that, it causes PTSD. People actually experience PTSD as a result of the negligence that they experience in the healthcare system. And there's no one to pay for that, but the person who has experienced that. And that's what I went through. The thing is, do we just focus on what we experience and the bad side of things, or can we also focus on what we learned from it? So, when we think about the consequences of the actions of doctors who didn't, I don't think every doctor I saw intentionally did what occurred. I feel like those, issues we see in our healthcare system are systemic, those biases exist, those myths are perpetuated. They are taught. So as a result, we have to advocate for ourselves and help others so that we can help to make the changes that we want to see in our healthcare system. And I think nurses are the greatest force together to do that.

PIERCE: So, what advice would you give to other nurses who are going through this journey that you've been through of trying to find what is wrong with me? And even nurses who are in

clinics and things who see women who are trying so hard to figure out what is wrong, what advice do you have for each of those?

MORRISON: Well, even with yourself and with others, it's basic. If you see something, say something. Don't allow the things that you see to continue to go on just because you want to protect your position in a job or in any career field that a nurse may be in. I've worked in all the various sectors, and I felt that it was appropriate for to always go to the doctor. Even if I wasn't personally getting the care that I needed, I wanted to make sure others did. And I would go to the doctor and explain, well, this person is saying this. They may not have communicated it in a way that you fully understood. So, encouraging patients and yourself to speak up about what you're seeing and what you're feeling. And also speak up about the fact that you don't appreciate that you're not being heard and that you deserve to be heard. And this is a transactional relationship in the healthcare system. We live in a nation where healthcare is capitalist-based, a capital within our system. And as a result, you need to know that since it's transactional, you can hire and fire those who don't provide you the services you deserve and do the research and look at the reviews of healthcare professionals. Those reviews are there for a reason. Google can be your best friend in researching but also talk to your friends about what doctors they're seeing. One of the things I do is when I find a good doctor, I share it with my friends, share the doctor, male, female, whatever the case is. I feel also we need to look to have a diverse group of professionals that are working with us, whether they be male, female, whether they be diverse in their background and in their knowledge, in their race and their culture, because you need to have those who can understand you and meet you where you are. Those are my things. Make sure that you are, if you see something, say something. Feel free to find your voice and use it to speak up for the best quality of care that you deserve. Three, also make sure that when you do your research and look at the reviews and things for the doctors that you find when you find a quality doctor, share that with others and help your patients to advocate for themselves, but make sure that you're setting the example and advocating for yourself as well.

PIERCE: Absolutely, advocating is so huge here for others and for yourself. So, Catina, we are out of time for episode one. To our listeners, thank you for joining us on this insightful journey today. We hope that our discussion has provided you with a deeper understanding of that personal and professional challenges that are faced by nurses who are living with chronic illnesses, but also trying to be diagnosed with chronic illnesses but also those who are on the other side where they're trying to advocate for women who are trying to figure out what is wrong with them. I hope you'll stay tuned for our next episode where we're going to explore how Catina has managed to continue her nursing career despite her condition and the resources that may be available to support nurses who are going through similar situations. So, until then, take care and remember you are not alone in this.

Episode 2: Living with Chronic Illness: A Nurse's Perspective

PIERCE: Welcome back to Living with a Chronic Illness, a Nurse's Perspective. I'm Dr. Candace Pierce and back with me is an absolutely incredible guest, Catina Morrison. Thank you for coming back, Catina.

MORRISON: I am excited to be back. Thank you for having me again.

PIERCE: Yes, if you if our listeners if you missed episode one, Catina, she shared her personal journey around her diagnosis and really gave some first-hand insight on gender bias that is seen in health care. So, in this episode, we are going to focus on how she's been able to continue her work as a nurse, despite her chronic illnesses, some strategy she's employed and some potential resources that are available to help nurses who are going through similar circumstances. This episode is going to be packed with hopefully some valuable insight to you and some practical advice. Catina, are you ready to dive in?

MORRISON: Of course! I always have a good time talking to you, so I'm excited about furthering this discussion.

PIERCE: Absolutely. And I want to start with how you have managed to continue working because I know you are so busy and you have a lot of things on your plate, but you've been able to continue working despite your chronic illnesses. How do you do it?

MORRISON: Well, I am a person who has always felt like there are no limits to what we can accomplish. I tell people to take the limits off. One of the phrases that I've always stated, especially in the recent parts of my journey is to stop hiding and start thriving. And what that means for me is I had to acknowledge the impact of my chronic illnesses on my life and how in a way I was hiding in plain sight, living with multiple chronic illnesses and just pushing through, trying to get through the next day, trying to be a good citizen, trying to be a good wife. I've been a wife for 18 years now, a stepmom, and just pushing on through throughout life, but hiding in the sense that I was not always able to be my true self. There were not many people who could really relate to me outside of some of my family members. I felt a disconnection from the healthcare system in a way because of the ways it had failed me. And I wanted to thrive. So how did I start thriving and make sure that I was able to continue to support myself and not just give up? Some of us may in a way feel like because we live with chronic illnesses, we experience a guilt of who we thought we should have been or the things we thought we could have had. In my previous episode, I talked about infertility, and that loss and the impact it had on me, but part of what I lost too was being able to work in the hospital environment where I really enjoyed it, but oftentimes the stress that was associated with it, the very political environment at times that exists within the healthcare system and the sense of nurses are not oftentimes listened to and their needs are not met. And I knew that physically, without having the accommodations and support I needed, I wouldn't be able to continue within a nurse-patient relationship in the sense of a hospital setting. But to start thriving, I recognized the conditions that I had, recognized their impact, but had a workaround on how I could still have an impact in others' lives and provide care. And that moved me into an area of working from I've now worked from home as a registered nurse for more than 15 years. And in the

different roles that I've had as case manager, utilization management, and now as an associate director for clinical quality data management or strategy and procurement, it showed me that there are so many other ways in which we can actually connect with doing the things we want to do as nurses. Changing my work environment was part of it, but another part of what I needed to do as well was to make sure that I'm taking care of myself physically, emotionally, mentally, looking at the full wellness wheel, whether it be nutrition, my exercise routines, finding ways to get out of the house as well, because you can work from home and you live with multiple chronic illnesses and you still find yourself lacking vitamin D. That's because you're not getting out of the house. So, setting up my home environment in a way in which I can be exposed to light and to the sun. Also setting it up in a way that is accommodating for my chronic illnesses. The company that I work for provides accommodations. And I think a lot of times nurses and many who live with chronic illnesses and work don't know that there are many opportunities in which for them to get what they need in order for even their home environments to be accessible to them. So that's what I did as well as, you know, being open and honest and transparent, even vulnerable in my work environment to express what I'm experiencing according to what the American Disability Act allows and requires for institutions to give, and making sure that I'm making the best use of the resources that they provide. So those are things I encourage others to do as well. Know what your rights are in any environment that you're in, especially in your work environment. And it could help you to, rather than having to go on disability, to be able to have a position that can accommodate your needs and provide you the flexibility you need in order to care for yourself better even if it is going outside and taking a walk or going to your medical appointments or having the time you need to take off when you need to, whether it be using FMLA or short-term disability, whatever the case is, understand what's available to you. And that's how you can stop hiding and start thriving.

PIERCE: So one of the things when you were talking as I was thinking about my oldest daughter who is currently in remission from a chronic illness, but a word that she used often was she didn't want to be a burden. She felt like she was a burden. And you've been on this journey even before you got your official diagnosis. So how did you deal with those feelings of, you know, stepping out and asking for help and letting people know what's going on, overcoming that I don't want to be a burden thought process.

MORRISON: Yeah, I completely understand it. And that's what I was also kind of speaking about when I mentioned the guilt of chronic illness that those who live with it have is that you don't want to be a burden. You know, in my case, being someone who got married right after nursing school at the age of 22, my concern was that I would be a burden to my husband and to others. Thankfully, I had a spouse who was willing to help to step up in those places, whether it was cleaning the house, to washing my hair, to helping me get dressed. I had that support, but it meant I had to be willing to ask for it.

PIERCE: It's so hard! It's hard!

MORRISON: Because as wives, at times it seems like you can be in a position that you don't recognize that. Your husband, your spouse, your friends, your family, your doctors, even whoever you work for, can't meet your needs unless you tell them what it is. And yes, they may see you struggle from time to time, but because you live with invisible illnesses and things that is not readily observable, you have to be willing to speak up and say, hey, I need help. Hey, I'm experiencing this. Or one of the things I appreciated is that my husband actually began going to my doctor's appointments with me until he felt like I had the best practitioners who were working with me to meet my needs and that I was, you know, he felt like I was stable. He became a nurse in sense that he's in the office, asked coming in with his notepad with the questions that he had. And I also think it's important for anyone who has a spouse because there are male and female nurses out there. If you have a spouse, you know, talking, being open with them, talking about what you're going through, taking them to your doctor's appointments. If you don't, someone else who loves and cares for you, take them to your doctor's appointments because they're going to see, and ask those questions that you even as a nurse may not ask. Because we can become apathetic at times like, listen, I'm tired of saying this over and over and over again. I'm going to get the same response. No, taking him with me, the questions that he asks, and also when health professionals see the dedication of someone else that is with you, it oftentimes makes them behave a lot better. It's just something that happens. If you're in a nursing home, you need to make sure your family is visiting you.

PIERCE: Come see me. Don't leave me there!

MORRISON: Don't just leave the person there. Go and make sure because part of advocating for you sometimes is a challenge to advocate for yourself. So having someone who is there who can speak up to what they see to inform them that is not in your head. The fact that you're waking up in the middle of the night in pain, that you're frequently having to go into emergency rooms or that you're having swelling here or rashes or whatever types of symptoms that you may have. Since I live with autoimmune and inflammatory conditions, I usually speak to the symptoms associated with that. But in the same sense, if you're a person who may be neurodivergent, as I've spoke of, if you may have attention deficit disorder or memory impairment, or if you're someone who may live with autism, we have to know that these things look different on everyone. Having someone who can support you and advocate for you is very vital. But the other thing is, the most important part of it, starts with you. You have to speak up. So, part of my journey has been making sure that I am willing to be vulnerable and transparent. There is strength and weakness is what I often say, but it also something that I've learned from the scriptures that, you know, we can find strength in our weaknesses because we can also be able to, everything that we experienced is not beyond us being able to bear with the right support and bearing in the sense of, yeah, pain is to live with it on a daily basis is a struggle, but you can change that when you are able to address concerns with your mindset. So going back to what you said, I was afraid of being a burden, but getting past that was being willing to be vulnerable and transparent to not live my life according to the standards of we got to be able to do all this by ourselves. And when I did that, I also was able to build a community, because part of having a community that understands you and helps you to know that you're not alone changes the whole thing. I'm an introvert. Most people

don't see that. Most people don't know that I'm an introvert. And so that made it even more challenging to go outside of myself. During COVID times, during 2021, I don't know if is a bad word, but 2021, in 2020, was like, hey, I'm good. Because now I can, I'm safe. Everybody's wearing masks. I don't have to worry about my immune system dropping. But in 2021, I was like, wait a minute. I think I'm feeling a little depressed. I feel like I need to, I feel like I was being pushed outside of myself to connect with others. So part of releasing that fear of being a burden too is understanding the strength of community and being willing to, if you don't see a community that is best meets your needs or support system, a support group, build and that's what I did through social media was started a page to educate others about ways they could advocate for their health and then, which is Nurse Love Essentials. And then that later led into Inflamed Sisters Thriving women like me who experienced challenges, but we're still finding ways to thrive personally and professionally. And that's what I think is important. So be vulnerable, transparent, there's strength in it. Speak up about what your needs are. Take a family member with or a friend to your doctor's appointment so that not only can they advocate for you, but they actually understand what you're going through and what your condition is about. And they know what you need to do so that they keep you on track. And then of course, community. We need more than just our family. We need people like us who can understand us and who we can also support likewise.

PIERCE: Absolutely. So two things that I wanted to pull out of what you're saying. The first one is usually, not for every relationship, but most relationships, unmet expectations are unknown expectations. You know, we didn't know what those expectations were, so we couldn't meet those expectations. So, when you're talking about speaking up and you're not being a burden. And then the other thing I wanted to pull out of that was community. And I know firsthand, even as you know, even if you're a mom, like if you're a parent, a grandparent or somebody who is, you know, has someone in their family going through chronic illness, but having somebody that holds you in the parking lot while you cry because they understand what you're going through, that is a game changer. I've experienced that firsthand of just having somebody who sits with you and just knows. They just know what you're going through.

MORRISON: Yeah, it's been an important part of my journey. And when I speak, I really feel like it's important, especially in our time, that we really reflect on the importance of the relationships that we have, especially in the marriage, because marriage can be challenging, but add on chronic illnesses. You marry for sickness and health, but nobody expects you to be chronically sick.

PIERCE: And nobody's prepared, you know? It's new for everybody when they go into that. And even, you know, like a child with a chronic illness is difficult on a marriage. And a lot of marriages when it comes to chronic illness statistics, I can't give you the exact statistics, but I have looked at them and I know it's high. Divorce is high in families that have chronic illnesses, especially with children and I'm sure with spouses. You know, I adore, I love hearing about your husband. I adore how he has taken care of you and how blessed you are with, what an amazing man, Catina.

MORRISON: He is, I'm so thankful. And that's why I think even in your case, in the things that you may have experienced in your journey, in my case, anyone who has lived with any chronic illnesses or has a child that has, share the full story of how you got there because oftentimes it's not alone. And if you have a spouse who has supported you, acknowledge it. And especially in these spaces, it can also help others who have spouses who are going through the journey to be prepared a bit more for what that journey could be like but to know that they can make it through it. Divorce or separation is not the only answer. Let's not let illness be what robs your family of what is very important, what holds our society together. Honestly, our strong families. So how can we build upon that when you live with chronic illnesses, you know, it can be challenging, but be patient. And I think patience is necessary on both sides of the fence. The spouse who is considered to be well and the spouse that is ill living with a chronic illness is exercising patience and, you know, commending the support that you get because it's not something that is expected, as you said, and it's not something that people are normally prepared for who may have not ever experienced a variety of chronic illnesses such as the ones I live with. So those are things that I think is really important to my journey of being able to continue to work. It's been a part of what has helped me to not be so focused on the guilt of living with chronic illnesses and also to be able to transition through, as we discussed, not wanting to be a burden that strength and weakness also taught me that there was so much more that I could accomplish with using less energy when I asked for help and support. And my husband also supports me through with my nonprofit and with the work that I do, even traveling with me to help to lift those bags. Or if needed, push that wheelchair when I need it. Or just to make sure that I'm getting to where I need to safely and comfortably and not having to worry about that extra physical energy that is exerted. So those things have helped me. And that's why I wanted to say through this, I don't do this by myself or within myself. I see what God has done to help by providing me that source of support and community that has helped me to move forward. And it energizes me even when I'm going through chronic fatigue to do something towards my goal each day. And my goal is to do whatever I can to help and to support others in their journey, but also to be able to continue to be a working nurse, even from the house.

PIERCE: Right, absolutely. And speaking of continuing to be a working nurse, can you share, I know you shared some, but can you share some strategies and tools that have been just really helpful for you through your journey?

MORRISON: So, through my journey as a nurse who is working, and I guess also when thinking about this, thinking about the journey that I had to take and the strategies I had to implement, I kind of shared with my experience of working in the hospital. I loved the work I did, and I loved working with the patients. I mean, it was the best, to me, it was just the most fulfilling thing to see a patient's health improve over the course of their hospital stay. But external things outside of that impacted my experience. We know in the healthcare system, nurses are dealing with a lot of challenges and oftentimes it's our fellow staff that can make that experience not so easy or challenging for us. For me, the strategies that I implemented was really based from my experience. I knew that I needed to transition into a work environment where I could experience more positivity and that could reduce my anxiety and stress levels.

So, I think it's very important for nurses to, even though we have a hope of being a nurse one way, look at all the opportunities and alternatives that are available and that's what I did. I started looking into the clinic aspects and looking at the work from home aspects and then ways in which I could still do what I'm passionate about and improve the quality of care and life of others, but how could I do it in a way that was still healthy for me? Look at the wellness wheel and make sure that on that wheel each day, you are doing something that is beneficial to you. There's eight elements on it. I can probably name five of the eight from a memory now. But you know, your nutrition, your family and support are a part of that wellness will. Your finances are also a part of it. And then because we always just think about health in one way, but there's so many aspects to health besides the quick things we can go to. We need to exercise. We need to eat well. We need to also make sure that we take care of our mindset too. So for me, it was finding the best place for me and work from home remotely was the best thing for me. It allowed more flexibility that I couldn't get in the hospital setting. It also helped to kind of reduce the stress and anxiety that comes with working in some environments where there's so many people who are not so happy anymore. And that's something that needs to be changed, because we need nurses in the hospital. But for me, I had to go. And then we have mindset is that wellness wheel is important, hitting all the aspects of it, but I feel mindset is a important thing too. So for me, I started seeing the importance of the basics, breath work, breathing. Many of us don't get the oxygen that we need because we're holding all that stress and anxiety and chronic pain can put you through that as well. Fatigue, all of that where you're just not breathing. Have you taken time to literally take 10 deep breaths today? You know, those are things I think about. Mirror work is something that has worked for me too. Really, yes, talking to myself. But it's positive affirmations instilling those into myself. Natural and holistic methods like the use of essential oils, it's one of the things I educate others on who live with autoimmune inflammatory diseases as well as is how you can use those to help to improve your conditions, not to heal conditions, but there are natural, just like our meds are based from what plants can do. Though, you know, there are things that you can use if you're able to implement in your treatment plan that can help you to still be able to work that can maybe just decrease some of those symptoms and concerns. Some of the other things is therapy. It took a long time for me to accept that I needed it because I was like, you know, I could encourage everybody else to get it, but I took the steps to get therapy. And then that therapy led me to me finally taking the steps to get the evaluation and treatment for attention deficit disorder. And getting that treatment has helped me to keep working, because now I know all these years, the strategies I've implemented to deal with attention deficit disorder, but now I also know that there was nothing wrong with me. I had a condition that was causing that, and instead of allowing myself to get too anxious about things, continuing to slow myself down and take the time to put things in their proper order and know that I can only do so much in a day and to give myself grace. Excuse me, that may not sound like a strategy, but it is. Most of us don't show ourselves enough grace. Exactly. And stop being hard on yourself is what I encourage you to do. That's another strategy. And that goes with that point of stop hiding and start thriving. That whole progression of things is acknowledging I have a problem and a condition that is causing these. But here are the things I can implement. We as nurses know healthwise what we need to implement, but pay attention to your mindset and strategies to help you to reduce stress and anxiety and to improve your sleep is very

important. But also show yourself grace. Stop being so hard on yourself. You are only one person, but you can make such a difference in this world by not pushing through, but learning to cope with your circumstances in a healthy way and using those experiences to help others.

PIERCE: I look back over the time where my daughter was trying to heal from her chronic illness and now looking at it, I feel like our whole family was just surviving. And you know, and I know if we're like, well, we should be thriving, but it has taught me looking backwards that it's not about like that still was our life. That was our life then. That's what we were going through at that point in our life. And so, every day we should have been living presently rather than just trying to survive. And I know that now looking back, you know, with that 20/20 vision for backwards, but it is hard. It's very hard to not get stuck in the rut of I just have to survive another day.

MORRISON: Yeah, that's powerful. There is a special friend of mine, we're actually in the process of writing a book together, and one of the things that she said that I reminded her of is #thrivingnotjustsurviving. But I wasn't always there. There were many years of depression and anxiety that I just held in that I didn't talk about. And I was just surviving at those times. But the truth is any day that we push, that any day that we're able to show up as our authentic selves, any day that we're able to touch the lives of others and do the work that we all were gifted to do. Because we're all given special gifts. Because I can't do something like you because you have the best gift. You were gifted with that. Same thing with me. I didn't realize it as an introvert, but one of the things that I did well was connecting with others. And that's why I was so good with my patients in the hospital setting, but connecting with others, listening, and being able to provide them encouragement and support. Who would have known that was actually a gift until I developed an Instagram page and a podcast myself, which is in Flames Sisters Thriving. And that's what's led me to even hosting events that shows people that you don't just have to survive, you can thrive. And thriving looks like you. You know what I'm saying? It doesn't look like what someone else is doing. Your ability as a person who lives with a chronic illness to just get up today means that you're thriving. And the fact that you actually took the opportunity to say one positive thing to someone today is thriving to me. So each day, live that day to support others, no, and to also strengthen yourself.

PIERCE: Yes. So as far as resources, are there any specific resources or support systems that are beneficial?

MORRISON: Yes, there are many resources, actually resources like this. If you're not, and if this is your first time listening to this podcast, listen to all of them. Go through the stories, especially the story about Candace her daughter. I'm listening to it right after I finished this. These types of resources, podcasts, that's why I started one in 2022, which was in Inflamed Sisters Thriving is because I didn't hear a podcast that was showing the life of someone living with chronic illnesses as from a positive perspective, but not a toxic positive perspective, being realistic, but also sharing the journeys and stories of others that can encourage and uplift others. So that's one thing I did. You can check out Inflamed Sisters Thriving. I have a website as well, Nurse Loves Essential, that has a host of blog posts that are based research that is real

research, because I have to do so as a nurse, but from an evidence-based practice aspect that provides strategies in which you can continue your journey as a person who lives with chronic illnesses and business and work life, how you can advocate for yourself, even advocate to get better pay, finding support groups and other organizations. If you live with an autoimmune condition, the Autoimmune Association is a nonprofit that provides a lot of support. There is CreakyJoints that provides for those who live with arthritis, inflammatory conditions. They also are part of the Global Healthy Living Foundation, GHLF. They provide a lot of resources. Think about how you can also support research and look for ways in which you could potentially partner with organizations who are looking for candidates like you. We say that there's not enough research for women. So, I encourage women to look out for those opportunities because those companies also provide additional resources. They sometimes just want to hear what your experience is, not test anything on you, but share, hear your experiences that's important too, is looking for opportunities to make a difference. It isn't a resource, but it helps you to find additional resources by doing that research. And then getting it sometimes, believe it or not, our doctors can only do so much. So, have you thought about a health coach? Are you utilizing your EAP, your Employee Assistance Program to its full advantage if you are working? I didn't know half of the things my employee thinks that it provided me. It is extensive, the amount of support, free services as far as therapy, free services as far as physical therapy and mental health therapy, specific to your conditions resources. So, check out your EAP program and then also seek out accommodations. What benefits can you get in your job as far as accommodations they're required to provide according to the American Disability Act. That type of thing is important. But we went over a lot in this. But if you don't see the resource as nurses, we are capable of doing almost anything. Build it, sis, build it. And one other thing, if I can share, think about finding an organization like the one I have. We do monthly events and virtual events as well as in-person events four times a year and a retreat that is made for women like us who live with chronic illnesses to help you to stop hiding and start thriving personally and professionally. That's in Flames Sisters Thriving. But there's another organization. It's for nurses that I got to share. And I honestly forgot the name of it as I'm doing this, but it's specifically for nurses. When I think of it, I'll come back and share it with you.

PIERCE: Okay. So, you shared a lot of resources. There's a lot of things out there if we just really know where to look and we actually step out of our comfort zone and look for them, you know, I'm sure it's especially for an introvert. It's sometimes hard to step into something. You have an amazing nonprofit with all these meetings and these virtual meetings and I just commend you for taking this experience and turning it around to help others. That is huge. That is so commendable. And I'm just, I'm blown away by how you've just kept all of these things on your plate going while also still dealing with multiple chronic illnesses. You girl, you're amazing.

MORRISON: Thank you. But it took a lot of support. Listen, I don't thrive alone. If you watch my podcast and hear some of the things I do, I always say that Inflamed Sisters Thriving together always. And as long as we're here, we need to make sure that we continue to do that. So that's what I do. It's really understanding the importance of community and knowing that I know

that I have a purpose and I feel good when I'm walking in that purpose. So, I have no other option but to do it. Even if it's only 1 % a day, I'm still thriving.

PIERCE: Absolutely. So, as we wrap up, as we come to the end of our time, what message would you like to share with other nurses who are managing chronic illnesses like you while they're working?

MORRISON: Well, I say what I usually, my tagline that I always say, my sisters, because nurses, you are my sisters. We are sisters, y'all. My sisters, we may be inflamed. We may live with chronic illnesses, but as long as we're here, we might as well thrive together because inflamed sisters thrive together always. So that's what the message I would like to leave is that you are not alone. You have a purpose. You are meant to thrive, and you are not defined by the chronic illnesses you live with. And most importantly, you're a whole nurse. And nurses, we have the power within us to do so much to not only touch the lives of others with the skills and with the compassion and with all that is within us, but we have the ability to do the same for ourselves. So, everything that you encourage your patients, or your friends or your family to do because you're always a nurse whether you're working in the hospital or not or in those care settings. Anything that you're telling them to do, make sure that you're doing it for yourself. You deserve to live a life in which you can thrive, in which you can feel like you are truly present. Be present in your life today. You may be ill today but be present. So, sis, stop hiding and start thriving. And if you have trouble with it, contact me. I can help you with that, girl.

PIERCE: I love it. I just love you. I love you so much. That brings us to the end of our two-part series on living with a chronic illness, from a nurse's perspective. Thank you, Catina, for sharing your amazing story and your insight and your resources and just your support and your love for all of our nurses and especially our nurses who are trying to thrive with this chronic illness. To our listeners, we hope you have found inspiration and practical tips from Catina's experiences. Remember there are resources and there are support systems available to help you navigate this journey. Thank you for joining us and don't forget to subscribe to our podcast for more episodes on topics that really matter to nurses if you have not already. And I also encourage you to explore many of the courses that we have available on elitelearning.com to help you grow in your careers and earn CEs.

Resources

Inflamed Sisters Thriving

<https://inflamedsistersthiving.org/>

Nurse Love Essentials

<https://nurselovesessentials.com/>