CASAT Podcast Network

Hello and welcome to season three of CASAT Conversations.

I am your host, Heather Haslem.

This season we will explore the weighty topic of health equity.

Within each conversation.

We will discover insights from researchers, practitioners and experts on this complex and important topic.

We hope you enjoy today's conversation today.

We are joined by Z Li assistant professor at the University of Nevada Reno School of Nursing and assistant dean for diversity equity and inclusion.

Welcome Z.

We are so happy to have you here today.

Hi, hi there, how are you?

I'm well, thank you.

So as we get started, I'd love for you to tell us a little bit about yourself and what inspires you to do the work that you do to promote health equity.

Okay.

Um Hi I'm Z.

And I have been uh nursing faculty at or school nursing since 2015.

Before that actually I've been Working in nursing um for quite a while.

Um I work at Renown Regional Medical Center for 15 years and um and my clinical background is bomber neurosurgical intensive care and so my entire career was in that kind of setting.

And um I don't know if you know the the trauma center at the renowned health covers the entire northern Nevada part of California.

So there's a big service um coverage area and basically you know whatever we see on tv comes to that environment and really I got into nursing by accident and really um just you know my friend wanted to take a class I went to with her in one summer and that was it and that was a C.N.A.

Class, the certified nursing assistant course and that's how I got to know nursing and once I um put that class and something clicked something clicked in my mind and I just love the feeling of taking care of people and also um you know just feeling so rewarded afterwards and so I decided to um getting the get into nursing and then pursue a nursing career.

So um for me really the I've seen myself my career as a as a journey in terms of professional growth and um in my career I continue to see um the changes in my in our community in terms of health care access and also the issues related to health equity and especially in my clinical setting and you know we deal with all kinds of people um coming in for different reasons and often we see um now everybody has the same access to health care or resources and because of that the health care outcome is largely affected.

Um even though health care professional we're trying our best to provide those services all that and there are a lot of reasons that time to do because you know in our community there's some resources issues, there's some structure issues and because of that you know it become a daily challenge really working in the health care and to address those health equity problems and I would say that was the initial reason, that's what inspired me to really look into now, just at the beginning, you know, at the beginning of my career, I remember, you know, I felt nursing was just about taking care of people and then help them recover and then send them home and and that was it, right?

And that was my initial really, as a student, I was like, oh, this is, but as I, even as I learned things in school and then students realized it's not just, you know, we can take care of the patients and everything else will be fine, it's not that, you know, there's a lot of things actually happen even before they get to the hospital, so, um so that's what initially inspired me and you know, as I go through my career, I will, I began to continue to work on things that really target, you know, how to um promote health equity in our community, I love listening to kind of, your purpose and your wife for how you got into nursing and what feels your passion, and it sounds like your heart is in supporting people and your journey through nursing has really highlighted the complexities of what that looks like, right, As students, we go in thinking it's one thing and then you get in it's a whole lot more than we ever anticipated.

Absolutely, absolutely.

You know, I, I always consider myself very lucky because I feel like I just happened to get into this career, you know, before, before I went to take the Sienna class, I have no idea what nursing nursing was all about.

I have no idea.

You know, I simply just went to the class because of my friend and and really and all these years later and I look back, I just I always tell my students this, this as because my students, I was always ask me these questions or you know, we talk about why you why you got into nursing.

Mhm.

You know, and then my answer to them is I really didn't look for look for it, you know, I got into it however, you know, and I just fall in love with it and then to me, I, you know, for that, I consider myself very lucky, very lucky to have a career like that.

Well, it sounds like one you stumbled into it, but then when you stumbled into it all of a sudden this light bulb went off and I was like, this is what I want to do and uh yeah, that's wonderful.

Yeah, so I'd love for you to share with us some of the research that you've done within your career to understand the human dynamics in our health care system.

Okay, yeah, that's that's really my passion and it's it's also a very broad topic.

Currently I'm a PhD candidate at University of Arizona.

And uh I'm in the program called the Data System Science.

And that's one of the focus areas of the of the program and what that area is all about is.

You know we use data, they do analysis really looking into the issues in the health care system and uh I love numbers and that's just me, you know I'm that kind of person who enjoyed numbers who enjoy data because I felt like data is just I know some people don't you know I just feel like the data is fascinating because it gave us the most I correct you know the results and also can help us predict the brand of things and you know so so I'm definitely more toward to quantitative research.

I love qualitative though um just because I feel like it gave us a lot of rich background but in the meantime I definitely are more drawn to qualitative just because I feel like the members can can tell us so many things.

Um So human dynamics in health care system and and this tie back to a previous question like my entire career.

Um I got into nursing leadership very early on in my in my nursing career I became supervisor clinical nursing I think right before I hit two years um as a as a nurse.

And then you know and then in my in my so my my nursing career journey is not just the buy side.

You know I'm very clinical driven and but also is that nursing leadership journey.

And uh so I have been involved in a lot of um you know projects in terms of implementing best evidence based practice policy making and develop new protocols and and also I experienced a lot of development of healthcare technology um you know and then um as I continue to mature um in this nursing leadership journey and then I realized I realized it doesn't matter what technologies we have um what protocols we have and at the end of the day is end users that matter is the people, it's the people that matter because people are are the the users who actually implement whatever be developed so it's not necessarily how advanced that technology you know so that was like an aha moment at some point in my career I realized especially you know um when I when I work as a manager every now you know I was I became the manager um um of the trauma unit, I never left that unit.

So that was my home basically I stayed there for like you know about 15 years from c.n.a.

all the way to a manager.

So working with the team and that's something I learned from the team.

I realized that that actually people are the most important now necessarily the technology.

So um so because of that I started to pay more and more attention Two the human dynamics meaning like the dynamics of the team of the users of our daily operations in the system and how that affect our care quality and all cops.

So um when I remember when I applied for the PhD program and I already have a very very clear vision in terms of what I want to do with my PhD study and that's one of the reason why you know I chose the U.F.A.

Um be the nursing program over there because not only they have the data system science track and you know for me that was like oh my gosh this is like what I have been looking for but also is that the really the faculty there have a lot of experience in terms of my research interests um you know healthcare leadership, nursing dynamics.

And uh so through my research you know I I reviewed a lot of you know leadership theories and all those things and two of the leadership theories that really stand out for me and resonate what I believe.

The first one is transformational leadership theory and the other is quantum leadership.

Um And those two theories I you know in my research I'll combine them so transformational leadership uh is privately focusing on people center right?

And it's very different from the traditional uh authoritative type of leadership, it's not like you're just you know barking orders to people and make everybody works for you, transformational leader is the person who actually help the leadership help the team members to grow to grow to be their best right to take their input and then engage everybody in the team two to drive the excellent right, so that's transformational leadership, quantum leadership is recognized the multidimensional structures in the organization and to me that's crucial.

So you know in my mind, you know the theoretic framework in terms of um leadership is really recognized that multidimensional structure and in the communication channels associated with that and also the transformational leadership, how you engage people across multi levels within an organization and then um so so yeah so really they that's to me that's the theoretical framework from nursing leadership perspective to drive how to understand people communicate in the health care system, how to work together to generate meaningful all cops.

So that's that's the by current research area and particularly currently you know with my PhD study, I'm really looking into the turnover intentions among acute care nurse leaders And the reason why I want to, I want to uh you know study more of that now.

# one is it hasn't really been studied extensively this topic.

So there's definitely a need for that, you know, there's a huge gap in the literature, die, you know, that's waiting for us to find out more and you know people hear about nursing shortage quite often, you know we need nurses, we need nurses right?

And so when we talk about nursing shortage is all about the front line nurses but very very um few times like you know, not very often we hear people talk about nursing leader turnover, nursing leaders shortage and I'm not talking just about the practice setting, I'm also talking about um you know in academia.

Mhm.

Of both really and so guys will trigger my research interests you know because I want to see, I want to see because of my current focus area is really the the factors the contributing factors associated with turnover intention among the leaders.

And those are the things that you know that haven't been really studied that much.

There are some pieces here and there however, knowing those factors could lead to the possibilities in the future to develop interventional research, what that means is to develop strategies really looking into how to improve nurse leader retention because research has already shown nurse leader the quality of nursing leadership and also the competency of nursing leadership are directly related to front liners turnover.

Which kind of makes sense if you think about it is that if you have a bus that's really you know supportive and then you know very good right?

Of course the team members wants to stay but if you you have you have a boss that just you know doesn't support people doesn't know you know doesn't have the competency of course people will leave.

Right?

So yeah, so those are the things that really drive me start to look into, you know this type of research and then years ago and everybody, a lot of people who know me know, I'm I was very clinical driven.

I love by side skills, I love clinical skills however, and at one point, you know, when I get to graduate studies and I realized really people matters.

And so I switched my gear from just really looking into clinical skills to really looking into people.

So, um I dedicated my master's study um you know, to diversity and equity inclusion.

I my master's district was about cultural competence between nursing students and uh practicing nurses.

So look into the differences between those two settings and it would have a population and then now PhD study, I'm looking into nurse leaders.

So, you know, I I anticipated my career really continue to focus on research in this arena and really looking into human dynamics.

And my ultimate goal really is interventional research, which means that, you know, once we identify those factors, then then the research will be focusing on how to develop the strategies and how to test them and modify them things like that.

I'm curious how do you think that the turnover whether in for nurses or nurse leaders?

How do you think that that impacts patient outcomes?

Oh, that has been well documented in their leadership.

So, you know, because here's the thing, just like any other industry, it's not just nursing.

If you don't have enough labor, if you don't have enough labor, then the quality of your product will be compromised.

So in nursing field, the same thing is that if we don't have enough nurses and we will have to be stretched super thin to cover the patient, right?

Because patients will always come.

You know, it doesn't matter.

You know, that's just a reality.

It doesn't it doesn't matter what our society is.

People get sick unfortunately and people got into accident, people need surgeries.

So they will always come to the hospital and as nurses is, you know, and in the in the nurse in the hospital and our covid pandemic is a perfect example, right?

So in order to cover the patient load, you know, we have to just, you know, if we don't have enough people, then everybody has to work overtime.

Everybody has to work overload to cover that, right?

And the issue with that not only just the quality of patient here, because guess what?

We all get into that mode of doing the minimum, right?

Even though we want to do more, but it's impossible because we don't have enough people.

We don't have enough time.

So, the first thing that gets directly impact um impacted is the is the quality of patient care.

Okay, the quality of patient care and outcomes, right?

You have increased the mortality rate, right?

Increase the hospital readmission, You know, increase the length of states in the hospital and those are patient care related, you know, outcomes.

And the other part there's all the other things that that that will be affected, you know, greatly, you know, for example, is the burnout, right?

Because people work overtime overtime overtime.

I experienced that myself when I when I work out by side, you know, you work, you're supposed to Work, you know, three days of our ship a week and that's your consider full time.

But in reality, you know, I personally, I signed up a lot of overtime back then, just because, you know, you don't want a team to run short and so you go in there and cover and many, many nurses do that, especially during the pandemic.

You know, when you do that, when do you, how much do you have the time to recover, right, that continue to go, so die linked to, you know, your physical health, mental health and all those things.

And eventually that leads to burnout, right?

And so there are so many fighters that ties into it.

And then if you if the team ended up having a nurse leader that doesn't have the competency and doesn't know how to build the team together.

That's even worse, right?

Because the staff being supported, right?

And then the other part that's very detrimental to nurses health, especially mental health is a moral distress and moral injury.

So, what that means is really, is when nurses, when nurses, when they were in school they were told there were taught so many things like, you know, what would be the right thing to do, Right?

What will be the right thing to do for patients?

So, everybody has a knowledge after they graduate from nursing school and then they got into the practice setting, you know, because we don't have, you're not people.

So everybody that seem to get into the doing the minimum mode, right?

So pretty soon, pretty soon think about you have this ideal situation, you know, in your head is like, this is what I'm also be doing for my patients.

But in reality, this is actually what happened to my patient, you know, day after day, day after they then that will develop what we call the moral distress is that you're not really doing what you want to do, right?

And then then the worst situation will be moral injuries and that tied into nursing ethics, you know, a lot of ethical dilemma.

You know, those are the things and all these contribute together, you know, just, you know, and then contribute more turnover.

So to me, this is a vicious cycle.

Mhm and many layers, lots of many layers of manufactures.

However, everything is connected and this cycle continue parole even today, even today.

But that's the reason why that's, you know, that's another reason why I'm doing the research I'm doing just because I felt like there has to be something we gotta look into the current situation from a different angle from looking at things.

We can just continue to continue to, you know, produced new nurses and they continue to burn them out, you know?

And then, I mean research has already shown, you know, the nurses who leave the nursing profession at the highest rate is between the graduation and in two years after being a nurse.

Mhm.

That's the highest rate.

So you know, so that, so that tells you a lot and the nursing shortage is not a new phenomenon, it's like, it has been like that since I was the best Sanders or even before that.

So, you know, so that's the situation we're in right now, that makes a lot of sense to me.

I have taught for public the School of Public Health and um get to teach students who are undergrads who are trying to get into the nursing program and even the way that we talk about getting into different health care programs, um there's already a tremendous amount of pressure and anxiety even before being admitted and then I think about the training and I think there is a culture shift in how we're training health care providers, students will just make it broad.

Um But it is like this grueling process, right?

It's like put your life on hold for x number of years and you just have to barrel through and then they get out and so I I am always curious even like what does the burnout level before they even start practicing in a way?

Um So then it's like that two years right?

It's actually more like six years because of how long it's taken to get to where they are.

Yes.

Yes and then that's you know and that goes back to why I'm so passionate about human dynamics in health care.

Um The nursing the nursing education in general.

You know because we have a very short program because if you if you think about it the nursing academia is facing the pressure from the industry.

And You know I mean let's do a math here.

You know our traditional program or the school of nursing.

Our traditional program will admit twice a year each cohort 64 students And the whole program is only 16 months.

So we're talking about four semesters including summer and they're done and they take enclaves and they become nurses and that's how fast we produce nurses but why we still have nursing shortage.

I mean we're only one of the schools in the in the area.

We still have the MCC you know W.N.C.

And the Carrington you know other nursing schools you know And then I remember when I was when I was a nurse manager every semester I we do this mass interview mass interview and then to to interview the the graduates and that that happens all the time.

So so something is now adding up here.

Mhm.

You know so that's why I was doing you know, I want to do the research in terms of retention in terms of um this all falls under the big human dynamics umbrella, but to your point heather is that a lot of times I feel like you know, why are we the way we are and how do we get here?

Right, and then that makes you wonder that makes you wonder.

A lot of things actually happen start in nursing academia started when we were in nursing school.

Right?

So and then I'm you know right now in my current teaching uh teaching role at Orvis, I have the luxury um the opportunity to teach both graduate level and undergraduate level And for my undergraduate level I'm actually you know the clinical coordinator for the level one clinical course.

So those 64 students there, that's the brand new nursing students, their first year, first semester you know?

And then um I think faculty as faculty, we all have our own teaching philosophy and teaching practice, you know?

And for me my my kitchen philosophy is you know really focused on compassion based teaching and um you know, I don't believe fear based teaching.

Um I think it happens in the nursing industry a lot, you guys probably hear um the saying that nurses either young or something like that, you know in the social media and things like that.

Um and that happens, you know that happens both in um private setting and the academic setting, I don't know why, but I always, we really try to create a culture.

Um, they, we're educating the future nurses, You know, we don't want them to by the end of the 16 months and they are already burnt out and jaded, and then, um.

lost that compassion and then go into the industry.

Does it happen nationwide?

Absolutely, absolutely.

You know, I mean, I can't say we do it 100 we prevent that 100% but we're trying our best to minimize that as much as possible because it's important.

It's important.

So it's all about how to support students.

So their learning outcomes are guaranteed.

Um, to me, you know, and that, you know, that to me that there's a, there's a really a fine line between compassion and accountability.

So the students need to be held accountable, you know, they need to be held accountable with their, uh, professionalism they're learning, you know, but in the meantime, the faculty also needs to be compassionate.

And I see myself as the main part of my role is to inspire, inspire and a role model, the behavior and die.

You tell students this is, you know, what the industry needs, what the industry wants and those are things and guide them through the process.

A lot of times, you know, the students, especially, you know, we're as educators, we're facing the challenge that brought up with the newer, newer generation, right?

And um, so yeah, so the way how they see the world, the way how they interpret the world, it's very different, it's very different compared, I mean my students, a lot of them, they're like 19 years old, 18 years old, You know, or just turned 2021 while they're in nursing school, right.

They have a different perspective and as educated, we learn a lot from them.

Mhm.

You know, we do and and I really feel like, you know, as, you know, we consider ourselves as a change agent because we're the educators right?

But in the meantime we had to be able to adapt to the change fast as well and then and then customize improve our teaching strategy.

Right?

So yeah, so back to the back to the topic, we talk about all of these are connected really, you know, when it comes to nursing shortage and turnover retention those things.

So I know that you worked in trauma care for quite a while and I'm curious what did you see with regards to underserved populations?

Because I think that's part of this layering and this dynamic, you know, I I have been living arena since 1999 and really this is my home and really look into, you know, while I was working in the hospital and even right now teaching, you know, I think our community is unique, has its unique needs in terms of underrepresented populations and then uh in a healthcare setting that happens every day that happens to everything.

So um so really, I I felt like there's a lot of, I mean the community, I know the community, everybody, every entity has been trying, you know, but still there's a lot more work to do in terms of underrepresented population and um in my in my clinical area, I mean when people come to our unit, there some, I mean it's bad, you know, because we work in the intensive care unit.

So, so when they when they get to our union, they were all in bad shape and our job is to treat really no matter what, right?

Because we don't say no to patient.

But to me there's always that difference once we stabilize the patient whatever reason they came in and there will be different things happening depending on who that person is and you know, where they come from.

We had a lot of homeless patients.

Um you know, they got into accident.

Um some of them got, you know, assaulted um unfortunately and then came and those patients usually don't have families, they have no support system whatsoever.

They have no pay source, nothing right?

We work a lot with social workers.

Case managers try to set up things for them.

Um The other, the other part is a social with, you know, some of them, some of them also have mental health issues, addiction issues, you know, and other patients who are not homeless also came in with those issues depending, you know, and you know, and yes, in theory, we learn in school that we're supposed to treat, we're now supposed to be judgmental or you know, infuse our personal beliefs into the care, you know, those are things we talk a lot in in school or you know, in theory, but it's quite, it's not the same, it's not the same in the breakfast setting.

Um and often I feel the underrepresented people, the population um become a victim of that, you know, become a victim of healthcare stigma and and the stigma that that that that stigma, you know, exists among health care providers unfortunately, and so because of that the care quality and the care outcome are affected because that, so um in my, in my clinical background, I've seen a lot of patients came to the unit with addiction issues.

Um many of them came to ICU because they they were drawing there was drawing with whatever they, you know, they were addicted to and it was, it was difficult to watch, you know, it was difficult to watch.

Um but what's more difficult to witness is um the practice from health care providers um that was affected by stigma, you know, because some often some patients will be labeled as drug sticks sticking or drug users or whatever, and you know, and because of that there was a lot of issues associated that when it comes to care delivery, you know, and then um sometimes the health care providers don't provide the the optimum care as needed.

Simple is because that their personal beliefs and I honestly, I think the pandemic really actually exacerbate, you know, the situation a lot because a lot of things became political um you know, when it comes to mask wearing a mask to vaccination, all those things and you know, and because of that, you know, you see this and on social media you see this, you know, when people post their opinions and all that and then died infused into our care delivery and uh which is quite, you know, is quite a significant issue in our health care system and then um you know, I look back in my career either in the practice studying or in in the academic setting, it still exists, you still exist, you know, and I feel like as educators, we have the responsibility, we have a lot of work to do in terms of really um educated future nurses and and then really look into, you know, how we can address the stigma and also be self aware yourself aware of the situation, you know, and sometimes it is difficult to really um you know, in in my unit by then we we took care of a lot of patients who we're criminals, you know, came to the hospital, I mean, you know, just things, you know, things like, you know, they they did something wrong or they they were actually from the prison, um you know, all those things or um we have we have people who absolutely have no access to care came in with tons of health issues.

Um those are things right, but but in the meantime they were addicted to certain drugs or people who are not compliant with some sort of therapy, you know, for example, um diabetes we have, you know, and I often hear people, oh that's a frequent flyer.

They were labeled as a frequent flyer because they always come here, they always come here because they were not compliant, you know, and I hear people say, oh how come there, they just can't take their insulin or whatever, you know?

But the thing is that I feel like every every person has the story behind behind themselves, you know, And then when they come to the hospital at that moment is really now up to us to to decide that to to judge on that, you know?

But it happens, it happens.

And then what I what I see in my career is the when it comes to underrepresented populations in our community and very often very often there their care is affected because of their socioeconomic status in society.

And then and that's a significant problem.

That's a significant problem.

And then I felt like, you know, one of the solutions we can continue to work on is educate educate educate, you know, not just to the students also to our current health care providers.

Is that how we can, how we can be self aware and you know and then really focused on the care we deliver, not necessarily deliver the care based on whatever we believe so well that goes back to what you originally shared about this shift that you had in perspective when looking at clinical skills and of course clinical skills are important but these human dynamics of caring for other human beings and working with other human beings and that judgment and stigma and how it plays a role in patient outcomes is huge and that's the thing that's you know I I have worked with so many amazing clinicians, physicians and nurses, you know respiratory therapist, you name it, I also encounter people you know, I worked with people who had amazing clinical skills but always do the minimum, you know, which is you know, I mean that's their personal choice and when it comes brightest however, that shows the people are the determining factor, the ultimate factor that will impact para quality and care outcome.

Yeah, that makes sense.

And I think back to what we were talking about with burnout and like this re sourcing that people have right, like that minimum level may just be the amount that they have to give that day because because of being so under resourced and so depleted in some ways right?

It's like I have nothing left to give.

Yeah.

Yeah.

Really?

And then that's the thing that if you know and and you know and different specialty have a different ratio for example, right?

Because because of acuity level and when you get the point you have to take on more than that what you should take uh based on the Q.

T.

The only thing you have left is to the minimum.

Mhm.

You know and that's a that's a really really tough situation for the nurses who actually want to do more, who actually know what they're supposed to be doing for the patient.

But like you said, they simply have nothing to give.

Mhm.

I'm curious as we talk about stigma and judgment, you talked about self awareness being one critical aspect for understanding of, you know identifying when a person is judging or stigmatizing another.

Are there any other strategies that you've seen um to help alleviate some of that?

Well, I think the number, you know, for me from teaching perspective, I always tell students this is always this question always pop up in the, you know, in the world I teach undergrad students and is that they felt uncomfortable to a lot of students feel uncomfortable in a clinical setting on top of that.

They're not they're not familiar by the care the clinical setting because it's the first time, you know in nursing school in the first semester on top of that there's also another layer of issue is that there are now comfortable carrying uh the type of patients they're not really familiar with, for example, they could they could end up being assigned to a patient with chronic drug user, right?

Or they um we had we always have the conversation about caring for um patients who are you know from the the LGBT plus community and you know and things like you know, because one of these states health care when you do admission profiles, they're asking you know the statistics gender questions or preferred um identity questions.

And sometimes some students don't feel comfortable.

Um they don't know what to say and they will ask faculty, although I even approach, you know, and I told them, I always tell my students, I say the best strategy, you know, doesn't buy the war patient is to alter them, ask them, you know and communicate with them, get to know them, right?

I got to know them.

And then I said if you go in there go into room doing uh patient initial admission interview, right?

I said you gotta personalize that experience that you can't, you know, I said I don't recommend people holding a clipboard and going in there.

Hi, I'm see I'm your nurse today.

I have some questions to ask you.

Right?

I mean think about it, think about it.

You know, I mean that kind of approach.

Of course people is like okay why why do I want to tell you everything about me, You know?

So so I that's one strategy I always I always tell my students is that when you communicate with patients, treat them like a person first mm You know then you know, don't think about the moment you're going to the room where you're actually having a task.

Yes, you do have a task from patient care perspective.

However that communication and then back to the whole topic about human dynamics, right?

That communication, you gotta personalize that.

So that's my you know, probably the biggest strategy.

And I've seen I think I think in our health care education either in nursing or physician or nurse practitioner, you name it, right?

There's a there's a whole room, there's a room to really help us develop communicating communication strategy.

Um you know, when we communicate with patients it makes a huge difference.

It makes feels different and especially when it comes to those underrepresented populations, they are fully aware of the stigma in health care, right?

And by to the topic like LGBTQI+ community, the research has already shown a lot of them they're very reluctant to seek health care because of the stigma in our society, right?

So as a health care providers, we have the responsibility to really think about how we can actually how we can actually develop the care statues to make to make them feel they get they're getting the care quality they deserve.

Right?

So yeah.

So and a lot of times, you know, in our country, a lot of things become political really.

And also everybody has our own personal background.

So whatever we believe gets in the way, you know, But sometimes sometimes, you know, a lot of times it's simply because we just don't know, we don't have that knowledge, right?

So yeah, my students, you know, were assigned to a chance, general patient and they were very nervous.

They don't, they don't know how to approach, you know, how do I even say?

I said, why don't you ask the patient how she wants to be addressed?

You know, and then then they will tell you, right?

So, yeah, So those are the things and they, they, and I feel like as a health care provider, we should have that clear mind and the self awareness, it doesn't matter what a political climate it's going whatever way right.

Our carers shouldn't be, shouldn't be a fact that right.

And some states can be very liberal and some states can be super conservative, but none of those things should be the reason why they, we can, you know, change our care quality or outcome.

I don't believe that, you know, I don't believe that.

I mean, sometimes, I mean this morning, I just saw the news that Florida passed the don't say gay bill.

Did you see the news this morning.

Yeah, yeah, They just passed, they passed the bill, you know, to ban every discussion in school in the elementary school, talk about sexual orientation or things like that.

So things can become very political.

Um, but because of that, you know, um, it under represents the population, the LGBTQA plus.

Um, you know, community in that state, they are facing more stigma, you know, from society or things like that.

And then they turns into another cycle of, I don't want to see, you know, I don't want to seek health care or women.

I can tough it up as much as I can and those populations by the time they get to the hospital, a lot of times they're already delayed a lot of things already delayed, right?

So that links to our health equity issue, you know, those are the things that in, and I think for our society as healthcare providers, we have the responsibility to, you know, I don't know, neutralizes the right word for that.

But really we're the ones should be the one who balancing who, who are balancing everything that exists in our society to address health issues well and what I hear is judgment right?

Like human beings don't want to be judged.

And so if I feel like I'm going to be judged, I'm not going to go there or I'm not going to share everything right?

All of my health history, um, as well as psychological safety, right?

Like I, if I don't feel safe to have a conversation with you, then I'm not I'm not going to share anything and then that then leads to poor health outcomes um and poor clinical skills just based on judgment.

Right?

So this cycle.

Yeah.

And also the potential for psychological trauma in the process of seeking here, because a lot of times because the stigma existing among healthcare providers, oh, I've seen it, I've seen it in the hospital work in the hospital, you know, I've seen in the nurses and do very, very minimum simply because what a person laying in bed had in the past or what that patient did, you know?

And sometimes it's hard, it's hard and then, you know, it's hard for health care professionals to balance that, you know, I mean in my unit away, way back then we took care of patients who were the one who shot and killed a police officer, right?

And how you can balance that knowing right, knowing this person does something really bad.

And in the meantime, you still have to go and provide that care.

So sometimes it's hard, you know, that's the human dynamic part, right?

Like Exactly, and how you communicate, right?

How are you really carry on like here and how you, how you process the experience in and of itself and then again, going back to the self awareness piece, you have to be self aware enough to know what you're actually doing.

Yeah, because sometimes it's not even sometimes I think it can be unconscious as well.

Exactly, Exactly.

And that part and to me, I think that part is probably the most challenging part.

So I think, you know, back to the topic about strategies really.

The other strategy is among at the health care provider level and then that conversation needs to be ongoing, that continuing education needs to be ongoing.

So, you know, and that can be done with different, so many different formats, right?

That could be a routine small group, you know, kind of like a group, like, you know, conversations, you could be uh um within the organizations, some sort of like workshops routinely and provide a safe space for people to share their experiences, you know, mental mental health, mental trauma among health care providers is a huge topic.

It's a huge topic these days, you know, so, but think about it, you know, these days, how often does health care providers are provided a safe space to share what they feel, how they feel and their experience?

Not really, you know, I mean it's getting better really, but in the meantime is that, you know, it's like we're so used to just go, go, go, go go every day because we're so overwhelmed by the workload that would keep going and we barely have the time to really sleep or eat or whatever and not even mentioning, we have the time to actually slow down and reflect and then that the huge issue huge issue.

Right?

So yeah.

So, so that's what eventually leads to compassion fatigue.

Yeah.

And that takes us back to how we started this conversation on like the impact of the the nursing shortage and actually having enough people to do the job so that you can slow down.

Yeah.

And have that time to process these human emotions that happen when you're treating patients in these very complex, in the complex world we live in Absolutely, absolutely.

Well, I'm aware of our times as we wrap up.

Is there anything else that you feel is important for our listeners to know?

Oh, I didn't realize the time goes by so fast?

Well, I think, you know, one thing I would like to um really circle back is that that when it comes to behavioral health and I do believe behavioral health exists in every single layer of health care, you know?

And then, you know, for for example, myself, I'm not, my clinical background is trauma surgical general, you know, intensive care, but I feel like a behavioral health exists in every single they practice in that place.

Right?

And our mental health, our mental being, I work with a lot of behavioral health specialists for my for our patients.

And and I think and so it's right now in nursing school, I'm a teacher, you know, and behavioral health is so important because the the the mental health needs and also the students needs in general and how we can work with, you know, behavioral health professionals to make sure they're well supported, so they can have the best learning outcomes, right?

So I do feel like behavioral health professionals really, I almost see them as the catalyst in the health care system, you know, because they they can be so powerful, they can be so powerful in every single specialty because because, you know, the way how they can connect different fragments in health care and to make things work well together.

So I felt like the was so it was the most important for the future behavioral health professionals is that to develop that broad mind and then realized that your practice, it's not only focused on treating the patients with behavioral health issues.

They, you know, the behavior health professionals actually have the capability to really connect the fragments in health care, to work with other professionals from different disciplines to have the best patient outcome.

And they really are the ones who deal with some of these human dynamics.

So well that we've been talking about today.

So, kind of that glue in a way.

Yeah, yeah.

They build everybody together, you know, and that way, because at the end of the day, we can now work in silos in healthcare.

And I think that's that's one of the fundamental issues in our community.

You know, things get 4th things fall fall through the cracks, right?

When people work in silos and that's that's what it is.

Yeah, well thank you for doing the work that you do to really change the culture of how we train future nurses as well as looking at how do we retain the nurses that we have and looking at these very important human dynamics, really appreciate you sharing all that you've learned along your journey with us.

And thanks again for your time.

Thank you so much for having me.

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