

# Why Nurses Need Mentorship

With Jenny Finnell

Episode 69

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## Jenny (00:00):

And so while this is not one thing fixes all, I do think providing support and mentorship and career opportunities, career advancement opportunities, connection with community, that's a huge part of it. I think a lot of nurses don't feel like they're qualified to be leaders, or maybe they're not smart enough or they're not educated enough or they don't have enough certifications to be a leader. That's a limiting belief in something that actually holds you back from doing great things. I think current leaders, I would encourage you to encourage and be positive with the nurses around you to step into these roles, to give it a try, to be their mentor.

## Introduction (00:36):

Welcome to the Healthcare Leadership Experience Podcast, hosted by Lisa Miller and Jim Cagliostro. Lisa is the founder of VIE Healthcare Consulting and now managing director at SpendMend. Lisa and her team has generated over \$1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services, and outpatient settings at nationally recognized medical facilities across three states. You'll hear conversations on relevant and trending topics in healthcare and much more. Now, here's your hosts, Lisa and Jim.

Jim (01:16):

Hi, this is Jim Cagliostro and you're listening to the Healthcare Leadership Experience.

Today's guest is Jenny Finnell. She's a highly experienced anesthesia practitioner with over nine years of clinical experience across multiple settings, including open heart, obstetrics, outpatient surgery and pediatrics.

In addition to her clinical work, Finnell is also the founder of CRNA School Prep Academy, a highly successful mentorship program for nursing students pursuing a career as a certified registered nurse anesthetist. As CEO and founder of both CRNA School Prep Academy and Nurses Teach Nurses, Finnell is dedicated to making a difference in the lives of nurses everywhere through the power of mentorship, with a passion for helping others and a deep commitment to the nursing profession.

Finnell is a true leader and innovator in the field of nursing mentorship. I'm personally very excited to learn more about Nurses Teach Nurses and the importance of mentorship in the healthcare setting. Jenny, welcome and thanks for joining us today.

Jenny (02:19):

Thank you, Jim. It's nice to be here and great job pronouncing those lengthy names.

Jim (02:20):

Thank you. I know I could have done more of an intro, but I like our listeners to hear from you telling us a little bit more about yourself, about your story, your experience, what led you to this point where you're at today, specifically with Nurses Teach Nurses, but everything leading up to that point as well.

Jenny (02:35):

Yes, I would love to. As you said, I've been an anesthesia provider now for nine years. Prior to that, I was a medical ICU nurse for three years. So I have been in the realm of nursing for 14 years in total.

Back in 2018, I actually got on social media for the first time since prior to grad school and I called myself Jenny CRNA, and I started getting direct messages on, "Hey, I've been facing a lot of setbacks and failures. Can you help coach me on how to get into CRNA school?" I started doing that and I handed out my cell phone was chit chatting with people, probably about 10 or 15 people when I actually decided, "Wow, this is getting to be a lot. Let's make a Facebook group so I can talk to everyone at once. I'm kind of a broken record sometimes, so that way I can say one thing and have everyone hear it."

**Jenny (03:19):**

I had a network, I had a community. I knew program faculty, I knew a lot of CRNAs, a lot of CRNA leaders. I really pooled on my community to really help these nurses. They were finding a lot of success and just overjoyed with the help they were receiving. Before I know it, that group grew to 6,000 people. I was finding myself spending a lot of time mentoring and coaching, and that's when I started CRNA School Prep Academy because I was kind of burning myself out, if I'm being honest. I was working 40 hours a week, had two little kids and spending 20 hours teaching for free. I'm like, "Wow, I really want to do this, but how can I monetize my time?" CRNA School Prep Academy was born and the where Nurses Teach Nurses comes into play is I've been doing CRNA School Prep Academy and mentoring for three years now and we've mentored over 5,000 ICU nurses and went through the pandemic during all that time.

**Jenny (04:06):**

I've loved every second of it because it's been so rewarding to just share in the joy and the passion these nurses have to pursue this career path. One that I obviously very love deeply and I saw the power of mentorship kind of reveal itself in this kind of concept that I have, pay it forward. It creates that culture of wanting to give back in a meaningful way once you have been helped. And so when our students would find success, the first thing they'd

ask me was, oh my gosh, Jenny, how can I give back? I want to mentor. Let me know who needs the help. I'm happy to connect with them. That was really beautiful. With Nurses Teach Nurses, we were doing things like mock interviews and resume edits inside CRNA School Prep Academy. And I was actually hiring freelancers that were my previous students who got into school to do a lot of these things for other nurses who needed it.

**Jenny (04:56):**

It wasn't working. It was a very manual process. It was just a huge drag. It was one of the most shouted out services when students would get into CRNA school, they would always shout out whoever did their mock interview, resume edit, essay edit. They would shout these people out from the mountaintops because it made such a huge impact for them. So I was like, I need to figure out a way to bring this to more nurses to allow this to be something that can be scalable to allow, again, a lower barrier to receive this type of mentorship, one-on-one services. That is when I actually developed the concept of Nurses Teach Nurses, because I wanted nurses to support nurses. And also believe in the power of nurses mentoring, precepting, teaching, supporting. Nurses Teach Nurses was born, which is an open marketplace where nurses can act as a freelancer and get paid for the time they spend mentoring.

**Jenny (05:48):**

Whether that's doing just the mentor coaching session or tutoring or resume edits or mock interviews or transcript audits. We have students who need transcript audits, especially those who are coming from overseas and looking to get education here in the United States. There's a lot of need out there. If you are an educator, but the thing is you don't have to have a lot of experience. I think everyone doesn't know what they start off with as far as what can I offer? Even a nursing student has something to offer because I have so many nursing students who are actually already tutoring and offering tutoring to their classmates. I think everyone has a role to play in mentorship.

**Jim (06:23):**

That's great. I love, as you're sharing the wide spectrum that you cover, I love precepting. As a nurse on the floor. I love to when a new grad nurse or nursing student or someone would come in orienting a new hire. I love just kind of showing them the ropes. Like you said, the idea, I don't know if you've said it now, but I know in our conversations in the past about paying it forward, it's great. I think so many people want to do that, but we just don't have the time. Like you said, you're working, the kids, you just don't have the bandwidth to do all that. If there's a financial incentive too, that's another way to justify, okay, I can pay it forward. There's also a way for me to financially be able to do that.

**Jenny (07:01):**

But I love the fact that it covers such a wide range. You mentioned about international nurses coming and nursing students and all of it. I think that's great.

So was there any particular moment, I know you kind of got into the success of the academy, but also starting Nurses Teach Nurses. Was there a particular event or was there, I'm sure it was building up to a certain point. Was there a particular event or moment in time where you said, okay, it's time. We got to jump into it. We got to start this Nurses Teach Nurses, let's get it going.

**Jenny (07:32):**

Yeah, definitely. I had been thinking about it for quite some time actually while we were still trying to get the services up off the ground within CRNA School Prep Academy. I think, and to be honest, when I pulled the trigger on it, I was kind of scared to do that because I was equally still trying to build another startup. We were going through the typical ups and downs and swings and I was like, "Oh, I don't know if I can do this." I was scared, I was about to take another huge risk. That being said, I saw what was going on around me and we were in shatters after the pandemic, and it was so heartbreaking to... I'm glad we had, I was there for the nurses, the ICU nurses that we mentored because the stories I heard, I don't ever want to repeat.

**Jenny (08:13):**

They'll probably always live in my nightmares. That being said, just the pouring out of the nurses of crying out for help, that they need more support, they need to have opportunities to just back up. I think what's hard is the reason why I like the concept of nurses teach nurses is no one can really truly understand the footsteps of a nurse unless you have been there. It's like being at war and being in the trenches with someone else. You understand what it's like, and that's what nurses need. They need that relatability piece. They need their peers to fall back on for that support. I knew now was the time, because I don't want to see this happen to our profession. I want to see a big change happen in a big way. Sometimes I think I'm crazy for dreaming up all the things that I hope to accomplish.

**Jenny (08:54):**

I think a lot of people are stepping up to the plate, but we have to try to tackle this big problem in our country. We're all going to be in big trouble. We rely on nurses for healthcare, and we need to help them flourish in this profession, not deter them and help them leave, which is all we've been doing. While this is not one thing fixes all, I do think providing support and mentorship and career opportunities, career advancement opportunities, connection with community, that's a huge part of it. We've never had a platform to really stick together and do this. I hope to create this big platform to bring nurses more career opportunities and satisfaction.

**Jim (09:32):**

That's great. As you're talking, you can hear your heart and your passion for this come through, and you're reminding me of it was when Covid first came to Central Jersey where my wife was working in the hospital. A lot of questions, a lot of unknowns, and a lot of stress. I was actually out in Pennsylvania living with family while we were trying to figure out what to do. We saw her coworkers step up and sacrifices that coworkers were making for her, for other people that she was making for others. You see that this bond, this support that exists, but it was getting to a breaking point and you could see this need for something more, for some sort of support. Obviously Covid and all the questions and unknown when it first came March of 2020, that kind of revealed this underlying stress that has been building. Right on.

**Jenny (10:21):**

As you're sharing, it's like it's really hitting me. We rely on this support, we need it. Especially over time, I think more and more it's necessary. I guess I want to get into more thinking of nurses early in their career. We talk about this and this as a need for nurses across the spectrum of a career, but why do some, and maybe we'd say many, why do many nurses struggle to establish themselves and really get their feet under them early in their careers? Why do you think?

**Jenny (10:50):**

Yeah, I think that this is also has multiple components to it. I do think it can start very early from the time that you choose nursing as your career path from not having someone to really talk to. I was one of those people, luckily I did pick well. I think medical and medicine nursing was an amazing fit for myself, but I never had a nurse to talk to. I didn't know anyone in the nursing field. I just totally winged it and guessed. I think there's a lot of value. I know being a mother myself, if my kids had an opportunity to connect with someone who was in the profession they think they want to do, I would hands down support that and allow them that connection piece to just experience and explore what this career path is all about to really make sure it's a good fit.

**Jenny (11:32):**

That's number one. I think a lot of nurses don't have that connection early on to another nurse mentor. And they kind of pick this because they think it's just what they should do. It's what they've been told is good for their career and maybe they don't know all the little nuances and know whether it's a good fit for them, truly. I actually have a cousin who actually just dropped out of nursing. It's funny and she's my cousin, so she knew I was a nurse and she job shadowed and she did all these things, but she just, when she got into the clinical aspect of it and started working as a CNA, which I encouraged her to do. I'm like, you have to get that position because it's really the best way to get your feet wet and really see what this profession's all about.

**Jenny (12:05):**

She did, and immediately she's like, "Yeah, you're right. This is not for me." She changed majors. All that being said, I think that's one piece of it. The next piece is when a new nurse starts off, and I experienced this even as a CRNA, depending. You don't get a lot of support in the beginning. You're kind of expected to hit the ground running. Especially with how short staffed hospitals are. I've had nurses tell me they got put in a management role six months in because they were the most senior nurse on their unit. They're essentially thrown to the wolves, they're under the fire. It's not their fault that they don't succeed at that. Then they start feeling bad about themselves that something's wrong with them when really it's just the system that failed them.

**Jenny (12:42):**

So I think a lot of nurses struggle with guilt and wanting to leave the profession that they thought they were so passionate about and loved. I know a lot of ICU nurses feel that way. I didn't cut it, I didn't cut it. I thought I was capable and I clearly wasn't. It's not their fault. They just didn't have the right support system. I think that's part of the reason why we're seeing these nurses in the first few years burn out because they were struggling and they feel alone and they're scared, they're fearful. All this media that has been pushed in the media, they're afraid to go to jail. They're afraid to be put in prison. They're afraid to make a mistake. They're afraid my coworkers are going to think I'm stupid. I'm not capable. They don't tell a soul.

**Jenny (13:17):**

They don't think they can even talk to their coworkers or they're afraid they're going to be a black sheep now in their unit. What I think about Nurse Teach Nurses is, we can provide that safe zone of, I don't know who you are, I don't even know where you work. Let's talk. I know you're a nurse in the ICU, in the medical I C U. I need support. I feel like I can't get it on my unit because maybe it's a toxic unit and I wish that wasn't the case, but it's true. I think all nurses need access to a safe place to ask questions.

**Jim (13:43):**



That's great, Jenny. My wife and I look back and we say, where we started our nursing career, we are very thankful because we felt like they did provide a great support. But talking with most of the other people, most of the other nurses that we graduated with, that was not their experience. It was very much a, I feel alone, I feel not supported or I have a lot of questions and I don't know who to go to for answers for help. It's a very scary thing. You look back and you know this, nursing, but even just nursing school, is a time where you learn a lot about yourself and you're sometimes pushed to the limit. It's so helpful. It's necessary to have that support — someone that's alongside you to say, "Okay, I've been through this." Or, "I know what you're going through." Thank you for sharing. Especially for new grads, I'm glad you brought that out. That position, the mindset, the whole, it's a huge challenge.

**Jim (14:32):**

If you're just tuning in, you're listening to the Healthcare Leadership Experience, and I'm your host, Jim Cagliostro.

This show is sponsored by Vie Healthcare Consulting, a SpendMend company, which provides leading edge financial and operational consulting for hospitals, healthcare institutions, and other providers of patient care.

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**Jim (15:02):**

Okay. Jenny, I'd like to share some statistics that undoubtedly you're familiar with, but especially for our listeners to get a sense of the burnout and the job dissatisfaction that's taking place across nursing. Then I'd just your thoughts on what you believe to be maybe some of the main contributors to this burnout.

Nearly half of nurses surveyed under age 35 said they have sought professional mental health support since March of 2020. Then of the survey respondents under age 25, 69% say they have been suffering from burnout, which is more than double that of those older than 25, about 30%.

Additionally, nurses under age 25 and nurses between 25 and 34 consider

themselves as being not, or not at all, emotionally healthy compared to nurses over the age of 55, especially since Covid and just the effects of how that changed.

**Jim (16:01):**

What do you think is the contributing factor, especially for the younger age? I think that that's concerning for all of us that have been in nursing for a while. What's going to happen? Are people going to stick with it in terms of these new grads? There's some great nurses that are coming out of school, but we want to make sure, we hope that they stay with it. What do you think are the contributing factors to this effect that we're seeing?

**Jenny (16:23):**

Yeah, I think that, again, some of the reasons I think that this is happening, one actually being that is that I hadn't thought of before, is the fact that if you think about where you are when you graduate nursing school at 21, 22 years old, you really are, I feel like I'm aging myself, but you are a very young adult, if not a very large child. That's for my own self. Right? I know for me, speaking back when I first started in the medical ICU, I saw death all the time. I didn't live through a pandemic. H1N1 was the scariest thing I saw. I saw girls my age dying, having babies in the ICU on ECMO and Prisma and things like that. It was terrifying to go into a room with someone with my birthday and take care of them on their deathbed.

**Jenny (17:05):**

That being said, it was so hard for me to cope. That was the only time in my life I could probably say I was clinically depressed. It's because I was faced with the fact that I was taking care of death and suffering all the time, and it really broke my soul. I think as a young adult, if you don't have a good idea of what death is to you and what it means for afterlife and all of the things that you have to really think about as you get older and you typically do when you have more death around you, it's abrasive. It's like a gut punch in the stomach. It's a hard face of, this is a really cruel, harsh world we live in. As a young adult, it's hard to cope with that. You feel like maybe you're not strong enough and you kind of take this badge of honor. I should be tough and I

don't want to cry. I cried one time so much in the ICU that I actually got a tear duct clog the next time.

**Jenny (17:54):**

I remember having people thought I had pink eye. I'm like, no, it's because I actually cried my eyes out over a death of my patient that happened the night before. Yeah, I just think that that's part of it is seeing a lot of death and suffering, a lot of it for the first time in their lives. The other part of it is I think younger nurses tend to pick up more overtime. They tend to work in more stressful units like the ICU because there's something about this adrenaline seeking when you're younger, you're like, I'm going to be a nurse, I'm going to save lives. I'm going to deal with all the stress of codes and traumas and all the things and get all the skills. You're putting yourself in these really high stressful situations.

**Jenny (18:28):**

I think that's part of it too. I also think that, again, as you age, you have a better understanding of death and dying and how do you cope with that as a nurse? And also, I think unfortunately these younger nurses are coming out and experiencing what I wish wasn't true, but is true to a certain extent, is that nurses are young, it's a very female-based profession, and I'm a female. I'm not criticizing females. But that being said, I think there could be something that women feel like they have to prove because we've always been kind of held a different standard and to men. I mean, it's true. Maybe their way of I'm the best that maybe they have to treat their young, maybe they're under them to show their dominance. I don't know.

**Jenny (19:06):**

There's probably whole kinds of psychology that I definitely am not qualified to go into. I do think that plays a part of why we see a lot of this nurse eat their young kind of fester, is because it's like I have to prove myself in order to do that, that's what bullies do is they assert their dominance. They make themselves feel better by making someone else feel low. I think that whether you like it or not, sometimes it kind of breeds into itself. Meaning when you are bullied, sometimes you're more likely to be a bully. I wish that wasn't true,

but they have proven that to be true, that typically if you experience some type of bullying or whatever it may be, you're more likely to go on and do it yourself unless there's some kind of major intervention psychology wise.

**Jim (19:42):**

Yes. Well, I'm going to kind of jump off topic here. You mentioned about the whole facing death, and that's something that I haven't really thought about much. I know in nursing school we talk about it, you learn about it, you discuss it, but then you are faced with it when you're working on the floor and you kind of have that education, maybe that lays a foundation, but you don't really know it until you're experiencing it. Like you said on your birthday, you're caring for someone who's dying or I remember caring for a child after I had my first daughter, and it was like they were the same age and your heart just goes. I wasn't prepared for that. I'm sure I could read about it, we could talk about it in nursing school, but now you're experiencing it. It would've been great. It's helpful. Yes, my wife is a nurse and we can discuss these, but it would be helpful to have a nurse that has been through that and can kind of walk you through it because, oh, I really wasn't expecting this.

**Jim (20:35):**

Just the fact that you mentioned facing death and dealing with it, you really can't teach that from a textbook. You're going through it. You have to learn it by doing.

I want to maybe dig a little bit deeper into this whole idea of younger nurses, the burnout. Has this always been a problem? I think really I should ask, are there multiple factors to why you feel like it could be getting worse now? Is it an issue with how we do things, maybe the systems that we have in place, is it something that we've kind of forgotten or we don't take the time to really focus on, "Hey, we're losing some of our youngest and best nurses."

**Jenny (21:10):**

Yeah, I think it's hard to say. I do know this has probably always been a problem, but I do think the pandemic poured gasoline on a fire essentially where it was already burning and now we're burning more. We're seeing a more noticeable statistical exit. I also think that the stress the pandemic has

put people in a mental state of not having the energy to talk about it and to deal with it. I experienced this particular experience when I was in grad school where just the idea of coming home from a stressful day and trying to talk about it, I was like, I can't. I'm empty. I can't. The whole idea of talking about it rehashes those emotions and feelings and stress to where that in itself seems like a huge chore. I think that's where nurses are at right now.

**Jenny (21:53):**

They don't even want to try to deal with it because that in itself would be the breaking straw that could kill them. Mentally and physically when you're burnout and doesn't just affect your mental status, it affects you physically. The stress hormone, cortisol does wreaks havoc on your body, panic attacks, high blood pressure. There are a lot of things, no sleep, insomnia. There are a lot of physical problems that develop from emotional stress that's not handled. I think we've let it go so far that we just, I don't think there's a way to turn a hundred percent back, but what I do think is going forward, we have to focus on mental health and support and guidance and the outlet for these nurses to share what their emotions with someone who gets it, someone who's lived through it with them, who can give them that sounding board of you're not abnormal. It's okay to feel these frustrations, anger, grief.

**Jenny (22:43):**

There's a lot of distrust as well between administration and the nurses working on the unit. There's a lot of higher up commands or things that are being set down the chain that nurses just don't feel a part of. They feel like they're being delegated to and told to do certain things that have no meaning to them. And they feel so disconnected that it's hard for them to even take, even if it's well-intended. I'm not doubtful. I know 99% of it is, but I think there's a big disconnect and they're not going to listen when there's a disconnect and a mistrust and trust is one of those things that takes time. If you think about a marriage and you do something really bad in your marriage, is it fixable? Well, for some people it might be if you have a way to forgive and work on trust, but sometimes there's just not. Sometimes you got to cut ties.

**Jenny (23:32):**

I think that this is what we're seeing is we're seeing the cutting of the ties from the relationships that are not fixable. There are still plenty of nurses who want to stay, who are heartbroken, who want a way to continue. Those are the nurses we need to focus on and support the nurses who have made up their mind that they're done, they're done. It doesn't mean that they're never coming back, but I don't think that is something that we need to, that happened. It's done. What's done is in the past, but now let's rebuild with what we have left, which is again, where I hope to come in with Nurses Teach Nurses and really make an impact. We have to support the newer nurses coming in the profession, the ones who have stuck it out, the ones who want to stay. We have to find a way to better support them.

**Jim (24:15):**

That's great. You mentioned the whole idea of trust, and that's come up in a few conversations and a big push is to have nurses a part of that decision making process to say, "Hey, these are the decisions that are being made. Is this the best for the nurses that we have directly caring for the patients? Is this doable? Does it make sense?" Because like you said, there's often a disconnect, and then you have that disconnect and that trust breaks down. I love what you pointed out. Some people have already made up their mind, but can we focus on those that are still kind of not so sure. What can we do to retain? You already touched on it, but maybe a chance to highlight a little bit more of what nurses teach nurses does. What can we do about it, I should say, what can a local hospital do? Maybe a rural hospital that's struggling to retain staff or maybe a big health system that says, "Hey, how do we draw more nurses in and keep those nurses? How do we support our nurses?"

**Jenny (25:08):**

Yeah. I think it starts with the foundation of what nurses are wanting and needing. I've always led both CRNA School Prep Academy, Nurses Teach Nurses, you have to listen to what the nurses are telling you. You have to feel what they feel. You have to put yourself in their shoes and really experience what they are desiring and trying to support their dreams. You don't enter

this profession wanting to give up. You don't enter this profession saying, "Well, I'll give it a few years and I'll quit." You just don't. You just enter this profession with dreams and aspirations, just like anyone does with a career path. They want to grow, they want to evolve. They want new opportunities. The way I see Nurses Teach Nurses working is the connection piece. If a hospital can promote their nurses to utilize a platform like Nurses Teach Nurses to connect with fellow nurses that are within the same specialty or even outside those specialties to bring awareness that there are other options for, you don't have to always be an ICU nurse.

**Jenny (26:02):**

You might really enjoy PACU nursing or being an OR nurse or a NICU nurse, but how would you ever know unless you actually experience that or get to talk to another nurse and get to kind of learn what it's like to truly live a day in a life as that type of nurse. We need to support nurses who want to make these horizontal shifts, who want to advance their careers and become a women's nurse practitioner. Again, would you take that leap if you're like, it seems really scary. I don't know. It's a lot of time, a lot of money to go back to grad school. I can't tell you how many times I've coached people who go back for a nurse practitioner thinking that's what they want to do, only to complete the program to go back, start all over again at CRNA.

**Jenny (26:36):**

This happens all of the time. I think part of the problem is they're like, if I just only had found you sooner, or if I had only talked to a CRNA sooner, had I only job shadowed sooner, had you only had that connection with someone who you're maybe considering sooner, you could have made their better decision for your career. That's what I hope to bring is just more options. Even when a nursing school, I think nursing schools could benefit from this. I've thought of how amazing would it be if we could have our nurse mentors connect with nursing students routinely every month, get a mentor session, whether that's a tutoring session or whether that's a mentor session, maybe review an essay of yours, whatever it is, having them connect with an actual nurse and even seasoned nurses. The mentorship goes both ways.

**Jenny (27:17):**

This is also what's beautiful about mentorship is as much as you think it's always about the mentee who's getting the mentorship, the mentor receives an immense value from that relationship. Yes. They feel purposeful, they feel satisfied, they feel like they gave back. This is why when I see the nurses when they say "how do we give back", it's because they're lit up. Their souls are on fire. They feel like they did what they went into nursing for, which is to help people. If you ask nurses why they became a nurse. That's why, because we want to help. We genuinely care about someone else's happiness. This is an avenue to allow nurses to feel that fulfillment of doing that for others.

**Jim (27:52):**

That's great. That's great. I really think you've hit on one of my next questions is going to be what value does a mentor bring to a new nurse? Really I think you summed it up. Throughout this whole conversation, and I know we've talked a little bit about a mentor shortage or a preceptor shortage in particular like nurse practitioners. Maybe we could look at it from that perspective. What damage or what potential damage can be done if we don't have this emphasis on mentorship? What if we ignore the fact that, hey, our new nurses need mentors, our nursing students need mentors. We don't have the older generation or the more experienced nurses pouring into the younger nurses. What would be the effect of that?

**Jenny (28:31):**

Oh gosh. I don't even want to think about that if I'm being honest. I think that's kind of what's happening now, and which kind goes back to how can we get someone's interest in doing this? That's why, again, they monetize their time. Do you go out and garden for an hour, or do you spend an hour on a call with a nurse? Both are really rewarding, but I think it's just getting someone in that habit of, okay, I'm being rewarded for my time and I'm getting people kind of used to that. This is a normal relationship to have between nurses. Yeah, what my fear is, if we don't make a big change to allow nurses to connect with other fellow nurses and bring in all of the expertise and like you said, the retirement nurses brains or experienced brains to share with our next generation, we are missing a huge opportunity



for growth both professionally and innovativeness for the community, but just fulfillment wise for the actual nurses who are currently doing the job.

**Jenny (29:24):**

I think that we're not going to see as many advance onto nurse practitioners and I know we need them. Yes. I think by having a pathway for nurses to get exposure to those professions, and even nurse practitioners can't always find mentors in the right specialty within that nurse practitioner. They're cold calling people, trying to beg them to be their preceptor. If we had a network of here are the right people who here's looking for, and maybe it's not in the same state, but maybe you can still connect virtually and get the mentorship you need to take your board exam to get your hours in. That's huge. I think that can really help fuel what our health system needs for more nurse practitioners.

**Jenny (30:00):**

I've read a statistic that we're going to grow by 45% with the need for advanced practice nurses by 2027. That's huge. The fact that we're going to grow by 45%, that's double what most other career paths are. It's because our population's getting older. We need more independent care to serve these more rural areas that are underserved already, and it's only going to get worse. Again, we need more independent practitioners and we need more people to be able to provide care.

**Jim (30:30):**

Yeah, absolutely. As you say, the need for more nurse practitioners, nurses, healthcare providers, when that demand grows, if we don't meet that need, then nurses and healthcare professionals are going to be stretched more and more and there's going to be more of a strain. We're going to see even more burnout.

You've mentioned a few things in this conversation. When I think of mentorship, when I think of preceptorship right away I think of the bedside with a new nurse coming in, a new hire, hey, let me come and show you the ropes and let's talk about it after the shift. What are some challenges? You mentioned a few things like a nursing student going through nursing school, some of the challenges there, maybe going through job interviews or

reviewing resumes. Then you mentioned even a few times, what about a career change or a shift? How can mentoring really help in those areas that are maybe, if I could say an atypical mentoring in some of these, I don't want to say peripheral because they're very important, but how can mentoring help in terms of career change, job interview, nursing school?

**Jenny (31:29):**

Oh my gosh, just provides more access and opportunities for them to get this type of mentorship. I've been a preceptor in the clinical realm for my entire anesthesia career, and I love it just the way you do. One thing I have noticed though, which is different from say a virtual mentor coaching experience and someone that maybe you have never even met before, is there's no fear going into that. There's no oh no, they're going to give me a bad report or they're going to blacklist me as someone who's a dummy or whatever it may be. There is a lot of intimidation in the clinical realm when you're learning. And some of that's good. It creates vigilance, it creates for you to be on your A game, but when you really have a question, you're like, oh, they're going to think I'm dumb if I ask this.

**Jenny (32:10):**

You probably hold it back where having this ability for nursing students and other nurses to connect with other nurses, it alleviates that fear. Because again, you're taking away that stress of this is someone on my unit, this is someone who's a manager or someone who might report to the manager or whatever it may be. It allows just more of a normal human genuine connection where you're like, yeah, we're just here to help. How can I help you? The nurses who sign up for nurse teach nurses, they're there for one reason because they want to help. I think that that's really powerful. They're not forced to be a preceptor. You don't have to come on and do anything where I'm not going to lie, there are some people who probably have no business precepting, but they're kind of forced into doing that.

**Jim (32:47):**

Yes, that's true.

**Jenny (32:48):**

Yeah. That's kind of the benefit. And I also think that this should not be a peripheral thing. I think it should become the standard where nurses have access to other nurses and to reward nurses for giving back. I see this as a circle system, meaning maybe you paid for mentorship early on, but now you're the mentor and now you get that full circle picture of now I get to be the mentor. This is back to the whole pay it forward and how it kind of creates this culture. I think what we're going to build here is this pay it forward culture, maybe it's not going to, I don't want it to only be online. My whole goal is to build this culture that's going to spread into the community and touch nurses' lives inside the hospital at the bedside as a preceptor because they have that culture formed from the impact of Nurses Teach Nurses and how it felt to get that support.

**Jenny (33:36):**

It doesn't just have to remain online. That's the beauty of this. It's going out into the world and doing real things. The nurses that we've been mentoring for anesthesia, they're out there doing things because not just virtually, they're doing things in person for nurses who contact them on social media or meet them at an open house. They want to mentor because they were mentored. Again, I think that this is not just about the business, this is about culture change and shift within the nursing culture itself at the bedside, in the hospitals. Overall, I think, yes, we could make a dent in the churn rate of nurses leaving bedside. I think we could improve satisfaction scores and career advancement opportunities and just overall opportunities for nurses that are already out there, but they're hard to find sometimes. I just hope to bring it more to the front, to the surface so nurses can utilize the tools.

**Jim (34:25):**

Absolutely. I agree. The benefits are, I think it's tough to even measure now, but you've seen. You're building connections with Nurses Teach Nurses, you're making the connection. I love what you shared about the meeting in person and going beyond just that virtual connection. And I know I've appreciated over the last few years, hey, it's great to be able to connect

virtually, but nothing can really replace that. Sit next to someone, cup of coffee, really like spending time, no issues with audio or internet connection. You're just there being human together and kind of living life and just sharing of, hey, what are the stresses you're facing as a nurse?

Obviously Nurses Teach Nurses, and this whole concept of mentorship, solid mentorship helps nurses that that's clear. How can we, obviously in the work we do at Vie and SpendMend with hospitals and health systems. How can we convince hospital leadership and health systems to say, "Hey, we really need to encourage mentorship." Or even invest in mentorship or encourage our nurses to really look to find a mentor. How is it helpful for health systems and hospitals as well?

**Jenny (35:31):**

Oh my gosh. I mean, I think this is where the gold lies really. I think that it would be honestly kind of foolish not to, but I understand a lot of hospitals want to see statistics and data and all those things. What I would say is it's no risk in my opinion with promoting mentorship among nurses, especially through the platform Nurses Teach Nurses because it's self-fulfilled. It doesn't require an investment from a hospital. Nurses are clearly already willing to pay for someone else's time. If you go to Nurses Teach Nurses and read through the testimonials just within the anesthesia space, they're glowing reviews. Again, with the first month that we actually were open, we were already profitable. Again, this could be looked at as a partnership or maybe could even be a partnership where again, we could actually help the hospital system not only provide mentorship, but again, if it's a partnership program where, again they're sending us nurses who need the mentorship, it could be a really beautiful relationship where both parties could win.

**Jenny (36:33):**

I think that finding ways where we're not going to drag more money out of the healthcare system because I'm very aware that most hospital execs feel like there's just no more money to spend. I get it. I've been fortunate enough to be a part of monthly meetings where I currently work as a CRNA, and we talk about stuff like financials, and I know some hospital systems are really in

dire constraints. I think that we need a solution that's not going to pull more of those resources out of the system, which is why I feel like the system kind of fuels itself and which is why I designed it that way. I want it to be, if you think of Fiverr or Upwork, it's kind of like a freelancing marketplace. This is kind of what this is.

**Jenny (37:09):**

We're also going to bridge into education. Nurses can, if you think of, there's a website called Gum Road or there's something called Pay Hip, not that you have to know what that is, but it's where people can sell educational courses. We're going to be taking that same direction so nurses can provide education. There are nurses who know ECMO really well and could teach a course on it, or maybe they understand travel nursing and all the ins and outs. There is a nurse who's teaching pelvic floor exercises, which is really cool. She was a labor and delivery nurse, so she teaches women all over the world. Speaking of a mom, I would be interested in that. There's more value that nurses can provide to the community at large that again, I think the hospitals would really benefit from incorporating this into their systems. Over time, my theory is we would monitor whether those same nurses who are utilized in the system are staying longer. For every 1% decrease in hospital churn, I think I read that it saves \$250,000 for the system.

**Jim (38:01):**

The number's amazing. Yeah.

**Jenny (38:04):**

If you decrease that by 5% or 6%, that would be amazing. I think there's only gains here. I want to think of it in a way that I think if a hospital system promotes a mentorship program that is really self-fulfilling, they're not going to have anything to lose by trying it ultimately. Yeah.

**Jim (38:22):**

Going back to, I just want a little clarification. Are you saying with Nurses Teach Nurses on the education side of things you would like it to, or maybe it

already is serving as a platform for educate? You mentioned ECMO, but really any area of nursing. That's your vision is to have it as a resource.

**Jenny (38:38):**

We actually have a phase two and phase three of our vision, but this is phase one because I believe in, obviously the Nurses Teach Nurses, which is the mentorship aspect, the teaching, the education. I also am a firm believer in community and the need for community in a big way. Then I believe we all need pride and to be proud of our profession. So we actually have phase one, phase two, phase three of our business plan. Yes, the phase one where it's Nurses Teach Nurses, mentorship is what we started with because we already knew we had a very strong demand for that. The second half of that is going to be building in a way for these nurses to sell educational resources to really anyone. It could be other nurses, but it could be, again, someone teaching pelvic floor exercises. People trust nurses.

**Jenny (39:19):**

People want to learn from nurses because they trust them. I know nurses who do mindset coaching because they've dealt with the stress of the ICU. They've fixed their own mindset now they teach it. I want to support nurses because they are so credible. They're just amazing. They're incredible, and I want to give them a platform where they can just be highlighted in a big way. That's my hope is to expand into education. I think this could be used in nursing schools, hospital systems, and it would support a nurse. It would support a nurse who's putting her time and effort into it.

To me, there's no better way than to support our own community by then kind of building a circle system where we need education, we need mentorship, who better than nurses? They should be the ones who benefit and be risen up from it.

**Jim (40:01):**

That's great. I won't pry anymore because it sounds like some very exciting things for Nurses Teach Nurses. And maybe if you could summarize, why should we all support a stronger network of mentors in nursing and really healthcare in general?

**Jenny (40:14):**

I think it's the way forward. I think it's how we create innovation and leadership roles and career advancement and satisfaction in the sense of belonging. I can't speak to enough. The nurses who come to me who want to go into anesthesia, who don't feel like they belong, they're like, "Oh, I feel so dumb." They put me on a pedestal, which I can't stand. I'm just a person. But they do. I think that some nurses, they just need to have a feel like they have a seat at the table. By creating this culture of, come have a seat, let's talk. It's a way for us to feel like we belong. You want to feel like you belong to your profession. You want to feel like it's part of who you are. It's kind of sad, but most nurses, when they start this profession, they do feel that way.

**Jenny (40:55):**

And then when you talk to them a few years later, they're like, they don't because they were kind of beat down. They weren't supported. They were made to feel bad about themselves or whatever it may be. That needs the change in a big, big way. I just think that we're not going to get everyone with this system. Not everyone should be a preceptor. Not everyone should be a mentor, but the ones who should, should impact more people, they should not be limited to the bedside preceptor. They should be able to impact people worldwide. Again, this is going to be a worldwide system. I want all nurses in all countries. I've had nurses from Canada to reach out to me and I'm like, "Okay, hold on. We're not there yet. I understand Canada needs help too." This is a very much needed platform for the nurse mentors who can make a big impact.

**Jenny (41:38):**

We're going to rise up all the leaders, we're going to rise up the people who want to make a change, and the ones who are willing to do the work to do it, that's what our platform's about. Whether that's education or mentorship, whether that's connecting with people through network and community and different opportunities and feeling like you're part of the community, whether that's supporting the nurse who's making a T-shirt for a nurse, and feeling that sense of pride to be proud and wear that nurse T-shirt around

town. There's a lot of ways that you can support holistically the career path of a nurse. I hope Nurses Teach Nurses is a part of that.

**Jim (42:05):**

Well, Jenny, I definitely appreciate your vision. I see Nurses Teach Nurses as doing phenomenal things, not just today, but for years ahead. It's such a great concept and the need for support. I believe it's meeting that need, but then you also have a vision to go beyond that. That's very exciting.

I always liked with our guests because we are the Healthcare Leadership Experience. Any words of wisdom or parting advice you'd say in terms of leadership in healthcare? Is there anything that you'd like our listeners to hear or to know or maybe something you learned along the way in terms of leadership in healthcare?

**Jenny (42:40):**

Yeah. I think the biggest barrier to leadership, and I'm speaking probably from experience, but I know I'm not alone, is feeling like you're not enough. I think a lot of nurses don't feel like they're qualified to be leaders, or maybe they're not smart enough or they're not educated enough or they don't have enough certifications to be a leader, but that's a limiting belief and something that actually holds you back from doing great things. I think current leaders, I would encourage you to encourage and be positive with the nurses around you to step into these roles, to give it a try, to be their mentor. It's funny because one of the things I do a lot within CRNA School Prep Academy, and that I realize that is actually one of the foundational things that I do when it comes to having these nurses succeed, it's really basic. It's having them believe that they can, having them have the belief in themselves, because if they don't, they will never take action.

**Jenny (43:32):**

As a leader, as a current leader, nurses look up to you. Like I spoke to, they put me on this pedestal. I'm like, no, no, no, but it's because you have achieved something they see as very hard, and they don't know if that's possible for them. You have to support them and alleviate their fears and



guide them to know that yes, this is possible that you don't have to have a master's degree or a doctoral or a PhD to make an impact in this profession. That's probably my big takeaway. That and encouraging nurses to go into these roles and taking time to talk to them. Just a regular floor nurse to go say hi and walk around the unit and say hi, and talk to them.

**Jenny (44:06):**

I think that would build that trust that they really care about me. They actually care who I am. I'm not just a little worker ant in a big ant hill, because sometimes that's what it feels like. You feel like you're a little ant. I get stepped on and there's a queen ant somewhere you've never met. That would be what I would leave is to just encourage more nurses that they can become leaders. They can, they will, and they should. We really should encourage all nurses to step up and support them, not just step up, not just throwing that brand new nurse into the manager role six months in with no training and no support. That's insanity. You don't do that. I think it's recognizing when these things are happening and if they don't succeed, you just lost a great person because when you do that to someone, you put them in a situation where they've never been trained, they've never given any proper path to success, and they fail. Do you know how awful that feels to them?

**Jenny (44:58):**

That is so heartbreaking and hard to come back from that. That opportunity is now gone and maybe they'll never be gotten again. Like I said, you break that trust and some people are just like, I'm out. I gave it a shot and I'm out. But advancing nurses is important, but you have to make sure you have a system in place to support it. Again, Nurses Teach Nurses, if you have an experienced nurse manager, a clinical nurse specialist, any type of leadership role, connect them with a new CNS, connect them with a new nurse manager anywhere in the world, anywhere in the country, maybe same hospital, whatever, and let them mentor them so they can take on this stressful, intense role in a non-threatening way with someone who's not their peer.

**Jenny (45:36):**

Like, gosh, how do I handle coworkers coming at me like this? They don't like their assignments, and they're coming at me and I don't know how to handle that. Then they can openly talk to a nurse manager and have them say, "Well, I've dealt with us this way and this seems to get the best outcomes." They need someone like that to talk to. Otherwise, they're doing it by themselves, and they may or may not make the right decisions, and they may feel personally bad about it. Right?

**Jim (45:56):**

Yeah. Yeah. Great. Well, thank you Jenny, and thank you for being on the show today. Thank you to our listeners who've spent time with us today.

If you have any questions about Vie Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn. You can also find Jenny on LinkedIn, and we'll provide her information on our website there.

We at Vie love helping hospitals save money and enhance the patient experience. We're hoping that the episode today gave you some new insights or ideas to consider and use in your career and your own healthcare organization. Jenny, thank you once again for your time. Thank you for sharing with us today.

**Jenny (46:34):**

Thank you, Jim. It was an honor.

**Speaker (46:36):**

Thanks for listening to the Healthcare Leadership Experience podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices and ideas to utilize in your career and healthcare organization, check out our website at the [healthcareleadershipexperience.com](http://healthcareleadershipexperience.com).

Oh yeah, don't forget to rate and review us and be sure to join Lisa and Jim next time at the Healthcare Leadership Experience podcast. Thanks again for listening.





## MEET LISA MILLER

*"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."*

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than \$720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.

She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book *The Entrepreneurial Hospital* is being published by Taylor Francis.



## MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.



## MEET JENNY FINNELL

CRNA

Chief Executive Officer and Founder at Nurses Teach Nurses

Founder of CRNA School Prep Academy

Jenny Finnell, CRNA, is a passionate mentor who loves to inspire nurses to believe in themselves, take action and find career satisfaction through community and career advancement. She has scaled a 7-figure business without any capital in less than three years and grew a committed, loyal

team that believes deeply in our mission.

With Nurses Teach Nurses, she is now embarking on her next mission to build a nursing marketplace at scale that will impact the nursing profession worldwide.

LinkedIn: <https://www.linkedin.com/in/nurseteachnurses/>