Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the International Year Of The Nurse And Nurse Midwife, and what a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing, and encourage you to find your true passion within this work. I'm your host, Jessica Spruit. And I'm so glad you're here.

Thank you for joining us for another episode of Nightintales. It's great to have you back and listening to this episode, and I'm excited to introduce you to our guest tonight. And our guest is Alyssa Morse. She is a registered nurse and a pediatric acute care nurse practitioner. And Alyssa is coming to us today to present the unique perspective of a travel nurse, and I want to kind of set the stage a little bit.

I think that many of us in the setting of the pandemic are hearing about travel nursing and travel nursing really feeling a lot of gaps and voids in our current shortage. And that's undeniably the case, and I think that, that presents a unique perspective. What Alyssa is bringing us today is the perspective of a travel nurse who traveled at a time where it was a little bit more traditional and a little bit more what we thought about.

So I just wanted to kind of introduce this episode, differentiating between what's currently happening in the midst of a pandemic and a staff shortage, and what may happen, what has preceded the pandemic, and what will likely follow the pandemic.

And so, Alyssa, thank you so much for spending some time with us during this episode to share your experience.

Alyssa Morse, MSN, RN, CPNP-AC:

Thank you so much for having me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm glad you're here. If you don't mind, let's just get started, telling me a little bit, please, about your journey through nursing school and your first job, and kind of where this all started?

Alyssa Morse, MSN, RN, CPNP-AC:

Sure. So I went to nursing school at Grand Valley State University in Grand Rapids, Michigan, which is where I'm from. And so, during my undergrad, I worked as a Nurse Tech in the Peds ICU at Helen DeVos Children's Hospital. And then upon graduating, I started as a new grad in the PICU as kind of a... I just knew that it was going to be a really good experience, even though that's not where I really saw myself at that time.

And I ended up loving it and spent my entire bedside career in the PICU at Helen DeVos, and then that's kind of where I sparked my interest in travel nursing, was to see other PICUs around the country.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Great. So the first one to just reflect a little bit, do you think that, that role as a tech while you were in nursing school was really helpful in getting you right into the intensive care unit environment, or is that something that's pretty common in your area?

Alyssa Morse, MSN, RN, CPNP-AC:

I do think that was very, very helpful in starting as a new grad in the ICU. I think it's more common now to see new grads in the ICU, but I also think there's a lot of opportunity to have leadership and different internships. I know Grand Valley has a course that they partner with Helen DeVos in exposing students to PICU and NICU, and so I think that is very instrumental in starting in the ICU as a new grad.

But I do think you kind of need some experience, especially in pediatrics to go there, because it is a hard unit to be on. Children, sick children are hard to care for, and especially when you get into the critical care. It's just not for everybody, which is kind of the beauty of nursing in general. There's a place for whatever interests you have, but I do think that my time as a tech was so beneficial when I started.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I love that you say that because I think it's so true, and I think this podcast, I hope helps illustrate that for all of our listeners. There is truly something for everyone in nursing, and so many different paths that you can follow.

So I'm imagining, Alyssa, that you've spent some time in the pediatric intensive care unit. You've developed some expertise there in Grand Rapids. And then at some point, what was it that made you think that travel nursing might be the right move for you? And how did you go about that? How did you start to pursue that opportunity?

Alyssa Morse, MSN, RN, CPNP-AC:

Sure. There were a few reasons that peaked my interest into travel nursing, and I was a little bit unconventional in my kind of path to getting there because I traveled after I was married. And so, I think a lot large group of travel nurses tend to be younger, single, maybe traveling with friends, or working from home or working remotely now is so common. And so that does make it easier if you do have a partner who is working remotely to travel with somebody.

But I kind of started to get interested in it because my husband and I loved to travel as far as the not for business, more for pleasure traveling. And so, when we talked about traveling, my husband found out about travel nursing and said, "That is such a cool opportunity. Maybe we should look into that."

And then the other reason that I really got interested in it is because I'm from Grand Rapids. I worked at Helen DeVos as a tech and then nursing, and then was starting to look into furthering my degree to become a nurse practitioner. And I thought travel nursing will be a really good opportunity career wise for me to see other institutions.

The care and the diagnoses, at least the diagnoses are the same in all ICUs that you go to with some variance of the institution, but the care is very different, not the standard, but just the preferences. There's a lot of different styles and preferences, whether that's the drugs or this hospital is using for sedation, versus what that hospital is using, which I knew that, that was the case, but it was very eye-opening when I actually started traveling to see the differences in that.

And honestly, it was so helpful too for me because I stayed PRN at Helen DeVos, and then I would come back and work full-time during the school year. And then I would travel in the summers so that my husband could come with me, but it kind of helped me to see like, "Oh, I really like the way that this hospital does this. Or they have this protocol, that is a really cool thing. Maybe we should look into implementing something here."

And so, I think from a professional development, it was incredibly helpful to me personally, and just in the care that I could provide, and my knowledge base too. And so just that because I'm from the same place and both my husband and my family are from Grand Rapids, and this is kind of where we want to stay, I thought that traveling was a great opportunity for me to learn from other places, while staying in the location that I'll be for most of my career.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Sure. I think that makes a lot of sense. And I like the way that you described just the nuances and the unique things that each institution does. And I think it's reassuring and an important reminder that there are many correct ways to do things. There are many different ways to deliver excellent high quality care. And I think I imagine that, that really challenged you to be really flexible in your thinking, and really open-minded when considering how you care for different patients, depending on the institution you were at.

I'm curious Alyssa, so you've decided that you want to pursue travel nursing. How did you go about finding an agency, getting assignments? How would someone get started on that path?

Alyssa Morse, MSN, RN, CPNP-AC:

Well, it's with the internet and with Facebook, and different blogs, and all of these groups. There are so many resources. It is honestly harder to not be able to find the information you need, than it is to find it. And I would say the odds are that you probably know somebody who travel nursed, wherever you're working. And so from word of mouth, just from people you know, any acquaintance is easy, or just looking things up.

There's plenty of Facebook groups and those are so helpful from very generalized questions, to very specific questions, whether that's, "Hey, I am looking into this area, is this a good hospital to be a traveler at? Or I don't have a company. What's a reputable company?"

And I think more so than even the company is that you mesh well with the recruiter you're working with. And so that was something that I kind of asked around. I had a friend who traveled and she loved the recruiter that she worked with. And so I said, "Hey, can I have their name?" And that's kind of how we started it.

And I think if you find somebody that you're comfortable with, that you feel that they have your best interest in mind too, that just makes things go so much smoother. And so it really is... it's very easy to find the information, and to have your answers or your questions answered.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Yeah. I'm curious, what is the role of the recruiter? So if someone were thinking of doing this, what should they expect from their recruiter? What did you find that interaction was like?

Alyssa Morse, MSN, RN, CPNP-AC:

Yeah. So your recruiter is basically... They do all of the like dirty work for you, kind of. They will contact hospitals, send you information. In my experience, it was these are the things I'm looking for, these are the cities I'd be interested in, the dates. There's a lot of flexibility with travel nursing, but to an extent, as flexible as the job is, you also need to be that flexible too, because I have, "Oh, I want to start on this date, in this city. That might not be possible, but hey, if you can push it up a month or push it back a month, then we can make it work."

So there's just a lot of moving pieces to it, and the recruiter really is the person to kind of make those pieces run smoothly. And so, you might not always get your first choice at the location or the date, but the recruiter works really hard to kind of make you happy in what you're looking for.

And so there's a lot of different reasons people travel too. So some people might travel because they want to go to a specific hospital, or a certain level of ICU, or, "I just want to go to the city. I want to be in this area." Or honestly, some people, it's really about the finances and people have a lot of financial goals, whether that's, "I want to pay off school, I want it to be paid off this year." And so you could be looking more of, "I will go anywhere. Give me one of the better paying gigs."

And so, the recruiter just works really hard to find you all of what your goals are and to match that to the contract you sign, which, it's really important to find a recruiter that you like and you mesh with, and you trust because they're going to really help you out in what to look for in a contract, what to avoid in a contract.

And especially in the beginning or your first contract, you kind of go in with these expectations, but it's hard to really know what you're looking for when you've never done it, which is why it's so important to ask all of the questions that you have, and to find a recruiter that you trust, that you think is going to be really looking out for your best interest, because they will be honest with you and say, "Don't sign a contract that has this in it, or make sure you ask this question. Or if you want something specific, you need to have that in your contract."

And really, the more vague things are, the less ideal it is. If you are thinking like, "Oh, I need to be back home for this date," make sure that's in your contract, which is not something that I really thought of at the beginning because in nursing, especially when you're doing 12-hour shifts and working three twelves a week, you just think, "Oh, it's so easy to be flexible with the schedule."

But say you're traveling and you have a wedding that you need to attend, that is something that you need to have in your contract because you want to guarantee that, that will happen for you.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That's such good advice, and such... Those are words of wisdom, of someone who has lived that experience. Alyssa, I'm curious, were you able to, or did you request to be in pediatric intensive care units with each of your assignments?

Alyssa Morse, MSN, RN, CPNP-AC:

Yes, I did. And that's part of your recruiter too. So you can say, "I wanted higher acuity hospitals," and that is another thing with the contracts too. Some hospitals will look for ICU trained nurses, but then you'll be floating to all of the units all the time.

So you're hired, you could be hired as an ICU nurse, but be working on Med Surg units a lot, which is fine if you're fine with that, that's great, but not everyone would be okay with that. And so, that's a common thing to look for in contracts, is will I be floated to only ICUs or anywhere?

Some institutions will float to different campuses, and things like that. But with the contracts, you can be as specific or as vague as you want. That was a big thing, was just to make sure that you asked those questions too. And that was something that was great, to have a reliable recruiter, is because they'll say, "Oh yeah, we didn't get the greatest feedback from travelers at this institution."

And not to say anything bad about that specific institution, but it just might be that how they utilize travelers doesn't necessarily align with what your goals are in the assignment. Being ICU is... and especially pediatric ICU is such a specialty that, that was very eye-opening when I started traveling, because at my second travel assignment, I showed up at this ICU, and there were two people that I had traveled with, or that were travel nursing at my previous hospital, that were at the second assignment, that I had no idea that they were there.

So it's kind of this funny little community of nurses, and travel nursing is a small community. And then on top of that, if you're in a specialty unit, you kind of run into the same group of people. And so you build this community within the travel nursing group, and then it's so much easier to find the information you are looking for, or if you have those questions.

Obviously, you rely on your recruiter, but then once you take an assignment and another assignment, it just gets easier and easier to find out the information, and to build that support group in it.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That makes sense. And I can imagine, would be reassuring when you keep landing on kind of new doorsteps, and learning new environments.

Alyssa Morse, MSN, RN, CPNP-AC:

Mm-hmm (affirmative).

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Alyssa, I'm imagining in your contract, they specify the duration are there? And this is just your experience, I understand that, but where there minimum or maximum durations that you were able to sign on with a certain assignment?

Alyssa Morse, MSN, RN, CPNP-AC:

Yes. So typically, a typical assignment will be 13 weeks, so three months. Sometimes you'll have shorter, but typically, what hospitals are looking for are 13 weeks. And then a lot of times, you will be able to extend that contract. So if you're at a hospital and you like the hospital, you like where you're at.

And honestly, the housing is kind of a big thing too. So it's obviously a lot of work to pick up and move every three months. And so, for my experience, it was more intermittent assignments. And so I would do a three month and then go back home, and then do another assignment and go back home. But for travel nurses who are travel nursing full-time, a lot of times people will extend and then you can stay in one place for longer, which is obviously nice for your work life.

You get to know the nurses, you get to know the charge nurses. It's just all around, gets easier as you're at a hospital for a longer time. For the first little bit, you feel kind of fish out of water. Like I said before, the diagnoses are the same and you know the basics of how to care for these patients, but supplies are different, people are different, the culture is different.

There could be different systems, and whether it's a teaching hospital or not a teaching hospital, just so many things of how things are done, very so greatly from one institution to another. And so, once you're there for a few weeks, you kind of get the hang of it, but that's one of the reasons it's so desirable to extend if a hospital needs you for a longer period of time.

And you can extend up to a year, but you can't for tax purposes and all of that. You have to take at least a month off if you want to go back to that same hospital. So you can extend, that's up to the hospital and you. They'll kind of reach out to you and see what your interest is. And then everything goes through your recruiter again, and you'll have your recruiter send over a contract, and you kind of go through the same thing, but you can just kind of continue your schedule with that hospital.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That makes sense. You started to talk about housing and I was curious about that because this is a pretty short-term. So does the agency help you with that? Or what resources are there for finding, for example, housing for 13 weeks?

Alyssa Morse, MSN, RN, CPNP-AC:

Yes. I would say the housing is probably the most stressful part of it. So your company can help you and they can set you up with housing, which is great. However, I know a big draw to travel nursing is the paycheck. We all love our career and we love the patients, and that's why we do it, but with travel nursing, we are looking for that compensation because there are a lot of things that are... it's just not as comfortable.

You're moving around a lot, you're meeting new people, everything is different, and so you want to feel compensated in that. And so, how that works is you'll have a base pay, you'll have a meals and incidentals stipend, and then you'll have a housing stipend if you choose to find your own housing. So you can go with your company and they can set you up and you don't have to worry about it, which is great, but then you don't get that housing stipend.

And so if you say, "No, I'll find my own housing, you're responsible for that." But then you'll get that stipend, and then if you're traveling with another nurse or willing to live with roommates, your stipend is kind of based off of what housing costs in whatever city that you're going to be in. And so it's off of if you're going to live alone.

And so if you are willing to live with a roommate or you're traveling with somebody, that's kind of a way that you can save money, but it can be kind of a headache because a lot of times you don't sign a contract until pretty last minute, which makes you a little bit anxious in itself. It literally can be like within one week of starting.

And so when that's the case, that is not a lot of time to find housing. And especially if you want to research and find a good area, and make sure that your commute is not crazy. So I would say that is probably the most difficult part of travel nursing, is finding that housing.

Now, there are a lot of resources. One, it's so easy to find, just look up different areas, whether you're looking on Zillow or apartments.com, you can do those things. Airbnb even, I have heard a lot of good experiences with Airbnb, Craigslist even, I have heard, which, that can be pretty hit or miss, but all of those typical housing websites that you go, if you change your filters to short-term or furnished, you can find things on there.

But there's also Facebook groups for that. There's Facebook nurse groups for travel nurse housing. And so that can just be... A lot of times it's nurses who have an extra your room and they extend the offer out there, but there are a lot of resources for that too now, but it does get tricky. Just like, "I'm looking for this start date." It can get tricky looking for, "Okay, I need to move in on this date."

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

A lot of moving pieces that need to fit together-

Alyssa Morse, MSN, RN, CPNP-AC:

Yes.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Ultimately.

Alyssa Morse, MSN, RN, CPNP-AC:

Yeah.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I have one more question, and then I was hoping to talk about kind of the more fun parts of this, but I'm thinking I'm imagining you kind of arriving to a new hospital, being in an environment that is new to you, getting used to the culture and the standards within that institution, let alone being flexible with the housing and everything.

And I was just curious, what advice would you have for someone who was excited to travel for the first time, but also a little bit nervous about all of those uncertainties, and how unfamiliar that environment may be?

Alyssa Morse, MSN, RN, CPNP-AC:

Yeah. My number one advice would be to be flexible and have an open mind, and be willing to learn, which I think are all qualities that as nurses, we need to have in our everyday lives anyway. We're hit with so many things, whether it's assignment changes or patient status changes, working with differing personalities, all of these things. We see that at every hospital you're at.

And so when you're going into travel nursing, there's obviously some stressors when you're looking for housing, when you're moving to a new city. You might not know people, but ultimately, your job is the same. So if you remember that and just remember, "I know how to be a nurse," and just keep an open mind with the different people you're going to meet, it will be fine. And a lot of hospitals, especially in the bigger cities, the more desirable destinations for people to travel in, utilize a lot of travelers.

And so for instance, one of the hospitals I was in, in just the ICU alone, had somewhere between 25 and 30 travelers at that time. And this was in the summer too, which historically, pre-pandemic, when trends were a little more predictable, summers were not as high census. And so this was in the summer and an ICU had 25 to 30 travelers.

So there's always nerves going in the first day. I don't think it matters how many assignments you do. Whenever you're at a new place, you're going to have those nerves, but once you get on the unit and you see kind of around, it's all... you know what you're doing. So you just have to think back and rely on your foundation, and that you do have these skills. Just because you're going to a new place doesn't mean you lost the skills that you had.

So just relying on that, and being open and being willing to ask questions, I think that's important. Whether it's your first day on the unit or your 500th day on the unit, always being willing to ask questions and to have a questioning attitude, I think that's so important in healthcare. I think that's really what keeps it going and what keeps it safe.

And so yeah, relying on what you know, and knowing that it's okay if you don't have the answer.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I think you're exactly right, and when I was listening to you, I was thinking, this is advice that we've heard from many different guests on this podcast; be open-minded, be flexible, be willing to learn. And I think that you're exactly right. I think that when you said, but these are valuable qualities, no matter where you are in nursing, or no matter what you're doing.

I think you're just reinforcing those themes, and I think that we may need to embrace those even more so when we're in a different environment and in a travel nursing role, but I think you're exactly right. These are invaluable qualities for any nurse in any environment. I appreciate that advice, Alyssa.

Now for a fun question. So what was the greatest part of traveling? Maybe it was something about your assignment, or maybe it was an area that you were in, but what was your favorite part of being a travel nurse?

Alyssa Morse, MSN, RN, CPNP-AC:

Oh man, there's a lot of fun parts of travel nursing. And like I said, your job is the same. There's a lot of differences, but once you kind of get in the groove of knowing a little bit about the hospital, which when you go to a new place just takes a few weeks, and then you feel pretty comfortable. You at least know where you're going and know some faces, and then it gets a little more fun, where you're able to go to work and not be so stressed going to work, and you can really kind of settle in and enjoy where you're at.

And so, oh man, in the travel nursing community, I touched on that a little bit earlier, and kind of how small the community is, and how eventually, when you're into your second or third assignment, you, "Oh, I worked with this person at this hospital. Oh, that's so funny. I know them from home, or I worked with them from here." There's a lot of that, and so just building that community gets so fun, so fast.

And even without knowing people, it's just a like, "Oh, I'm here. I'm not from here. So do you have Thursday off? We're all going to a baseball game. It's a really easy community to get involved in because everyone's kind of out of their element, and so that being out of your element kind of brings everyone together, and so it's really easy to kind of network like that.

And so that is a really fun part of working with all these different people. And when you're working with so many different people from so many different backgrounds, the amount that you can learn is just really amazing. Everyone brings a little bit of their own from their home hospital or little tricks that we learned. As nurses, we're really good at finding those little tricks to make the job a little easier, a little more efficient. And so, the things that you pick up just gets really fun when you're at work.

And then on the traveling side of it, being in a new city just... and as nurses, working those long hours gives you a lot of days off. And so, your days off can be spent exploring the city, and which is part of the reason why you ask for specific areas.

I spent one of my summers in Seattle, and my husband and I love hiking. We love the outdoors, and that was amazing. Every day we had off, every day I had off, we would go on a new hike and I would ask around to the people at work like, "Hey, what do you recommend?" And it was so much fun.

And so, just being able to... it can feel like you're kind of on an extended vacation when you're working your full-time job. So that's a very fun part of the traveling too.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

This sounds great. I have to admit, you're making it sound really enticing. Obviously, it's hard work, but it does sound like it's really conducive to that balance, when you create community and everyone is a little bit out of their element, and seeking experiences within a city or within a different environment.

It sounds really exciting, and I can understand why you were drawn to do it more than one time based on what you're describing. I can only imagine spending my days off hiking in Seattle, and what a rewarding experience that would be as well.

Alyssa, this is such helpful and practical information. I think that this would be really valuable for people who are considering travel nursing, or who have thought that perhaps this might be a path that they would like to take and explore. I think you've offered really, a wealth of knowledge and experience on this.

Is there anything else that you would say to perhaps new nurses or aspiring nurses, just in general from your whole career, anything else you would offer or anything you wish you knew earlier?

Alyssa Morse, MSN, RN, CPNP-AC:

So, like I said, I was a little unconventional in my start to travel nursing and the way that I did it, but because of that, I did have four years of experience in the PICU before I started. And I know most places say at least one, but prefer two years of experience. And I would say if you can, if you're willing to stay in one spot for at least two years, I think that is so helpful.

You want to feel proficient at your job. You don't want to feel like a beginner because when you're traveling, you can feel kind of out of sorts just by not knowing the people and the system, and all of that. And so, even with my four years of experience, I felt I was a very strong nurse at this point at my home hospital. But then when everything is different, it kind of takes you a step back.

Not that you don't have the knowledge and the skills and all of that, but it's just different. In my home hospital, I know if my patient is crashing and I need to initiate a code situation, I know exactly what to do. I know the faces that I'm going to be dealing with, and all of that.

And so, if you're traveling in an ICU going to a different place, and even just not knowing the faces makes you feel so out of sorts. And so, I do think if you can give yourself enough time to get to that point where you feel confident in your skills and your knowledge, I think that will make travel nursing, at least the beginning of it, a lot smoother.

And I would say if it's something that you're interested in, do it. I think there's a lot of reasons that people don't or push things off, or say, "That sounds really great, and I would love to do it, but I just can't," but it's worth the inconveniences. I think it's worth losing some seniority over if it's something that you're really interested in. And if you're thinking, "I would love to do it, but I'm nervous to do it by myself," like I said, the travel nursing community is so tight knit and it's so easy to become part of that right away.

On one of my assignments, I started, I met somebody, and the next week we went camping. It's one of those things where everyone is kind of new in it, even if they're not a new travel nurse. And so if you're hesitating because you don't have somebody that will go travel nurse with you on your first assignment, don't let that hold you back either because it is a lot. You'll likely be out of your comfort zone at some point in some way, but it is 100% worth.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

This is again, such a unique opportunity in nursing, and I think something that presents a lot of opportunity and diversity, and room for growth, I'm really glad that you took the time to share this with us, and I appreciate all of the insight that you've offered. Is there anything else, Alyssa, that you would want to say or that I'm forgetting to ask?

Alyssa Morse, MSN, RN, CPNP-AC:

I don't think so. I think we covered most of the bases with it, but again, there's so many resources online, or likely, you're going to have an acquaintance who has some experience in travel nursing, or knows somebody who has. And so, I think if any of the listeners, if you have questions, just ask around, or again, Facebook has some really great groups on it that are open to anybody, even to ask questions or just read through some of the questions that people have asked, and there's just a lot of information out there.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Awesome. Well, thank you so much for sharing that, Alyssa. And I know that one thing that we didn't touch on as we focused on your experience travel nursing, but that I wanted to highlight was how well your experience travel nursing, and your open-mindedness and willingness to be flexible, translated into you pursuing an advanced degree, and becoming the pediatric acute care nurse practitioner that you set out to become. And the way that, that kind of opened your mind to the many different opportunities that exist now in your advanced practice role as well.

So I think that you've really illustrated the qualities that are so important to have as you pursue travel nursing, and also all of the benefits that you may enjoy as a result of it. So I appreciate you spending that time, and just am really grateful for this insight.

So that's Alyssa Morse. She's a travel nurse, or reporting as a travel nurse with us today, and thank you for joining us on Nightintales.

Alyssa Morse, MSN, RN, CPNP-AC:

Thank you so much for having me. It was great to be here.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you.

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer, or the professional organization that they're active in.

The stories of their career path and progression are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.