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.

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

Thank you for joining us for another episode of Nightintales. We're excited to have you again today, and we're also excited to welcome our guest. Today we have with us Marvin Solberg and Marvin is a psychiatric registered nurse at Michigan Medicine in Ann Arbor. Marvin, thanks so much. I know what a busy semester this is for you between your own school and teaching school. And I'm just so grateful for you sharing your time with us and telling us a little bit about your background and also what it means to be a psychiatric nurse. I think that in school we do see a little bit of psych content in the classroom, and then also in clinical, but we all know that that can look a lot of different ways. And so I'm really excited to hear about your career so far and also where it's going. So welcome, Marvin. Thank you.

Marvin Solberg, BSN, RN:

Thanks for having me.

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

If you don't mind, just to start out and introduce yourself to our listeners, do you mind telling me a little bit about your background, where you went to school, and then maybe where you selected your first job?

Marvin Solberg, BSN, RN:

Yeah. So my name is Marvin Solberg. My background, again, is in psychiatric nursing. I actually studied at Hope College in Holland, Michigan. It's on the west side of the state, about 25 minutes from Grand Rapids. When I came into school I always knew that I wanted to do nursing. A lot of my family actually pushed me to do nursing and a lot of my time in high school I wasn't sure of what I wanted to do. And they put these little bugs and seeds in my head and every time that I'm thinking about what I should do with my life, it always reverted back to that nursing and trying that out.

Marvin Solberg, BSN, RN:

So I applied to Hope College, got in, and what happens with the nursing program there is that you apply your second semester of your freshman year. And once you get that acceptance you start the program, which is about... It's your traditional BSM program, so four years total with three specific to nursing classes and one specific to prerequisites that you need.

Marvin Solberg, BSN, RN:

So clinicals were great. We were fortunate enough to be at a trauma one level center. Even though Holland is quite a small town we got to go to Grand Rapids to do all of our clinicals, which was great because Grand Rapids is one of the largest cities in Michigan and the largest on the west side of the state. So it was great to have all those resources.

Marvin Solberg, BSN, RN:

There was also so many courses that I was able to take. Hope is a small private liberal arts college. So we got to try out different disciplines per se to see what we enjoyed. And some of the most formative classes that I took were in research as well as psych. And that's what prompted me to pursue this track with psych.

Marvin Solberg, BSN, RN:

And there's such a need for providers in this area and there is such a stigma with mental health. And I thought that when I started my psych clinical, it was just so interesting to read and listen to the rich stories that the patients had. And I think what made psych so appealing to me was that it was almost like a puzzle. You have these different diseases, different disorders, but they all manifested differently in every single person. So I think one of the cool things with psych was putting things together, taking little chunks and pieces of evidence and compiling them into, "This is what is being experienced by this individual." So I think that's what definitely drew me to pursue that track.

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

Oh, that's so interesting. So you really identified that in your undergraduate studies it sounds, that that was the area of interest to you.

Marvin Solberg, BSN, RN:

Yeah. And actually my psych rotation was the very first rotation that I had and I knew after finishing psych that that's what I wanted to do, but I still had to get through med surg one and two, OB, peds, community, leadership. So I didn't enjoy those clinicals as much because I already knew by that time that this is what I wanted to pursue.

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

Sure. Yeah. I wonder sometimes which would be more challenging. If you knew right out of the gate, like in my case, that I really wanted to pursue pediatrics and so that was the one semester I looked forward to, or if you are really open-minded and open to exploring everything... It makes me wonder which path is more enjoyable or more exciting for us, but I share that interest. And so, Marvin, what was your first job out of your undergraduate studies at Hope College?

Marvin Solberg, BSN, RN:

So my senior year, I actually had this desire to serve communities that are underserved. So I actually applied to the Peace Corps. I knew that I would graduate from nursing school, take my NCLEX, and then once I passed my NCLEX go. And I actually was accepted to be a health volunteer in Cameroon for two years. But some events happened that changed my family situation so that really prompted me to stay home. And that was actually a month before I was supposed to head out to Cameroon. So a lot of things happened really quickly. I was so set on being with the Peace Corps, but things change and I'm happy that they did in retrospect.

Marvin Solberg, BSN, RN:

So I graduated in May. I got my license in June. I actually took the rest of the summer off to just figure out what I wanted to do. And then September that year I applied for 10 different positions at a local hospital, Munson Healthcare. It's one of the largest hospital systems in Northern Michigan. So I remember applying. Psych positions, you usually have to have some type of experience before you get in. So I was trying to look for something that I could get hands-on experience with. So I applied to some med surg positions. I applied to a med surg oncology position and I applied to some ER positions and I ultimately only got an interview for the psych one, which was so interesting. And I think that was so great that I was able to portray my passion for it. And I think that then my manager saw that and wanted to tap into that. And I was hired as an inpatient acute psych nurse.

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

Okay. And so now you've shared with me that you were at Michigan Medicine, which I know that Munson is a really large system for Northern Michigan, but I also think that when you think of the Metro Detroit area, those systems tend to be a little bit larger just based on the density of the population. And so when you transitioned here to Metro Detroit, did you transition again into a psychiatric registered nurse role?

Marvin Solberg, BSN, RN:

So during the time that I was in Traverse City working, I actually worked full time for only 10 months because I saw that the patients that I was dealing with or taking care of had a really common experience. And a lot of the patients that I had experienced some type of adversity or tumultuous childhood. And that really got me thinking, "Is this what led them to where they are today?" And that really pushed me to apply for this PhD program at Wayne State. So I did, I got in, I had my interviews, which was great. And then I moved to Detroit and I actually took two years off of clinical practice to focus on my coursework within the PhD program. And after those two years I actually started working as an addiction medicine nurse. So I helped with detox and withdrawal from substance use disorders with Henry Ford.

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

Oh, wow. Wow. There are a lot of directions I'd like to take this conversation in, because I think that they're really important points. I'd like to start with you set a foundation of when you were in your undergraduate studies you enjoyed research. It sounds like you already had an inclination toward maybe what we would consider PhD studies, of thinking about conducting research and identifying questions that are relevant and working to solve those. So if you don't mind, tell us a little bit about what it meant to you to pursue a PhD in nursing. What motivated that?

Marvin Solberg, BSN, RN:

So I know that I said earlier that my research classes in undergrad were some of my formative courses. So I guess for accreditation you only have to have certain amount of credits for research, but Hope was special in that they have this emphasis on research with every department that they had. And actually being able to partake in two different research projects while I was in undergrad really piqued my interest. And with one of those research studies, it was involving psychiatric disorders in medically complex patients. And in another one of those research studies I was dealing with what spirituality meant in nurse practitioner education curriculum with one of my mentors. And I actually got a publication out of some of those research experiences. And having that experience early on just really pushed me to pursue the research track.

Marvin Solberg, BSN, RN:

And I just remember in undergrad, the importance of what it means to be a doctorally-prepared nurse. We are a large force, about 3 million people. But the amount of faculty that we have is diminishing and the faculty that we have are older. So a lot of them are at this time an age when they're trying to retire and we got to get those spots filled. So one of the biggest reasons why I wanted to do that is because I wanted to be one of those people that transitioned into that role. And it also helps with accreditation and how many students you can accept based on how many doctorally-prepared faculty you have in a program. So there's a lot of contributing pieces to that, but really the most important reason as to why I pursued this track is those questions that lingered in my head. And I couldn't not do anything about that. And I know that the biggest... Getting a PhD means creating new knowledge. So that's how I was going to be able to answer the question that I had.

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

Sure. I think that's such a nice, concise description of that. And so just for the students or new nurses listening, I just want to pause for a second and say a PhD conducts research and is responsible for generating new knowledge. Our DNP colleagues... Who it's also a terminal degree in nursing. That is often more clinically focused, but certainly more of a quality improvement application of evidence. And so I think that there can be a really nice synergistic relationship between PhD and DNP colleagues, but that's the difference if you're thinking about pursuing a terminal degree in nursing. At this time those are the two terminal degrees. And Marvin, I think you've articulated so well what it is that PhDs bring to our profession. And I appreciate that.

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

So I was thinking of your work in your undergraduate studies, and it sounds like identifying maybe a research mentor or some faculty who were heavily involved in this was pretty influential for you. Do you have any other tips if someone was listening and thinking, "I want to pursue a PhD in nursing. How do I best align myself to get involved early and identify that passion early?"

Marvin Solberg, BSN, RN:

So you really have to look and do your own research as to who is conducting research in the first place and to see if you have similar interests that you can match with. I know that even though we had these research courses, actually partaking in the research experience wasn't a requirement, but I sought out that opportunity because those opportunities are always out there. Because I knew that I was always interested in research that this would be a really good way for me to see what it's like, at least get some experience, so I know that this is what research is like before entering a doctoral program. But definitely identify potential faculty or mentors that have the same research interests as you. And definitely meet with them to see what resources they have and what they're looking for in a research assistant. And just really making sure that you're advocating for yourself and saying, "Hey, this is what I'm interested in doing." And if it's not a match, it's not a match.

Marvin Solberg, BSN, RN:

I think that was one of the biggest things that I had to deal with because I had to talk to different faculty people and not all faculty obviously share the same research interests. And if they don't match it just doesn't match. And that's okay because you want to make sure that you are paired up with someone who can help you... Guide you through your program so that these lingering questions that you have come to fruition or at least take you to the next step. So again, identifying people, asking those questions, ensuring that that is a good match for you, I think are really key things.

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

That makes sense. And so if you don't mind, since we're on this PhD track... And then I'd like to get back to the addiction medicine and psychiatric nurse role. Can you tell us a little bit about your scholarly work, your dissertation, and where you are in that program?

Marvin Solberg, BSN, RN:

Yeah. So I am entering my fifth year of the program and this should be my last, according to my plan of work. So that's really exciting. That light is getting brighter at the end of the tunnel. I can't believe it's already been five years. It actually has flown by so much.

Marvin Solberg, BSN, RN:

But during the program at Wayne, I have published two other times with my dissertation committee chair as well as my advisor and I've also had extra research experience under her, which has been great. And I've had the opportunity to present at regional conferences, so locally in Detroit with the Urban Health Conference that is sponsored by Wayne State's College of Nursing. I have also presented at Midwestern Nursing Research Society, or MNRS. And this coming fall I will actually be presenting in a national stage with American Psychiatric Nurses Association, which will be very exciting.

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

Wow. Congratulations.

Marvin Solberg, BSN, RN:

Thank you. All virtual though.

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

Yeah, unfortunately.

Marvin Solberg, BSN, RN:

Yeah, thank goodness. Yeah. But so my dissertation really looks at young adults specifically, and I want to identify if childhood adversity has any type of relationship with health outcomes that they experience in young adulthood. And I'm specifically looking at substance use, behavioral, and physiological outcomes. And I'm also looking to see if coping is a potential mediator between these two things. I'm wondering if childhood adversity with coping is less negative health outcomes... Or we don't know because there's not a lot of research out there that incorporates coping. So that is that coping piece that I started getting my interest in based on the experiences that I had with my advisor here. So not only did I get to do what I want to do, but I also got to figure out something else that I was really passionate about and incorporate the two together. But yep. A lot of my focus on the research here at Wayne State is specifically with childhood adversity and its health outcomes.

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

That sounds like fascinating work and certainly work that I'm really anxious to see what you come up with and the knowledge that you do generate because it's very applicable, I think, to all of us who care for humans, really. But especially as I think about our work in pediatrics and with adolescents and young adults, that's just fascinating work. So I wish you all the best in this final year.

Marvin Solberg, BSN, RN:

Thank you.

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

And I'm really excited to see some of your results. If we can, unless you have anything on that you wanted to add about the PhD, I'd like to go back to talking about what it means to be an addiction registered nurse.

Marvin Solberg, BSN, RN:

So again, within this mental health, behavioral health, psychiatric field, this is one of those subfields that is important because not only is there a stigma with mental health, but there's also a stigma with substance use. And taking some courses with the school of social work and health education and pharmacology, the idea of working with individuals with substance use disorders is what piqued that interest. And part of the reason why I took the job is that it worked with my schedule. But part of the reason that I took the job as well is because of its importance. And I wanted to get some experience on what that's like, because I feel like we learned so much about these things, but never get to see it. Not that you never get to see it, but you get to see it in practice in front of you and you're able to quantify things and you're able to understand as to why things occur for the reasons that they do with substance use disorders. So it was just a really good learning experience.

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

Yeah. It sounds like it. So this is definitely under the umbrella of psychiatric nurses. As you said, one specialty. If you don't mind... And I understand that in nursing there is no true typical day, but what did your days look like? How did you spend your time when working in that role as a registered nurse?

Marvin Solberg, BSN, RN:

So my shift was 12 hours, seven to seven. The first thing that I did when I came in was obtain my assignment. And with the addiction medicine position, we were a sub-acute specialty. So we weren't considered... It was still considered inpatient, but the severity of the cases aren't as bad as if they were in the hospital. So we actually had quite a bit of a patient load. So for example I had 10 patients that I had to care for, at the time for 12 hours. But most of that care was really passing out medications and it was doing every four hour assessments for withdrawal.

Marvin Solberg, BSN, RN:

So really my shift consisted of obtaining that and then evening meds after evening meds. I would do my four hour assessments. And then throughout the night... Because I worked night shift. I did every four hour vital signs and [inaudible 00:19:54]... It's an instrument that measures alcohol withdrawal. Or COWS, which is an instrument that measures opiate withdrawal. Those are some of the instruments that we use depending on the orders and depending on the patient of course.

Marvin Solberg, BSN, RN:

But yeah, it got me to quickly do my assessments and I was able to quickly identify what was problematic, what wasn't. So I was incredibly grateful to have that experience of learning how withdrawal or detox manifests in people and how it doesn't manifest the same. Even though there are numerous signs and symptoms for it, different people exhibited different signs. So it was really interesting trying to figure out what was going on. Again, that puzzle piece that I was talking about earlier. So I'm really grateful for that experience.

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

Wow. That sounds like a really valuable experience for sure. And then you transitioned into... Correct me if I'm wrong, but from Henry Ford into your role at Michigan Medicine, is that correct?

Marvin Solberg, BSN, RN:

That is correct.

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

And what does that role look like?

Marvin Solberg, BSN, RN:

So an opportunity actually came out to me when I was working at Henry Ford. And at this time I had only been working at Henry Ford for six months and I was really torn because I really enjoyed the work that I was doing with addiction medicine and I really enjoyed the autonomy that I had, but I knew that I needed to take this opportunity because it wouldn't be there for me. Because it is very difficult to get a job at Michigan Medicine. It's definitely about the people you know and I did not know anyone who was working there. So I really didn't have that inch that a lot of people do get because a lot of the hires, at least from my understanding, is from networking.

Marvin Solberg, BSN, RN:

So I was able to take all that experience I had in my interview and I was able to get this position within the psychiatric emergency department. So this is a completely different field. I had never worked in an emergency setting before. I'd only worked in inpatient and I had only worked in addiction. We got to see all of that all at once in the psychiatric emergency department. And it's so unpredictable and I think that's what I really enjoy and that anxiety that I have because we don't know what's going to come in through those doors keeps me motivated and keeps me engaged. And it really stabilizes me almost because I know that this is what I'm supposed to be doing. It was meant for me, this role that I had.

Marvin Solberg, BSN, RN:

And it's so cool to be because there could be days where it's really slow. There could be days where it's crazy busy. And during the whole COVID pandemic when we were in quarantine, we didn't actually have a lot of patients come through our ER because people were nervous or people were afraid to actually go to the hospital to seek treatment for anything other than COVID. But what we're seeing right now is we're seeing a large influx of patients coming in. And a lot of this trauma associated with the pandemic is definitely hitting all demographics in all populations, but we're seeing a lot of young adults come through. So it's really cool to be with young adults as well because you can... Even though I'm researching young adults specifically, I get that hands-on experience with them as well in a clinical role.

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

It makes me sad that that is the reality of the world that we live in. But certainly it is true that we need to deliver mental health services and take care of some of our most vulnerable populations. And so I'm grateful that you are there and able to help them. Can you describe... I know that the American Nurses Association and many other organizations are really looking at how nurses are treated. And I imagine that in a psychiatric emergency department there may be some cases where the way that you're treated is suboptimal as a result of the diseases that these patients are trying to deal with. Do you have any strategies for that or tips for how to manage the most challenging of your days?

Marvin Solberg, BSN, RN:

You get a lot of emotional or verbal abuse from, if not the patient, sometimes the family. And it's really tough because you are taking care of people in their most vulnerable state. So you understand that they are in crisis and they definitely say things that they don't mean, but it's really important to be able to decompress with other staff that you feel really comfortable with and recognizing that it is because of the disease process, not because it's anything against you.

Marvin Solberg, BSN, RN:

There are days where I take things very personally and I have a really emotional day. It's hard working in psych. You get called so many names. You get hit. You get punched at times. Sometimes you make really great connections with patients and sometimes patients just despise you. Unfortunately I feel like there is a culture of this verbal abuse or emotional abuse from patients or families that's swept under the rug.

Marvin Solberg, BSN, RN:

So one of the things that I really do is decompress with the other nurses on the floor to be like, "Oh my gosh, I can't believe this patient said that to me," or, "I am so frustrated. I have to get out of here and take a quick five minute break because if I don't I will definitely say something unprofessional and say something that I'm going to regret." It's important to have that support so they can check you. And yeah, it's really important to grow thick skin in this field. But again, it really shouldn't be normalized or you shouldn't just say, "Oh, it's just part of the job," because abuse in any form shouldn't be part of anyone's job. But especially for nurses and healthcare providers in particular, they undergo so much of that. And that's a big reason for a lot of the burnout that nurses experience, especially once they start working.

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

Right. And I think it highlights the role that we all have as advocates for ourselves, as you said, in resisting normalizing that and resisting the tolerance of that and advocating for policy or different procedures within your institution that support your safety and good care [inaudible 00:26:27]. Recognizing that, as you said, these patients are vulnerable and they are battling a disease, but that's I imagine can be a really challenging balance.

Marvin Solberg, BSN, RN:

Absolutely. It's amazing to think that I can do it. Because of the things that patients have said to me, I'm just so surprised. I've grown so much as an individual in not taking things so personally, because I know that, again, this is as a result or consequence of a disease process that's going on.

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

Wow. It sounds like such interesting work. When I imagine the unpredictability of any emergency room setting and certainly of the psychiatric emergency room, it really does sound like something that would continuously keep you on your toes. I'm curious. What do you do... I mean, obviously you are pursuing a PhD in nursing, but at work how do you maintain your competence or ensure that you are really well-informed and as well-prepared to manage all of the different situations that may come in your door? Where do you get your education or training on that stuff?

Marvin Solberg, BSN, RN:

So we have a clinical nurse educator that works on our unit that helps us with our competencies and keeping us up to date on certain trainings. I'm thankful that I'm in a PhD program. So I know where to obtain a lot of evidence-based practices. And having that skill has been really been beneficial to me and my unit as well, because I'm able to share these resources with the nurse educator and our manager and other staff as well. So I know that I am able to provide some resources as well to help my other colleagues with their practice.

Marvin Solberg, BSN, RN:

But a lot of the times when there is some downtime I'm looking at research on the computer at work. For example, one of the things that I struggle with is caring for patients with personality disorders. So I really didn't learn a lot about personality disorders in undergrad in my psych clinical. So a lot of the reading that I do is usually highlighted around personality disorders and what that means and how it's manifested and how to take care of patients with personality disorders. So a lot of it is myself seeking out this information on keeping up to date with practice.

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

Sure. That makes sense. And I think it's important no matter where we are that we try to keep up to date on practice and stay as well-prepared as possible. Marvin, this has been so interesting to me and definitely I'm sure very engaging for our listeners as well. I'm curious, is there anything else that you would share with people who are early in their nursing journey or considering either psychiatric nursing or a PhD or both?

Marvin Solberg, BSN, RN:

So definitely with psych nursing, don't do it if you don't have the passion. What I'm finding is a lot of people are so burnt out who have been in psych for such a long time that you see this passion left them. You know that they care about this population. So you really have to know that that is something that you like, because it is not easy to work in psych. So you really have to know what you want to do.

Marvin Solberg, BSN, RN:

And I think a lot of nursing students are stressed out during their program because they're exposed to all these different clinical opportunities, but they don't know what they want to do. So one tidbit that I tell my students is if they are unsure, they should apply for some type of position that gets them exposed to a lot of different things. And a lot of the time that's usually some type of acute or critical care and those positions are difficult to obtain. And I tell my students, "Hey, this is not going to be easy. You're definitely going to be rejected by a lot of hospitals or floors. And that is okay. That's part of the process. But definitely getting that exposure and shadowing people who you might think would be a good fit or work in something that you're interested in."

Marvin Solberg, BSN, RN:

And as for research, for me I was very, very blessed to have these types of experiences in undergrad. And I'm sure that it's not the same for... Each program is different. But if this is something that you're interested in, you definitely should reach out to research faculty at your school or university or college to explore your ideas and thoughts. And they can maybe guide you to, what's the best way to going about research or a PhD? Because that's the way that I did it. Even though I had these experiences and I was able to take these courses, it wasn't until I spoke to my advisor in undergrad, like, "Okay, I really want to pursue this. How do I get there?" So it's a lot of self advocacy and self exploration in trying to do what is best for you because what's best for me is not going to be best for someone else.

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

Right. And for those of you listening, I think one at least first step... And Marvin certainly you can add to this, but it would be to look at the college's website or the college of nursing or school of nursing and look at the faculty profiles, because often you are able to identify their interests and the research that they're conducting right there. And so it's a very peripheral view, but at least it would give you some awareness of what interests are within that college. Did you have other suggestions for the first step in that?

Marvin Solberg, BSN, RN:

Absolutely. Reaching out to those faculty is really important because when you do apply for a PhD program, in your personal statement you're going to have to identify a few faculty people who you could potentially work with. And also it's important to note that your research interests don't have to be exactly the same because if they're exactly the same, what's the point of doing that work? It's important to recognize different specialties or different knowledge or different experiences that faculty have.

Marvin Solberg, BSN, RN:

My faculty member, my advisor, and dissertation committee chair, doesn't do childhood trauma research, but she does a lot of stress research. So that went hand in hand and complimented each other. And she also had that expertise with coping that I was able to incorporate with my study. So I think it's a well-rounded research question. And hopefully in the future it'll become a really successful research program for myself. But definitely email those professors. And I remember actually going to information meetings. And if those are available, definitely go. I was so happy I did because I was able to ask the questions that I had one-on-one with faculty and that really helped.

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

That is such good insight into that process, Marvin, and into what has led you down the successful path that you're currently on. I really appreciate you sharing all of this information with us today and taking this time with us. So again, Marvin Solberg joined us today. He's got a background as a psychiatric nurse and is currently in his hopefully final year of his PhD. So Marvin, we wish you all the best as you move forward and can't wait to see the work that you continue to generate in the future.

Marvin Solberg, BSN, RN:

Thank you so much. And thanks for having me today.

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

Yeah. Thank you.

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

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.