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.

Hi, welcome to Nightintales, and thank you for joining us again today for this episode, I'm excited to introduce today's guest, Dr. Nancy George, to you all. Dr. George has a long and accomplished career so far as a family nurse practitioner, as an effective advocate for advanced practice registered nursing practice. She's an associate clinical professor at Wayne State University's college of nursing, and many other things which I'm eager to share with you, including the fact that she's a fellow of the American Association of Nurse Practitioners, and many other things. Dr. George, thanks for being with us today and coming to meet with the guests of Nightintales.

Nancy George, PhD, RN, FNP-BC, FAANP:

This is exciting. Thanks for having me.

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

One of the things that I think that Dr. George has to offer that's especially unique and especially important to nurses and aspiring nurses who are listening to this podcast is the role of the nurse as an advocate, and that comes in many different forms. We advocate for our patients, we advocate for our practice, we advocate for healthcare in general and the well-being of our communities. Dr. George has really a history of being, an especially effective advocate and a great leader of our profession when it comes to this.

I'm excited for her to tell you a little bit about that path and how you can get involved as an advocate as well. Let's just start, Dr. George, if you don't mind, just tell us a little bit about your background in nursing and where this all started, please.

Nancy George, PhD, RN, FNP-BC, FAANP:

Many people don't know I actually have a diploma in nursing. I started out with a biology degree and was in Peace Corps. While I was in Peace Corps, I was thinking about what I was going to do when I came home and I decided to go to nursing school, and got accepted to Bronson, which at the time, was a diploma program, and now is a BSN program as part of Western Michigan University. That started because actually I was part of a research study in Kenya, in a hospital in a rural area, which was part of UNESCO.

I was interviewing children who were hospitalized for a long period because I spoke Swahili and the interviewer didn't. I spent so much time in the hospital I got to see what nurses did. Even though it's very different than what we do, it got me really interested. So, I actually applied to nursing school and got accepted. While I was in nursing school, I revitalized the Student Nursing Association at Bronson. I did that because I was a little older than the average student. They were 18. I was like 26.

I realized that nurses oftentimes didn't use their voice. I say that in that they didn't communicate well with what they did, and oftentimes viewed themselves as being acted upon instead of being part of the solution. So, I revitalized the Student Nursing Association. When I did that, the then executive director of the American Nursing Association in Michigan at the time, it was Michigan Nursing Association, not as it is now, but as it was then, and she became a mentor to me and helped me realize how important it was to speak truth to what nurses do.

That's kind of where it started. When I got my first job as a registered nurse at the University of Michigan Children's hospital, I landed on a unit that my head nurse at the time also believed in the voice that nurses had, included the nurses on the unit in shared governance of that unit. This is back in '89. So, it was a phenomenal time and I had a lot of really good mentors who helped insight that passion in me.

Add to that picture of, when I was a kid, my mom ran for office county, I forget what it is, county clerk. I grew up in Northern Michigan and she ... It was a county that was primarily, if you wanted to run for office, you had to run as a Republican, whether you're a Republican or not, and my mother refused. She was a Democrat and my dad was a Republican. We always made jokes because we had interesting political conversations.

But she said, "No, I'm a Democrat. I'm not going to run as a Republican just to get elected." That started really early this thought of, how do you advocate for what you really believe in? When I got to MOT and was on a unit where people talked a lot about, how do we advocate for what we're doing? It just sort of fit with how I viewed the world and how nurses and women could have voice over their careers. Becoming an NP just helped that even more. I also had a mentor in [Dr. Joanne Pool 00:06:04] who was very politically active.

Then I ended up in a primary care nursing center at Detroit Medical Center in a clinic that unfortunately no longer exists. It was the oldest nurse managed center in the State of Michigan at the time, and I was surrounded by nine nurse practitioners. One of which was Dr. Ramona Benkert, who became another mentor at the time. She hates for me to say that, but she was, as well as several other really strong nursing nurse practitioner leaders. I seem to find people who were passionate about making a change for the nursing profession as a whole, and then later for nurse practitioners.

Partly, I think I was born into it. Having a family who would have political discussions, it probably helped that my parents weren't at the same political party, because I could hear both sides of the arguments. But it also is that it helped you understand how important it was to be part of the solution. I had good mentors and somebody asked me once, how do you find mentors? You find mentors by the people who influence you or help you move forward in your profession, however that may be, and it may be being a better NP in your clinical practice.

And it may be, for me, the part was the advocacy piece. I've been involved in the advocacy for nurse practitioners a really long time. It was because I got in ... They saw the passion in me and they mentored that passion in me. I've never given that up. I mean, today, I'm still involved. It's not because I'm not tired or, and it's not because I have all the time in the world to do this. It's because truly, I feel passionate about our practice as nurse practitioners.

I think that's the key, find your passion, advocate for that. It doesn't have to be for the profession of NPs. I have a friend who advocates for families who have autistic children, and I have another friend who is involved in trauma-informed care in adolescents, and that is their passion and that's what they advocate for. That's the key. What are you passionate about? And how do you make a change? It's not always easy.

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

Right. I hear you talking about these people that mentored you, and I think, Dr. George, I mean, you have been called out on this podcast in the past as a mentor to a guest, but I think that you are someone who now is perceived as a mentor to so many of us who equally feel passionate about this work and recognize how much work is to be done, but feel a little bit nervous about kind of jumping into that. I really appreciate that. I would like to thank you on behalf of our profession.

I'm curious, if you were trying to guide someone who said, I know that, let's say this is a new nurse practitioner, and for those of you listening who aren't aware, when it comes to advanced practice registered nursing and nurse practitioners, our scope of practice varies depending on the state that we practice in, and not all states are what we call full practice authority, where you get the opportunity to practice all the way to the extent of your education and your training.

Michigan is one of those states where we are still working toward full practice authority for a number of reasons. I think that we have really great motivation for this work. But if, let's say I'm a new nurse practitioner and I know that getting full practice authority means more people in Michigan get excellent high quality care, they'll have better access to our healthcare system and that we can truly meet the needs of our communities better. Where do I start?

Nancy George, PhD, RN, FNP-BC, FAANP:

First, vote. I feel like one of those commercials on TV, right? November. Get out the vote. Voting, I think, is the most basic way in which we, as nurses, can give voice to what we believe in. The second part is remembering that your legislators, your Senator, your representative, for wherever you live, works for you. Oftentimes, they're from backgrounds that, for the most part, is not from healthcare. So, the easiest thing to do is write them a letter.

My husband used to joke with me that secret service was going to show up because I wrote so many letters to my legislature, and I'm like, I'm not threatening them. They're not going to show up just because I wrote them a letter. The interesting thing is, is that you can develop relationships with these legislators. I think it's easier at the national level to develop a longer term relationship because we don't have term limits. This is one of my things. I hate term limits in the state.

I don't like it because, think about it, if you had a surgeon, do you want the surgeon to do your hip surgery that's done five in a year, or do you want the one that this is his main job? Being a legislator is really tough. You've got lots of push me, pull me. There's lots of political environment. And if every six years you have a new house of representative member, it means that you have a novice every six years, which means that the representative that might be in his third term has, or her term, has more power, and that's never good for you as a rep.

The first thing is write a letter. It's really funny if you contact your legislator right now, they are all being contacted about the unemployment issue. I had just written a letter. There is a new Senate bill 680. We just got the number today, that's going in for full practice authority for nurse practitioners. And I've already written my Senator because it's a Senate bill. I've already written my Senator. My Senator didn't give me the answer I wanted, and so I called her and left a message, and I will call her every week until she calls me back. It's called persistence.

I call it the drippy faucet. I just I want a question of, why can't she support the bill? Because that's what I've heard, is she doesn't want to support the bill, and I need to know what the reason is. That is important because we need legislators that understand healthcare and understand the role of nurse practitioners. I think that the most proudest I am about being an NP is that most nurse practitioners and most nurses know where the boundaries are.

We're people who kind of stay in the lane, right? And our goal is to advocate for patients. We do it all the time. I think about all the times, as a registered nurse, I advocated for my patient, in arguing with decisions that were being made that were not necessarily in the best interest of the patient and what they needed. As a nurse practitioner, I sort of do the same thing. One of my patients the other day said to me, "I love you guys. You call me and tell me all the time, here's what's happening, here's what's going on, blah, blah, blah, blah, blah."

Those kinds of activities can be translated into legislative work. The second thing is understanding that, even as a new nurse or a new nurse practitioner, you know way more about healthcare than most legislators. Most of them, we have a few nurses, and if you're interested, please contact me. There's actually, the Pharmacy Association has a thing where they actually help people who are in healthcare become legislators. It's a school that you go to.

If you're interested in those things, that's what you do. But remember, you're an expert, even as a new graduate BSN, you probably know more about healthcare than the legislator who is an insurance salesman or owner, right? Or a lawyer who did corporate law. There's a lot of misinterpretations of what nurses are. I think that our role could be simply helping them understand what it is we do. As a registered nurse, letting them know what COVID is doing to you right now and how it's impacting your life and your family's life.

As nurse practitioners, letting them know how the current situation with our practice authority affects, not just us as professionals, but it also affects our patients. It affects our ability to get impanel done with certain insurance companies, they won't impanel us because they don't understand our scope of practice. So, it's really simple. It's just simply writing a letter to your legislator, and it could be as simple as, hi, my name's Nancy George. I'm a registered nurse and I live in your district. I would love to be a contact for you if you have any healthcare issues.

If you are of the same party and you want to help them get reelected, offer to man a phone bank or walk in a neighborhood. There's all kinds of things that legislators need. Everybody thinks it's always about money, and it is to a certain extent, but they also need volunteers. So, there's some simple things you can do. There's an election coming up. It's not a big election, right? Because it's not a presidential election, but with this election coming up, there's lots of possibilities to work for different legislators or the governor's race, or something like that, where you can get involved.

Now, what that means is they know your name. I have a legislator who, he got term limited, but when he was still in office, I would have students, they would ... Part of an assignment was they had to go write a letter, go visit their town hall meeting or something that their legislator had. My student was talking to this legislator, and he goes, "Well, who assigned this to you?" And he said, "Nancy George." And he goes, "Oh my God, I love Nancy George, blah, blah, blah, blah." It's because, not because I lived in his district, but because I had worked with him and I'd answered some questions for him because he had met me.

That literally is all it takes. The best part about being nurses is we know how to talk to people, and so we know how to talk to legislators. We might not know the ins and outs of how the legislation works, but there's ways to learn about that if you're really interested, but you certainly know how healthcare works. For nurse practitioners, Michigan Council of Nurse Practitioners has a toolkit that you can use that has sample letters that you can take for the first time. ANA-Michigan has something similar where you can contact your legislators.

If you're in mental health, there's a mental health bill that they're trying to revise, and that's to make better access to mental health for the State of Michigan. There's lots of things going on that are related to healthcare that can impact you. There's some bills looking at violence against nurses and to hold people accountable when they attack nurses in the workplace. There's lots of bills out there that affect healthcare that you might find yourself interested in. That's the first step, write a letter.

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

Right. I've had the opportunity to go with an organization like the Michigan Council of Nurse Practitioners, as you suggested, or the National Association of Pediatric Nurse Practitioners and advocate for our practice, for the mental health of our communities, for the children that we care for. What I found is that, when you do it in a group setting like that, often we have someone like you, Dr. George, to remind us of important facts, the most recent statistics, critical talking points, and help us feel more empowered and more comfortable having those critical conversations.

I've always found that they're much less intimidating when I'm actually in them than they sound when I'm driving to the Capitol for that day. I'm curious if you have any other tips, if a student or a nurse or a nurse practitioner is able to join one of those kinds of legislative days or advocacy dates, if you have other tips for actually interacting with legislators.

Nancy George, PhD, RN, FNP-BC, FAANP:

Sure. Michigan Council of Nurse Practitioners, it used to be every fall, but now it's in the spring, which is actually better because that's the start of legislative season. The first thing you need to know is that in Michigan, we have two year legislative cycles. That means that bills are introduced and they're live for two years, and then it starts a new cycle. So, it depends on when bills get introduced and those kinds of things. You have to know that. But how do you know that?

Michigan Council of Nurse Practitioner, every spring has an advocacy day. The American Academy of Nurse Practitioners has a health policy conference in Washington, D.C., usually in February, and they actually ... Both of those programs educate you. I know I always get NAP, NAP, prom, but the nurse practitioner, nurses and nurse practitioners in pediatrics, that group, NAP, NAP, basically has also a training that they do for their members. Most of the groups, even if you're not ... I'm a family nurse practitioner, but I can go to NAP, NAP.

I can go to those conferences. I can go to that training. They're not going to say, oh, sorry, you're not a pediatric person. They're going to welcome you. Michigan Council of Nurse Practitioners has midwives that come, they have CNSs that attend. So, the reality is as part of that training is they tell you what to say. As you said, Dr. Spruit, Jessica, it's easier when you go in a group, right? Because when you're not sure what to say. Then once you see it's not that hard to talk to them, it's not a big deal.

In fact, a lot of times, people get disappointed because you end up talking to their staff. Here's what I'm going to tell you, don't be disappointed. Legislators are pulled in lots of different directions and they rely on their staff to tell them what the important messages are. I'm going to go back to the example about unemployment. If they're getting 50 messages a day about unemployment and they get one message about full practice authority, what are they going to pay attention to? So, meeting with that staffer, because their job is to say to the legislator, so here's sort of the hot topic buttons in your district.

That's where you can really have influence, in that, you can get yourself and others writing letters to your legislator about full practice authority for nurse practitioners calling about, and writing you a letter about Senate bill 680. It can be as simple as this. We would really like you to vote yes for Senate bill 680. If you want to talk a little bit about nurse practitioner full practice authority, you can get that information on the My Camp website.

There's lots of things. ANA-Michigan also has ... I'm on that legislative committee. They also have legislative information, so on there. If you happen to be part of the Michigan Nursing Association, they also have legislative information and how you can be advocating. It's scary sometimes, but once again, they like to hear from you. They like the people who are engaged in what's going on because it means you care. So, don't be afraid. If you know somebody who's really involved, ask if you can tag along. It's not that difficult.

I still go to the Health Policy conference, not as often as I used to when I first started, but every time I would go, I learned some new tidbit or rule. So, here's one of the things you can do. Every one of your legislators has a website. Get onto the website. So, it's really funny, I'm a vegetarian, and it's part of the story, because I'll explain this. I was meeting with a legislator from the Upper Peninsula, and I saw on his website that he was big into bow hunting and deer hunting and those kinds of things, not something a vegetarian is big on, right?

But luckily, I grew up in Northern Michigan, so I understand. I started the conversation, I said, "So, I see you're really interested in bow hunting. Do you go rifle hunting as well?" And he's like, "No, I'm not as interested in that, I like the ..." And we got this conversation started about deer hunting, which as a vegetarian, kind of appalls me a little bit. I mean, I understand it and I'm not against it, but it's just not my thing.

It broke the ice. Another legislator I know like to ride motorcycles, and so I had a conversation with him about, at the time there was the helmet law, and I started saying, "So, what do you think about the helmet law?" He turned it around on me and I said, "Well, I'm going to just tell you, as a healthcare professional, you should wear a helmet. I think this bill is kind of silly when you require kids on the back of a bicycle of their parent to wear a helmet, but you can drive down the road at 60 miles an hour without a helmet on."

It just started this conversation that is totally nothing why I was there, but it helped me understand and get an in, and they knew I had looked at their site, right? I was interested in them. A lot of them have town halls, so they have like meetings. Sometimes it's at a local coffee shop. You can get on their webpage and see when they're gonna be in the district and what they're doing. One of my students had to do it as an assignment, and so she went to ... It was hilarious, because it was during the time that the state government had cut teachers' retirement. They had messed with the ... I don't remember the details, they had messed with teachers' retirement.

Here he was at this meeting and he's listening to everybody talk, and they're all teachers and they're all attacking the guy. Finally, he looks at the student and says, "So, are you a teacher?" And he goes, "No, I'm a nurse practitioner student." And the guy was like, "Oh, tell me more." Because he wanted to get away from the discussion of retirement and being attacked by all these teachers. Luckily, because he was a student, the teachers were really respectful of him and he got to talk about what he was interested in.

Sometimes you offer a different viewpoint of ... And you help them out. So, he basically helped him out. After that, the guy like, they exchanged cards, and he actually helped work on his campaign. Those are some of the tips you can do, learn about the legislator. If you know somebody who's met with them a lot of times, you can get them to go with you. Say, "Hey, you want to come with me? I'm going to go meet with my legislator." It's a little bit different now because of COVID, but they'll still talk to you on the phone. They'll Zoom with you or whatever media they use. You can have a discussion with them.

I've had legislators come and talk to my class because of the relationship. I had one of the nurses who first started working on the full practice authority long time ago, used come to my class and talk about political and service to the state. And she was great. There's all kinds of opportunities out there to engage with your legislator. You don't always have to agree with them. I will say, even when I don't agree with them ... I'll tell you I'm a staunch Democrat. My mom won that.

That's the joke in our family. My husband says I'm the last, I'm like the flaming liberal is what he calls me. But I worked with Senator Mark Jansen on Senate bill too, and I will tell you he was the most honorable legislator I'd ever met. He lived his convictions and he voted what he believed in, and I could respect that. I might not like all his political views, but I could respect how good a legislator he was.

I think that you don't have to have the same political views to respect somebody. And if you don't like their political views, then campaign for the other candidate. I think there's lots of opportunities that we can help people. I think, with COVID, we have a lot of good will out there. I was just at a legislative event downtown, and every one of the legislators thanked us for the work we did. They like talking to nurses. I think it goes back to that we're approachable. They know that we advocate for patients. One of them talked about how his mind was changed when his mother was in the hospital and the people who helped him most were the nurses at her bedside.

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

Oh, wow.

Nancy George, PhD, RN, FNP-BC, FAANP:

Helped the family, helped his mother. He didn't realize how much nurses ... A lot of people have the impression that we only do what people tell us to do at the bedside, which, it's true to a certain extent, but that isn't what we do. We use our brains and we help the patient make good decisions, and we're often, I always call it the translator, to the medical talk. You can be that same translator for your legislator because they don't understand all the legislative talk. Everybody thinks money matters, and it's true, politically, money matters.

But what matters more is all politics are local. That Senator Tip O'Neill, it's one of his famous things, and basically what he meant was, all the stuff can go on at the Capitol, but if there's stuff happening in the district and it's impacting that district, that legislator needs to care about that. And you're the way that can make them care about that. It doesn't matter if it's the drainage ditches or the bridge. I live on Gratiot, and so right now the public bridge is a mess. Those are all ways you can sort of get involved locally initially.

Once you do it the first time, you're like, what was I afraid of? Because that's what my students, I'll come back and they say, "I don't know what I was afraid of." Well, the legislator always will have questions, even if it's their legislative aid, they're going to ask you questions. The important part is give them contact information so they can get ahold of you.

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

Right. I think sometimes what we don't even recognize is that the question might be, can you tell me what a nurse practitioner does?

Nancy George, PhD, RN, FNP-BC, FAANP:

Oh God.

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

Can you tell me what it means to be a nurse practitioner? And that's something that anyone who's going there as a nurse practitioner to advocate for practice authority, or anything else that's relevant, that's a question we can answer. You know what? I think we sometimes worry, we're so intimidated, but the truth is, like you said, we know so much more about this than we give ourselves credit for, and we really owe it to our profession, to the patients and families we care for to be that voice, right?

Nancy George, PhD, RN, FNP-BC, FAANP:

Absolutely.

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

We're perfectly positioned to be that voice.

Nancy George, PhD, RN, FNP-BC, FAANP:

One of the top questions early on was, can you tell me the difference between an LPN and a nurse practitioner? I was just like, the first time I was asked, I was flabbergasted. My joke was always, because I use humor, I said, oh, at least six years of education. They looked at me and they went, what? I said, "So, nurse practitioners have to have a bachelor's degree in nursing, and then they have at least two more years, and now possibly four more years of education. So, it's six to eight years more education."

I said, "Licensed practical nurses have a place in our healthcare system, but nurse practitioner, I think, they get caught up with that word, practitioner, like we're practicing to be nurses." That was the other thing. So, are you practicing to be a nurse? I would always laugh because I could say easily at the time, "Well, no, I've been a nurse for 15 years now, so I think I'm done practicing being a nurse. I think I am a nurse." Right?

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

We're in the real show now.

Nancy George, PhD, RN, FNP-BC, FAANP:

Yeah, that's right. Sometimes, if humor's your thing, you can use humor, if not, you just take it seriously and you say, so, a licensed practical nurse has this much education. A registered nurse has this kind of educate as a nurse practitioner. I have either a master's degree or now a DNP, a doctor in a nursing practice. And then they're going to ask you questions like, so, if you get a doctorate of nursing practice, why don't you become an MD? Because you get that anyway, right? Well, you're obviously smart. Why don't you go be an MD?

My response is always, I'm so smart I knew that I wanted to be a nurse practitioner and not an MD. I know what I want to do. And then explain why you're passionate about what you're doing. It is always an opportunity to educate, and you can talk to them ... I mean, always, here's the other key, always be polite if ... Don't get me wrong. Legislators have said things that inside my head I'm screaming at them, but outwardly, I'm always calm and polite.

Then we walk out of the office and I would talk to ... Sometimes I would go with our lobbyist and I would say, "Are you kidding me?" And she would just laugh. She goes, "Yeah, it's okay, you made a good impression on him." I go, "How can you tell?" I go, "Well, he felt comfortable enough to say something that stupid. I said, okay, all right. By maintaining your cool, you get a lot farther. My mother used to say, you attract more bees with honey than you do vinegar.

I think that bodes well when you're talking to your legislator. Excuse me. They're not always going to see your point of view. They're not always gonna agree with you, but that's why you come back. When you find out what their arguments are against, whatever it is you're trying to get them, then you know where to work on the problem with them and get them. You can actually tell your friends, we need to contact our legislator because this is what they think.

That's that numbers thing. Now, suddenly, they've got the ... One day we shut down the switchboard in Lansing over a bill that was just crappy for nurse practitioners, and the word went out and everybody just started calling their ... And they were like, stop, please just stop. Because no business could get done if nobody could get through. They learned quickly, I guess, that, in numbers, we have a voice. The other thing I think we need to recognize is that there are, for every physician, seven nurses.

If you just look at the numbers, we could have lots of power in the sense of having an influence on what's happening in healthcare and how it affects nurses if we just hung together. My other thing is the political action committees that are specifically for nurses. I know personally, I wish PACs went away. But it is part of the election process, and until election reform happens, at least the Political Action Committees that are for nursing, our voice, and this is what I think. There's, in the American Nursing Association, if you're a member, there are, I forget, 4.3 million nurses right now in the United States.

If every year, every nurse was a member of ANA and gave $1, it would mean that we would, every year, have over $4 million to spend on political issues that affect nursing. In the State of Michigan, there's well over 8,000 nurse practitioners. If all of them belong to the Michigan Council of Nurse Practitioner and donated, even $10 a year, we would have ... It's a geometric progression and we would have money in order to have influence. You may not like it, because I will tell you politically, I don't like it, but I'm a member of the PAC, Political Action Committee, and I donate monthly. It's the cost of a Starbucks coffee.

It means that the Political Action Committee for the Michigan Council of Nurse Practitioners can have influence. And if you think it doesn't matter, I will explain how it does. When the Michigan Council of Nurse Practitioner, when I first got involved officially with them, I was the PAC chair. At the time, the PAC had, I don't know, $1,000, it was nothing. We raised my, and we gave money to different things. Right now we're going to donate money to a golf outing.

I don't golf, I don't care about golf, but the sponsor of our bill has a golf outing. We are going to sponsor that. So, we'll donate money. If we don't have money to donate, then somebody else who's against what we're for will do it. The difference is, is that, once we were able to do that, we had to go to them initially, now they come to us. That means that the influence has changed and we're having more influence than we've had in the past, and that's ... People might not think it's important, but it is if you want the profession to have a voice and be at the table. I love the line that, if you're not at the table, you're on the menu.

If you're not sitting at the table, helping the decisions that are being made, then you're often on the menu and somebody else is making those decisions for you. I think that happens a lot in nursing and we just need to speak up. Even at the local level, I know nurses get asked to serve on committees and things at hospitals, and they're like, oh, I don't have time for that. But even that can have influence. I served on committee, I worked, it was Oakwood at the time, not Beaumont, but Oakwood, and I served on a committee, and I met a lot of really influential people within the system.

I was able to get them to change a policy around APRN practice because of my influence from being on that committee. That's really what advocating is about at a microcosm level, right? Within your practice. I think there's lots of different ways people can make a difference. Once you start to do it, it kind of becomes addictive. Even though I'm not on Michigan Council of Nurse Practitioners Board anymore, I'm still involved, I still pay my dues, I still donate to the PAC. I'm part of the Political Action Committee. I used to be the chair and now I'm just on the committee.

We get ideas about how to raise money, and think all of those things are important to have influence and ultimately, I think, as women, we sometimes are afraid of what people think, and that means decisions are made for us that we don't agree with. I've been encouraged with the Me Too movement. I've been encouraged by seeing more women standing up and saying, this is what I believe in. I'm hoping that the younger gen ... Because I plan on retiring someday soon and it actually will leave more time for me to advocate more, more than I do.

But it also means that the thinking is changing, and that's the beauty of being part of the process, is seeing how the early influences on my life laid the groundwork for me and how I can lay the groundwork, and people coming up. I just got contacted by a student who's gonna run for the board for the Michigan Council of Nurse Practitioner. I'm so excited for her. And she's like, "What do you think?" And I'm like, "Yes, do it." Yes, yes. The worst thing that can happen getting involved is you don't get voted in, and then what do you do? You don't walk away.

You just say, okay, how can I be involved? That's the passion. I think, for me, nursing has been a wonderful profession. Has allowed me to spread my wings in ways I never anticipated. I think that's the beauty of it. It's allowed me to learn lots of things about lots of different things that I never thought I'd be involved in. People ask me to run for office and I tell them no, it's not my thing. I'd rather just advocate for us on this side. But if that's your thing, once again, let me know.

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

No, I think you're so right. I think, none of us probably go to nursing school thinking, I want to be this trusted advocate, this fierce advocate for these things that I believe in. Whether it's our practice or the environments where you're in, or the patient populations that we care for, I think we get pretty bogged down in our roles and what it means to be registered nurse at first or nurse practitioner at first. But wow, I mean, when you think of the difference that you can make beyond the bedside, or your panel of patients, or whatever your practice looks like by learning to do this, and by embracing this role and responsibility that we have, it's true.

I mean, I can only imagine how you feel. You spread your wings quite a bit over this professional career so far.

Nancy George, PhD, RN, FNP-BC, FAANP:

I think the other part is, as an educator, that we have opportunities that aren't open to everyone. I think that I am so proud when I see our graduates that start to take on these leadership roles. I don't mean that in the sense of being the CEO of something. I mean, that's great when that happens too, but literally, taking on roles to advocate at all different levels. It's so exciting to me to see that growth and see that the work that's being done is going to continue. I think that, in the educators, while we're not always viewed as being great money makers ... My husband always says, well, you quit taking jobs that ... Peace Corps ruined me because I always take jobs that I'm passionate about as opposed to jobs that make me lots of money.

But ultimately, it's my happiness. That really is what matters. As educators, I just see that we have these people who do really wonderful things and as they graduate and move on. I think that, that's the other influence. I'm sorry, my dog has decided to misbehave. I think that's the other part that, that mentoring, and you get to see that it's going to continue. I'm always excited by that. I'm excited by lots of things unfortunately.

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

Unfortunately, right? I mean, I think, I've said this a million times.

Nancy George, PhD, RN, FNP-BC, FAANP:

Professional ADD, right?

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

Right. But I think that's the beauty of nursing, right? If this thing isn't doing it for you, if that's not a fulfilling, if this isn't what you were hoping for, there are so many other opportunities, and maybe it's that ... You have to keep working that job because it's the right fit. It affords the flexibility you need, but what really fills your cup is advocacy, or maybe it's being engaged, a really active member of your professional organization. I think it is kind of the burden of nursing as well, but it's the beauty of it. There are so many things that we can do, and we can kind of always ... There's always somewhere else to find our joy while still dedicating our lives to being a nurse.

Nancy George, PhD, RN, FNP-BC, FAANP:

Absolutely. The beauty of nursing is that the possibilities are endless of where you can land. It's not necessarily you have to be a nurse practitioner. I have a friend who she works on immunization stuff with Santa Fe. I don't know if that's ... That name is, but it's a pharmaceutical company. So, she ended up there. At first, she felt like, she goes, "I'm such a traitor." And I'm like, why? It's not like we don't need pharmaceutical company [inaudible 00:45:56]. During this time, it's like this huge thing, but it's not where she thought she'd be, but she loves it.

I think that's the beauty of nursing, is the potential for where you can land is kind of phenomenal. The other thing that's cool about it is, if you tell somebody you're a nurse, I don't care where you are, an elevator in a hotel in Florida, they will tell you some story about how a nurse ... It's kind of a great profession that way. It's like, my husband tells me not to make eye contact at the supermarket, because suddenly, people are telling me all kinds of stuff. I'm not telling them I'm a nurse.

I think it's just that we make eye contact, we look empathetic, and so they start talking to us. He's an engineer and so he's a little uncomfortable with all that, but he's used to it after all these years, but it's kind of funny like, that's the beauty of being a nurse. Even if you stop being a bedside nurse or you stop being a nurse practitioner, you never really stop being a registered nurse. It influences everything. I love it. Even when I think about retiring, I'm not talking about retiring from nursing all together. I'm talking about retiring for my job as an educator eventually. It happens to all of us.

But my plan is to go and continue to be a nurse practitioner somewhere, maybe not full-time, but a nurse practitioner, because that's what I love. I love what I do, almost every day.

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

Yeah, I think that's such a beautiful thing and such an important thing, to love what you do most days, and maybe not every minute of every day, but most days.

Nancy George, PhD, RN, FNP-BC, FAANP:

Correct.

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

I think we should be realistic about that, but I think we also need to be realistic about, if this isn't what you love, if you can't say what you just did, Nancy, that I love what I do most days, then there's something else in nursing for you. Gosh, you have certainly found that with your various roles and the influence that you continue to make over students, and patients, and families and educating our legislators, and just all of the work that you're doing for our professional organizations. I'm really appreciative of you.

I know that we could have ... I really felt that we could have talked for hours about your roles in nursing and the things that you have taken on, but I really appreciate your willingness to come talk to us today with this dedicated focus on advocacy and help all of us understand one, why it's so important, but two, how it's so attainable for all of us to get engaged this way.

Nancy George, PhD, RN, FNP-BC, FAANP:

Thank you for having me.

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

Yeah. I, I really appreciate it. I hope that you all now have a new appreciation, and perhaps a new confidence for this important work that also needs to be done for our profession. So, thank you so much, Dr. George.

Nancy George, PhD, RN, FNP-BC, FAANP:

You're welcome, Dr. Spruit.

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

Bye-bye.

Nancy George, PhD, RN, FNP-BC, FAANP:

Bye.

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 view 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.