

Fixing Healthcare Podcast Transcript

Interview with Ernest Grant

Jeremy Corr: Hello, and welcome to the Fixing Healthcare podcast. I am one of your hosts, Jeremy Corr. I'm also the host of the popular New Books in Medicine podcast and CEO of Executive Podcast Solutions. With me is Dr. Robert Pearl. For 18 years, Robert was the CEO of The Permanente Group, the nation's largest physician group. He is currently a Forbes contributor, a professor at both the Stanford University School of Medicine and Business, and author of the bestselling book *Mistreated: Why We Think We're Getting Good Health Care—and Why We're Usually Wrong*. His new book, *Uncaring: How the Culture of Medicine Kills Doctors and Patients* was published three months ago. All profits go to Doctors Without Borders. If you want more information on the book and a broad range of healthcare topics, you can go to his website RobertPearlMD.com. Together we host the biweekly podcast *Coronavirus: The Truth*

Our guest today is Dr Ernest Grant, the president of the American Nurses Association. Dr. Grant has more than 30 years of nursing experience and is a recognized burn-care and fire-safety expert. He received his PhD from the University of North Carolina and serves as an adjunct faculty member for the University of North Carolina Chapel Hill School of Nursing. In 2002 President Bush honored him with the Nurse of the Year award for the work he did treating burn victims after the world Trade Center tragedy.

Robert Pearl: Dr. Grant, you're the president of the American Nurses Association. What does that role entail?

Ernest Grant: That role entails that I serve as the representative of the nation's 4.3 million registered nurses and try to please 4.3 million registered nurses, who has 4.3 million different opinions. But mainly it's doing advocacy work on behalf of the profession and making sure that nurses get the resources and things that they need in order to provide the best care that they possibly can. That's pretty much the, how about the 30,000-foot view, I guess.

Robert Pearl: So, as president, what are your four or five highest priorities for this year and the one coming up after that?

Ernest Grant: Well, I think the first one is obviously still working on recovering from the pandemic that is going on, getting Americans vaccinated, providing much mental and physical release that nurses need. Since they have been going at this pretty steady now for the last year and a half, we're extremely concerned about the mental and physical health needs of the nursing workforce. I think addressing healthcare disparities and health equity, that is, obviously COVID to pretty much shine the light on and I'm happy that people are wanting to address that.

Ernest Grant: Also needing to educate and advocate and to work together to end systemic racism. We have a commission that is addressing that issue. And I'd be happy to talk about that some more later on. And then, of course, addressing the nursing workforce shortage and what that means for the profession, not only now, but moving forward into the future. I'm extremely concerned about some of the things that are happening there.

Robert Pearl: Let me pick up on a couple of topics that you've raised. I'm particularly concerned and I've written about the exceptionally high, three times higher, mortality that black women have giving birth. Many ways it's the highest mortality in the industrialized world. How do you see nurses in particular, helping to lower this and bring it back to the level that it should be for all Americans?

Ernest Grant: That's a really great question. And the way that I see nurses being able to do that is to advocate, which we've always done advocate, though, even more on behalf of the patients that we care for. Part of that you could say may go back to my comment about increasing the diversity within the profession itself. I think having advocates who are from that community who can identify with that individual and advocate on their behalf, a lot of times what we see and hear is that nurses and/or the patients will say, "No one listened to me," or "I was not heard."

Ernest Grant: And of course, if there is a cross-cultural barrier, that creates a problem too, because of perhaps the language or the wording that we may use to describe feelings or et cetera. So, it's a matter of nurses advocating to educate all the members of the healthcare team, not just nurses, but we're talking doctors, advanced practice nurses, PAs, all the way down the line to actively listen to what the person is saying. And then ask questions where you do not feel that you may have enough information, and to take the person seriously because nobody knows their body better than that individual.

Ernest Grant: And you only have to look at Serena Williams to know that this isn't a problem that happens to people who are of lower social economic income, it goes the whole spectrum. And Serena, I believe even was pointing out that she wasn't listened to either. So, we need to make sure that we get those lines of communications open and have those honest, frank conversations that need to be had.

Robert Pearl: I've actually even heard this type of feedback from African American physicians, who not only are obviously well educated but are experts in the area of medical care practice and they, too, feel as they have not been heard. So, it's a very broad problem. And I do believe actually that the nurses in both the delivery area and the postpartum area have such a vital role to play, if we're going to really end what I see to be a scourge and a problematic outcome that is indefensible for American medicine.

Ernest Grant: Absolutely. I couldn't agree with you more.

Robert Pearl: I read a survey this week that 7 in 10 Americans see healthcare costs as the number one problem that exists today, how do you see nurses addressing and solving the economic challenges the growing and affordability that our patients are telling us that they experience?

Ernest Grant: Well, I think part of that could be dealt with by, well, in a couple of ways. One for advanced practice nurses to be able to have full practice authority, if you will. And I believe we have that in I think 23 states right now. So, we need to spread it throughout the rest of the country. These are people who can go into underserved areas. And instead of waiting for an illness to become exacerbated or a chronic illness that may get out of hand, the fact that you have a provider within the community that can keep a closer eye on things and provide that care that that individual may need, that will help to drive down healthcare costs.

Ernest Grant: We have seen just with the pandemic, and the outgrowth of telehealth and telemedicine, how that, too, has helped to drive down healthcare costs and still allowed individuals to get the quality care that they needed and still allow them to be able to go to work and et cetera, but they were still very well monitored.

Ernest Grant: The other component of that, I think, is being able to address and embrace new innovations that are coming down the pike, that helps to make our lives a little bit easier. But sometimes we need to streamline that a little bit more. If you look at the electronic health record, you think, "Oh, this is going to be great," but you spend more time clicking buttons than you do actually assessing the patient or listening to the patient.

Ernest Grant: But still that I think you're looking at or taking the best of what is happening from an innovation perspective and how that will be able to allow all of us to work more efficiently and still be in tune to what is going on with the patient. There's a couple of ways to do that. But I still think probably the most significant thing would be to allow for nurses at all level, the advanced practice nurse as well as the nurse at the bedside, be able to the practice to the highest level of their educational preparation.

Jeremy Corr: One of the questions I know a lot of people ask is that are nurse practitioners just as good as medical doctors when it comes to primary care? My primary care is personally a nurse practitioner, and I like him a lot. What are your thoughts around nurse practitioners being primary care providers and the level of care they provide?

Ernest Grant: I think that they have proven themselves over and over again that they are capable of doing that. And the thing that we have to realize that it's a collaboration. It's not one being better than the other. It should be viewed as a collaboration as what skills does the nurse practitioner bring to the table that would be able to help that patient for that particular time. I mean, studies have shown that patients generally, overwhelmingly love the care that they do get from the advanced practice nurses.

Ernest Grant: And I think part of that, though, is from the fact that we tend to spend more time with them and actually listening to them. And I think we got that, usually, before you go back for an advanced practice degree, you have to spend about two years or so at the bedside and et cetera, honing those skills. And I think that serves as well once you are in that advanced practice setting.

Ernest Grant: But, again, it should be viewed as a collaboration in places across the country where nurses are able to have full practice authority you will find that that works out very well. And also, you'll see that healthcare costs are much lower because of the resources and things that we may be able to bring to the table to the satisfaction of everyone.

Robert Pearl: You're the first male president in the association's history, what are your thoughts on making the profession more attractive to men?

Ernest Grant: That was actually one of my goals. And let me preface this. I will say that I may be the first, but I hope and pray that I'm not the last. It only took 122 years for the glass ceiling to be broken. But I hope that I have blazed a trail for others to follow behind me. One of the things, though, that I did run on my platform when I was running for my first election was to increase the diversity of nursing, because I strongly feel that nursing should be reflective of the people that we serve. And that includes not only increasing the diversity from a color perspective, but also from a gender perspective as well.

Ernest Grant: And we have seen, where since I have been president, more and more men have been going into the nursing profession, which is really great. We need to continue that though. And one of the ways that I had begun to work on that before our friend COVID came around was to try to form a partnership with the Boys and Girls Club of America, and ask them to invite nurses, particularly male nurses and people of color to come into those programs that they have for kids to talk about nursing as a potential field, the students who the kids would like to go into.

Ernest Grant: We have to take the exact same STEM courses that someone who is going to be an engineer, or go to med school, or a chemist, or whatever else. So, again, just make nursing as appealing to that group of individuals. Because you really need to start early. If you look at high school or maybe as a second career, that's perfectly fine, too. But I think seeing that role model, and I, myself, I go into another organization that I belong to, we have been adopted in elementary schools. So, every chance I get, I get to go in there as well. And I'm setting that example.

Ernest Grant: Your audience may not realize it, but I am six foot six, so to see somebody my size, working with first graders, second graders, and et cetera, if I can plant that image on a young male of color, that he may be thinking, well, if he can do it, I can do it as well. That's really great. But that's part of the way that I see being able to increase the diversity within the profession.

Robert Pearl: How did you get attracted to nursing way back in your early days when you were just coming out of high school and looking for a professional career?

Ernest Grant: Well, actually, my first inclination, so I hadn't even thought about nursing. I actually wanted to be an anesthesiologist. And my high school guidance counselor ... I'm the youngest of seven kids and came from a very poor family. And even if I had won scholarships, I would not have enough to pay to be able to go to complete undergrad, and then go on to med school, and et cetera. So, my high school guidance counselor suggested going to the local community college becoming a nurse and then maybe becoming a nurse anesthetist if you still wanted to do that.

Ernest Grant: So, I took that advice and started out in a one-year program that allowed me to become a licensed practical nurse. And I think probably about three months into that program, I totally forgot all about med school. I found out that nursing was my calling. I realized that I got such great satisfaction working with my fellow men that way than I ever thought that I would by going on to med school.

Ernest Grant: So, as a result of that, I went back and got my baccalaureate and master's and subsequent doctorate, each time realizing that as I went up the ladder, it allowed me the opportunity to do more for the people that I was caring for on a greater basis, not only at the bedside, but also through my advocacy work as a preventionist. Not only within my state, but across the country and subsequently across the globe, because I was able to share a lot of the wealth of information that I had to try to prevent burn injuries and such on a global basis, not just here locally within the state of North Carolina.

Robert Pearl: I was going to ask you later, but I'll ask you that since you raised it. I'm a plastic surgeon. I spent a lot of time in burn units taking care of people who suffer these horrific injuries. How did you get interested in burns, particularly at the global level? I know a lot about that too, because I've done volunteer trips about people falling into fires, who are cooking tortillas, my hand over the fire and other ways that I've seen terrible, terrible injuries to children. How did you get interested? Were you a burn unit nurse?

Ernest Grant: Yes. I worked in the North Carolina Jaycee Burn Center, which is affiliated with the University of North Carolina Hospitals in Chapel Hill. I was there for 36 and a half years. However, if you told me after I started my career in nursing, that I would be a burn nurse, I would have told you, you're crazy. Because the first couple years of my career, I started out on a medical-surgical/orthopedic overflow floor, and then transferred to the ICU a little bit later on. But then I moved to the Durham-Chapel Hill area to work on my baccalaureate degree.

Ernest Grant: And at the time, I was still an LPN. But I was also a member of the organization called the JCs, which some of your listeners may be familiar with. But they're sort of the equivalent of the Lions Club only for younger people. It stood for Junior Chamber of Commerce. And we would do all kinds of projects to enhance

our community. And one of the state projects that the North Carolina JCs had was to support the burn center.

Ernest Grant: So, when I moved to the area, I figured, well, okay, I'll work in the burn center with the idea that I would complete my bachelor's and go back to the mountains of North Carolina where I was from. But again, when I started working in the burn center and probably after being there about six weeks, I realized that burns was my calling as well. And I would always ask myself, though, as we see these very young kids come in or older adults come in and realize that these burns could have been prevented. Something's got to be done to prevent these injuries.

Ernest Grant: And so, that sort of started me on the path of becoming a preventionist, if you will, and working actively to get laws or codes or standards implemented that would provide that passive prevention such as smoke alarms or decreasing the temperature of the hot water heater or doing a lot of education for the public. And that even meant, again, I said I was six foot six. So, that meant me putting on a Sparky, the Fire Dog costume, and going into kindergarten, first grade classes, and teaching kids how to stop drop and roll. And it really worked.

Ernest Grant: Because we would get people who would come into the burn center, and the parents would say, "We panicked, but our kid knew what to do," because they've been taught by either Sparky or people in the fire service how to do stop, drop and roll or how to get out of the house. Because we would always teach when a fire happens, get out, stay out, call from neighbor's house or something like that. So, those messages, we know that kids absorb those and paid attention, and injuries that could have been a lot worse were minimized just because of the fact that those kids were quick to think.

Robert Pearl: I want to go back to something you said at the beginning. I've spoken and written about the psychological harm that COVID-19 has inflicted on physicians, particularly was the critical care and your setting. I'm sure it's been even harder on the nurses who have had to provide care 8, 12 and 16 hours a day to single patients who would then go on to die as a consequence of this terrible infection. What are the nurses you're leading telling you about it? And how is the association working with them to avoid PTSD as a result of their experiences?

Ernest Grant: That's a really great question. I hear from nurses every day about the trials and tribulations that they're having at the bedside. They are very indecisive. They're truly burnt out as a result of having to work even though we "work 12 hours," as you just implied, we're actually working 13, 14, 16 hours or so. And by the time, especially if it's a nurse who's working in an ICU, they don't have time to even go to the bathroom sometimes during that 12-hour shift. If they're lucky, they may get 15 minutes for a lunch break.

Ernest Grant: These are working conditions that should not be in such a situation. But yes, and they've been doing this for the last year and a half. So, therefore, it is just very emotionally, physically draining. And they began to pick up on the signs and

symptoms like not eating properly or eating too much when they get home, not being able to sleep, or maybe turning to alcohol or something like that, or they find that they're very short with their family members or even their colleagues at work, or is this just not in their nature prior to what was happening.

Ernest Grant: So, the American Nurses Association, the American Psychiatric Nurses Association, the American Association of Critical Care Nurses and the Emergency Nurses Association, we all got together and put together a program called Well-Being, which is posted on all of our websites. And we have advertised for nurses to access that website. It starts out with them being able to take a 10-part questionnaire. It determines, am I under stress or not, which, obviously, I think most of that is pretty much self-evident.

Ernest Grant: But then it also lists things that they can do you, like either join support groups or do one-on-one counseling, or if they want to write about how they feel or things of that sort, there's some options that they can do there.

Ernest Grant: Separate from that, the American Nurses Association, prior to COVID coming on, we wanted to address this problem that we were seeing on a smaller basis before COVID. And so, we created Healthy Nurse, Healthy Nation, which is, again, a website that nurses could go to and join. And it talks about promoting a good work-life balance, eating properly, getting enough sleep, getting enough exercise, recognizing when you are stressed and some of the things that you can do and et cetera, from there. So, that seems to be working.

Ernest Grant: Although, what I am finding though is that nurses, like a lot of military individuals and some physicians as well, were good to point that out for someone else and for the patients that we care for. But sometimes it's hard for us to accept that we are suffering the same thing.

Ernest Grant: But we know that if they continue to do that, it's not safe. You begin to make medication errors. If you're not getting enough sleep and things like that, you create a dangerous situation in the workplace environment that could be detrimental. So, it's important that all of the members of the healthcare team take care of themselves first, so that they can provide the care that is needed at the bedside.

Robert Pearl: One of the best leaders I've worked with is an individual named Greg Adams. He's now the health plan and hospital CEO of Kaiser Permanente. And he was a critical care nurse and ER nurse early his professional career, and he's done a remarkable job leading the organization. I had the chance to work directly with him in the latter part of my tenure as CEO in the medical group.

Robert Pearl: Leadership, as you know, for clinicians is a big leap. It can be really good at the tasks that you trained in. But to then become the administrative leader, you feel like a fish out of water. How is the association developing leaders, training

leaders, advancing leaders, supporting leaders? This must be a major part of the work that you do.

Ernest Grant: It certainly is. And it's something that we are stressing even more and more. One of the things that I have advocated during my presidency, and as you heard me mentioned at the beginning of the podcast as well, I talked about the National Commission to Address Racism, one of the things that we're encouraging nurse leaders to do, either chief nursing officers or at nursing associations and et cetera, is to identify potential leaders and give them the help and encouragement that they need and serve as mentors.

Ernest Grant: And that means maybe setting up little mini leadership academies, so that these individuals can participate in what it means to be making those tough decisions. I encourage chief nursing officers to if they've identified a group of nurses in their facility that they think will make future leaders, invite them to come to the C-suite and participate in or at least listen in on a board meeting.

Ernest Grant: And then afterwards, talk about some of the things that they saw that happened and ask them, "What would you do if you were the leader in this particular position or if this topic came up," and et cetera. That way, you're helping to mold them into thinking on a much higher level.

Ernest Grant: The other thing is that it's good for is that it's great for succession planning, because you have someone at this point who is invested in the institution, and when those leadership positions come open, they have already proven themselves worthy to move into those positions because they pretty well have been exposed to some of the situations, if you will, that they may encounter. And so, they feel really great about making the decisions that they have made.

Ernest Grant: And even here in North Carolina, when I was president of the North Carolina Nurses Association, I implemented the first state nurses academy, which is now has been going on for eight years. And it's a year-long academy that will produce future nurse leaders and they are somewhat like in a school.

Ernest Grant: They do have a project that they have to work on that they have to present and they interview members of the legislature. They interview other nurse leaders, things of that sort, and then they do present their project. And they graduate from the program as part of that. So, it is all about looking at the future leaders for tomorrow and what they can bring to the table.

Ernest Grant: And if you start them young enough, the other important thing is you need to identify someone who's probably at the beginning to the midlevel of their career. And that way, you got somebody who's got some fresh ideas, who is going to embrace innovation, technology, et cetera, and bring that into the picture as well, so that the institution itself is staying on top of what is going on within society itself.

Robert Pearl: The number of years that it takes to become a nurse has lengthened, I will say recently, but across time. How do you see this trend? What do you envision in the future?

Ernest Grant: Well, right now, there's such a severe nursing shortage. It's estimated that by even just next year alone, we're going to be down about 1 to 1.5 million nurses. And actually, our foundation, the American Nurses Foundation, is actually just put out an RFA for what we're calling, Reimagining Nursing. What is a new way that we can graduate nurses to where they are still receive the education that they would in a traditional setting, but what are some of the other models or modes that we can use that would help that also?

Ernest Grant: A number of programs, and typically, right now, what is happening, either at the university level or the community college level, they're admitting students every quarter, or excuse me, every quarter, every semester, in order to try to turn out more nurses to meet the demands of the workforce. The problem, however, is that there's not enough faculty, there's not enough clinical faculty, and there's not enough clinical spaces. And everybody is vying for the same space to get those clinical hours in.

Ernest Grant: But I truly hope that we do need to look at, are there other ways that we can get nurses through the curriculum and to take the NCLEX exam so that they can be certified as a registered nurse and still maintain the good quality and competence that's going to be needed once they do begin their practice.

Robert Pearl: For listeners who may not be in healthcare, because we have quite a number of those, obviously, once you receive your RN, it's like getting your MD degree. You don't have very much experience. You've been done well in theoretical courses. You've had basic hands-on work.

Robert Pearl: But to develop the skill to be an OR nurse or a critical care nurse or an ED nurse requires a lot more training. And I know that the workforce in those areas is statistically aging. And there's going to be a tremendous shortage of expertise. How do you see us addressing that to make sure we can provide the excellence in surgical care and critical care that patients need and deserve?

Ernest Grant: Well, one of the ways that that is happening now is that probably about 95% of the hospitals across America now have what's called a nurse residency program. It's just like what someone who just graduated from medical school would do as well as they do their internship and residency, new graduate nurses will also participate in a nurse residency program, which is usually up to about a year.

Ernest Grant: And part of that, it varies, but typically, in some cases, a nurse has already been chosen what area they want to go into, if it's critical care, if it's med-surge, if it's the OR whatever. So, they are assigned a preceptor that orients them to this is how things are done here, that type thing. And that may be anywhere from three to six months. But also during that one-year residency program, they are

continuing to get classes, they are continuing to do more clinical, if you will, but also are taught about doing research and doing quality improvement projects and things of that sort.

Ernest Grant: So, that helps to also help mold that individual to where they're doing more critical thinking as well. They're growing their critical thinking skills and applying theory, which they got mostly when they were in school. Now that they've graduated, there's that transition from theory into practice. And so, those residency programs helps with that transition.

Ernest Grant: And the good thing about that is that there's always a system of checks and balances. They're always speaking with someone, a senior nurse, or whatever, and have someone that they can go to and ask questions about. Because in a lot of cases, you don't know what you don't know. So, in the old days, sometimes, before residency programs came along, nurses will go through maybe a three or six months orientation program, and that was it. But they still didn't perhaps encounter all the situations that they may need to in order to develop their critical thinking skills.

Ernest Grant: But now that we have that and we also have simulation labs, those things that may not have cropped up during their preceptorship, we can make sure you go through a checklist and make sure that those are done through a simulation lab as well, so that they're continuing to develop those skills as well.

Jeremy Corr: A lot of people still have the stereotype that nurses are always women. You're a very successful male nurse yourself. And how often are you seeing this stereotype? And how has it evolved in recent years? And what is your organization doing to address this stereotype? And are you doing anything to encourage more men to enter the nursing field?

Ernest Grant: Well, that stereotype that the people see, that is still true. I mean, nursing is over 80% white and about 80% female, and of course, that's what you see on TV. So, we are taking steps to try to change that by encouraging more nurses of color or people of color to go into nursing as a profession and more men as well to consider the nursing profession.

Ernest Grant: Some of the ways that obviously we're doing that, I personally, when I have had the opportunity to speak with deans and directors of nursing programs, one of the things I've told him is to imagine themselves when they pull into their assigned parking space at their place of work, when they're getting out of the car, take on another personality, take on like a person of color or another gender.

Ernest Grant: And as you're walking into your building, look at what your particular school of nursing is saying to someone who may be from a different background or a different gender. Is it welcoming? Or do you just see rows and rows of white ladies who were deans, either they're former deans or current deans of the

program? What about your faculty? Does your faculty represent diversity? And are there people of color there? Are there men on the faculty there as well?

Ernest Grant: Those are things that you need to think about and what are you doing to actively recruit people of color and men to come to your program? If you don't see that, then obviously, there's a problem that needs to be addressed. So, by getting them to think along those lines, also, encouraging them to reach out and actively recruit people of color and men into their programs is a great way to start that.

Ernest Grant: I think other organizations such as the American Assembly for Men in Nursing, which advocates not only for men's health, but for more men to go into nursing as well. Sometimes it may take someone from the outside looking in to sort of tell you what your problem may be and how can you go about addressing that. So, as a profession and as an organization, ANA is always pushing that we do need to increase the diversity of members of the nursing profession as well as men.

Ernest Grant: And of course, one of the other things is bringing up nursing salaries so that they are a much more livable wage than they have been traditionally in the past as well, that also makes it more attractive, not only for men, but for everyone. I mean, we should be paid a good living wage and not be considered part of the room rate, if you will, that, too, sort of hinges on us from a professional perspective, being able to truly call ourselves a profession.

Robert Pearl: Mental health is a major challenge for our nation, with not nearly enough providers available to meet the needs of the American populace. For people who are nurses, but want to gain more skill and shift their careers into the more psychological aspects of healthcare, what are the opportunities that exist for them?

Ernest Grant: There are a lot of opportunities for that. There are nurses who can go back to school and get either a master's or a doctorate in nursing practice with a specialization in mental health nursing. And, of course, as I mentioned earlier, there's the American Association of Mental Health Nurses, which helps to ensure that as well. So, there's lots of opportunities that are out there. A lot of the university-based programs and some of the online programs as well will offer either a master's degree in psych mental health or a doctorate of nursing practice, and mental health nursing as well.

Ernest Grant: And so, there's every opportunity for someone who'd like to take advantage of that. And mental health as we're seeing now as a result of the pandemic is an area of very high demand. There are not enough practitioners out there. And not only for nurses and other members of the healthcare team, but just the public in general. This country has been under ... It's like having your head in a vice over the last 18 months.

Ernest Grant: And at some point, release has got to come about, and sometimes that may come about with someone acting out or whatever. So, we need to have enough practitioners to address the ever-growing mental health needs across the country.

Robert Pearl: Do those master's programs allow the nurse to be a direct therapist at that particular point? Are there more restrictions on the practices that the nurse can do?

Ernest Grant: It will vary by state in which they practice in the particular program, but most of the master's-based programs for psych mental health nursing, they are transitioning to a doctorate level. But yes, it will just depend on what state the individual may be practicing in, and, of course, how that may be governed by the Medical Society in conjunction with the State Board of Nursing as well.

Robert Pearl: We're seeing a major shift to programs like the hospital and home and virtual medical care, how has this impacted your organization and the nursing profession overall?

Ernest Grant: Well, one of the things that we have done is to, from, I guess, government/regulatory perspective is that we have been lobbying Congress to allocate more funds for public health nursing, which I would lump home healthcare into that segment. Public health has been underfunded for about the last 20 years. And actually, I think they're down something like maybe 70,000 positions during that time.

Ernest Grant: And again, COVID has shone the light on that huge deficit that we have. So, we are encouraging that more funds be put towards public health so that we can have more public health nurses to be able to go out into the community and see what is going on and assess the health of the community. Your listeners that probably have heard use of the term social determinants of health and et cetera, and thinking about it from a nursing perspective, there isn't anything in the community that a nurse cannot assess and apply that to a healthcare situation.

Ernest Grant: Even though you may think housing and you may be going, "Well, how does housing apply to or associate with health?" Well, it depends on the type of house the person is living in. If it's a house that has a leaky roof or there's holes in the walls and things like that when bad weather comes around, if the person already has ill health or comorbidities, that's going to exacerbate the illness that they have.

Ernest Grant: Do they have enough clean drinking water or running water coming into the house? What do they do as far as with refuse or toileting, and things of that sort? All those are things that will contribute to those social determinants of health as well.

Ernest Grant: So, a nurse who's very well versed in that in doing home healthcare, it's more than just coming in and looking at the patient and taking their blood pressure and everything else. It's taking in their whole surrounding and understanding their culture and applying that the best practices to address a healthy situation so that the patient and their family and, subsequently, the community is able to maintain as optimal healthy situation as they possibly can.

Ernest Grant: And when there's deficits, then advocating to the powers that be, the town councilman, the mayor or whatever else that you have a food desert here, you have a drug desert here, we need to get fresh fruits and vegetables or things like that or operate a clinic within the community so that people don't have to get on three and four bus rides to come to the acute care facilities, get the care that they need. We can open up clinics on the evenings or the weekends that will still allow the individuals to go to work. But then once they get off work, they can still seek healthcare.

Ernest Grant: So, those are some of the things that we are advocating and addressing those issues because, as you mentioned, healthcare is moving from the acute care setting back into the community. And we do need to have more nurses trained in doing community health nursing, more so than ever before.

Robert Pearl: You've had a remarkable career. Who were a couple of your mentors?

Ernest Grant: Oh, it's too many to name. I think the one uppermost is a gentleman by the name of Dr. Gene Tranbarger. Dr. Tranbarger was a founding member of the American Assembly for Men in Nursing. He taught at the Alexian Brothers, or excuse me, went to the Alexian Brothers School in Chicago, which was one of the first programs to admit men into nursing in the early '50s. And I have always relied on and enjoyed the conversations that Dr. Tranbarger and I have had.

Ernest Grant: Other colleagues, obviously some of the former presidents of the AMA, I still host meetings with them. There are 10 surviving presidents right now and I seek their advice and comments. And so, it's nice to get the perspective from those individuals. And then several of my professors from college, both my undergrad, graduate, both graduate programs as well. So, as I said there's a lot that, but if there's one person who really sticks out, it's Dr. Tranbarger.

Robert Pearl: Patient safety is a high priority for both your organization and the ones that I've led. We've done some pretty good progress as a nation diminishing them. The book that I wrote, *Mistreated: Why We Think We're Getting Good Health Care and Why We're Usually Wrong*, I begin with the story of my father who died from medical error. So, I think we still have a ways to go. How is your association leading the charge to make medical errors a thing of the past?

Ernest Grant: Oh, we have a campaign that looks at that, and again, addresses that particular situation. Mainly some of the ways to look at as the work environment, what's going on, having policies, procedures or guidelines that when you are getting

medications and things like that, having those rules and regulations if you will that is it the right time, the right medication, right patient, et cetera. It sounds basic, but we still occasionally will hear about someone getting an overdose of a medication or something like that.

Ernest Grant: And it's usually it's because that person was distracted and they were not keeping their minds or eyes and ears on what was going on, or there's certain medicines as you know, we always have a another nurse to double check the dosage and things as well. So, just keeping those things in place.

Ernest Grant: And also, as I said, the work environment, making it so that it's not a cluttered environment or there's not too much distraction and things going on when you are doing certain things doing that, and, of course, reinforcing to nurses all the time that safety is uppermost in everything that you do. And so, ensuring that they get in some cases quarterly safety updates and things of that sort that they have to sign off on just to ensure that that is being reinforced.

Jeremy Corr: So, I have a few friends that are nurses at hospitals. And I've actually heard each and every single one of them express they often think about leaving their job. They love the job, but they're frustrated with overtime, that is more or less mandatory, being short staffed in their departments and feeling underappreciated when they do go above and beyond. They also have to deal with both verbal and physical abuse from patients quite regularly. What is your advice to nurses who feel this way and are considering leaving the field?

Ernest Grant: I hear that exact same thing quite a lot. Part of this is what's going on within the workplace environment and what can be done to address that. What can be done to address that to make it a safer environment. Several states, my state of North Carolina included, have laws, state laws that makes it a felony to hit a member of the nursing profession, but usually, that's just nurses who were in the emergency room.

Ernest Grant: And, of course, there's some exception, if it's a psychiatric patient or a patient who may be under the influence of drugs or whatever else. But that needs to be elevated to the nurse that's on the just a regular floor, not only the ICU, or the emergency room, but a med-surg floor or orthopedic floor, or whatever else, because that that happens there. And they need to be supported by their hospital administration when something like that happens, that proper procedures are going to be taken to ensure the safety that that nurse may have.

Ernest Grant: Obviously, staffing is a huge problem, more so in the last several months as people have decided to either leave the profession because of burnout or to become travelers to make double or triple or quadruple their current salary for doing the exact same work that they were doing before. And what that does is that creates a void in the available nursing workforce. And so, people are asked to work overtime or to work some additional shifts, and that needs to be addressed.

Ernest Grant: Actually, on September 1st of this year, I did send a letter to the Health and Human Services Secretary Becerra, asking him to declare a national nursing shortage crisis and to convene a meeting so that we can have the government, public and private sector to come in and address these issues and come up with some short-term and long-term fixes for the shortage that we are experiencing, because this is something that there was a shortage before the pandemic.

Ernest Grant: It has exacerbated since the pandemic. And it looks like it's still well on the way as a result of the pandemic. And we need to address that and stop the flow that is happening and bring those nurses back who left because they were frustrated, and felt that their voices were not being heard.

Robert Pearl: One last question, Dr. Grant. For people in high school considering making nursing their career, what do you tell them? What's the advice that you give them? What's the wisdom that you offer?

Ernest Grant: Well, I generally tell them that I have never regretted choosing the nursing profession. I've been a nurse now for about 43 years. That is the best profession and the best job that known to man, because there's nothing better than being able to help your fellow man. And as I point out to them, as nurses and as just members of the healthcare team, but particularly as nurses, we are invited into someone's life at a very critical time, when something is happening to them. And they confide in us. They trust us with their most utmost secrets. And that's when we earn that trust, we serve as their advocates. We act on their behalf.

Ernest Grant: And then, once they are well, that relationship, I don't want to say that is severed, because I have patients that I took care of 30 years ago that we're still friends as a result of that. But to have the privilege to intervene in someone's life during the most critical time, and then, walking that short journey with them either to towards getting better or even if it's to transition from this life to the next, but it's quite an honor and a privilege to have and I wouldn't do anything to violate that trust.

Robert Pearl: Anything else that you want to add?

Ernest Grant: Well, if possible, I would just like for the nurses and for the consumer that may be listening to you, too, to know that we hear them and that we are working on these problems. Sometimes it's like playing whack a mole because something else crops up that requires a brief span of attention. But yes, the workforce issue, the mental health and mental illness, just posttraumatic stress issues, those are things that are remaining paramount on my to-do list. And we are working with those. It just takes some time. But we do hear them and we do hope to get these problems addressed.

Robert Pearl: Thank you so much, Dr. Grant.

Ernest Grant: Okay, thank you very much, sir.

Jeremy Corr:

We hope you enjoyed this podcast and will tell your friends and colleagues about it. If you want more information on both the system and culture of Medicine, you can find it at RobertPearlMD.com. Congratulations Robbie on the success of your recent book. I know it will stimulate intense discussion and debate and improve healthcare for all Americans.

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Thank you for listening to Fixing Healthcare with Dr. Robert Pearl and Jeremy Corr. Have a great day.