

Dissertation of the Year Awardee - Eric Johansen DHA

Wonderful.

Well, thank you everyone for being here, and it's my pleasure to introduce our College of doctoral studies distinguished alumni, Dr.

Eric Johansson, um, who has been the recipient of the 2023 Dissertation of the Year award.

And, um, he's been kind enough to be willing to share some of his insights and experiences in a doctoral journey.

And in chatting with him just a little before we got started, um, he's a wonderful example of, of loyalty to University of Phoenix.

So, um, we're so proud of your achievements and how you are bringing honor and, um, glory to the university as well as inspiration to other students and alumni.

So, Dr. Ritson, Dr.

Johansson, thank you very much for being here and, um, I'm grateful to be able to learn with you.

Now, my role here is when you say next, I will make the slide advance.

Thank you.

Okay. I will welcome everybody.

And thank you for asking me to participate in this, uh, events.

And any chance there is for me to help other students excel and, and meet their goal, I'm happy to, uh, jump in and do what we can.

It's a journey and it takes everyone working together.

Um, as you mentioned, when we, I didn't realize not everyone could hear us, so I actually started with a bachelor's in nursing with University of Phoenix, um, many years ago, and then did the dual M-S-N-M-B-A in healthcare administration online.

And I moved across country twice while I did, was doing that program before I moved on to, to, uh, start and complete the doctoral program with University of Phoenix.

So, yeah, I'm a long-term, uh, university of Phoenix alumni, and I'm, I'm glad that I was able to do it all.

It's been a great platform, great for me as an adult learner.

Um, but if you'd like to go to the next slide, I just have some bullet points over the next couple slides of some things to help, um, guide me and share my side, but also maybe trigger some questions from everybody.

So, next slide.

Dr. Underwood, you can go to the next slide.

Okay. Sorry. That's okay.

Did you it is on next, is that, is it showing up? Um, I still see the, the first one.

Oh, oh. Oh my goodness.

How, you know, I'm as, you are so polite, but it's showing on mine.

Let me, um, stop share and then let me get it done again.

And maybe I'm doing something wrong.

You just never know with me. Okay. So, um, let's see here.

Now we're on slide one, and then it should say reflection.

Do you see that? No. Let me find my screen. Hold on.

No, we don't see.

Oh, I know why you don't see it, because I'm not sharing.

Hold on a minute. Okay, let's see here.

Where is what happened to my screen share? Hold on a minute.

I am finding it. Um, let's see. Screen share.

Um, this is okay.

It, it's not showing because it's, I don't have the screen share on.

So that's my doing. Let me find more. Okay.

Oh my goodness. View. Let's see, speaker, Actually, I just found it on my, on a, uh, share drive, so if you want me to try and share it, I can.

Oh, let's see. I find here. So that's too far.

There we go. But that's, That. We can see it Now. Okay.

But you wanna be backward a little bit, right? Um, just second slide.

Right. All right, there we go.

You should see reflection. Yes.

Yeah. Okay. Thank you.

As I mentioned, it is, it is a process that you know, that you start, but you also have to make that decision to make that big step into the process and the journey.

I had to have a lot, and for me it was self dedication.

Um, before my mother passed away, she, she said, you need to go get your doctorate.

And I know she meant being a medical doctor 'cause I've been a registered nurse my entire career and, uh, in my profession.

But for me, being a medical doctor wasn't my choice.

I chose this, this pathway of administration.

So that's when I went back and kinda looked for a doctoral program that I could use outside of nursing that would allow me to be open to lots and lots of different venues to work in, in healthcare to help the communities that I, I wanted to work in.

So I had a big dedication to me, and it was kind of a personal, uh, drive at that point.

I, and I have support on here, my family, my spouse, my children, uh, we have four children.

We adopted 'em through foster care.

They all knew that when I had my dedicated time to work on my dissertation and work in my classwork, it was time to leave that alone.

So, um, but I also had great support from my chair and from my ur uh, very, very great support from them.

And they answered a lot of phone calls and we talked a lot over the phone, um, helping me figure the path, the right direction, and just pondering different ideas.

They were great resources for me, even though they were my faculty.

But, you know, my chair told me on the phone one time, my, my success is seeing you finish the program.

So that, that just fed into me wanting to get done, even, you know, on time and, and get there.

And again, that personal goal was for me to, to become that doctor real.

When I finished my associate degree back in 20, uh, 2000 as a rn, my goal was to bridge into becoming and going for med school and become a medical doctor.

But I got into nursing and I loved nursing and the working with the patients and how things went that I chose nursing.

And then that led me into leadership.

Uh, I very quickly was a charge nurse and went to be managers and directors and people gave me opportunities.

And, and that's why I continued my education.

'cause I wanted those opportunities and I wanted to make difference when everything I did.

Um, you know, and it was to answer a question, I actually had thought about this topic for my dissertation even before I went into the program because we had to deal before the last pandemic.

There's the big scare of Ebola, and I hadn't even thought of being a, going into a doctoral program at that time, but working with the nursing staff that were in the emergence of the trauma center I was in, it was very clear the use of prote protect, uh, personal protective equipment for you in isolation varied greatly across the nation, but varied just within how the staff put it on in my department.

So I really wanted to understand, I was questioning it back then.

So this gave me the opportunity from a, something that was in my mind because of a prior, uh, potential, you know, pandemic at that time made me really think we need to look at it.

And then the pan, I started in February, 2020, so that's shortly after, that's when the pandemic was issued.

And there was a time in there where I thought about maybe changing my topic, um, but I'm glad I didn't.

'cause I was already within that first two, three chapters of my dissertation.

So it would've been a big change to do it.

But I was able to answer the question that I came, came up with from prior years.

Uh, next slide, please.

We're getting there. No, that's good. That's good.

Yeah. And there's, there is research implications from it.

My research, even though it was focused on a one facility, it allowed us to identify that there was a gap in the leadership and the education on how that education was done for the different learners, but then how to sustain it.

And then expected finding was when I was doing my literature review, and then I was finally putting my results together and doing that last bit of it was like, you know what? I went back and I looked, and nursing and healthcare had addressed and training for healthcare providers the same way for over three decades.

And each time you would have outbreaks and then there would be great, uh, education and training, or there was an outbreak in a unit.

So that system would, in that unit do training, but then they would have another outbreak years later or another break in that protection, and then there would be, uh, hospital acquired infections.

So it just made me realize that, man, we haven't changed what we're doing in 30 years.

So it even supported my research questions even better.

What's the best way to provide education? And how do we make sure that we can sustain that education so that we're not repeating ourselves over and over like we did for 30 decades or for, yeah, for three decades.

So the sustainability is a big thing in healthcare.

It always is going to be because you get new people in, you have new graduates coming out that are going into the workforce is those that have that knowledge and that skillset are retiring or leaving the workforce.

So it's always gonna be a challenge and you're gonna have to change how we do that education and how we do research to find those answers, to get that sustainability.

Next slide.

So you, it mentioned a couple of my achievements.

You know, for me the achievement was my doctoral program and having my kids watch me graduate in California, so, sorry, it's, it's, it's emotional.

It was a big thing. So advancement, I'm now the chief quality officer of a county safety net hospital that's growing.

Um, so I've been able to get some advancement out of it, and it's now get allowed me to look at how we're doing things within our

system and say, you know what? We need to do some interventions and do a small research study on this to use those type of protocols to say, how are we gonna get better? Because now I'm looking at it from a very different perspective of quality than a operational bedside nurse or director of nursing.

So now it's, it's allowed me to get a different perspective, but also get different ideas on how to, you know, make different changes that are system wide instead of department level wide.

Or maybe just organization.

Because within our hospital we have a large par, the large trauma center, we have a 40 bed surgical hospital, we have 12 neighborhood health clinics that are very significant within our community because two of them provide full service, x-ray, MRI, lab, pharmacy and specialists along with the primary care.

So how are we able to take those and make them better, improve our quality outcomes and make things better? So the whole journey has allowed me to be able to step to a different realm of how to address this.

But then an academic center, because we are a trauma center, so I do have attendings, faculties, and residents that I need to engage with on how are we doing this and what research are you bringing in and can you support any other research that's maybe nursing driven or hospital driven? And we do have, uh, I've been able to mentor a couple directors and they're, they're doing not a full blown doctoral research program, but they're doing nursing intervention and nursing, uh, PDSA projects that they weren't doing before.

Our neuro ICU is looking at two hours in the morning, two hours in the afternoon that every, all the lights are turned off.

And all the sounds are kept to a very, very minimal, in addition to the night shift, to see how that's improving the recovery of their stroke patients and their, some of their cranio craniotomy patients.

So they're starting to get more engaged as I'm also asking more questions.

How can this get better? How can we do this differently? So the doctoral journey has allowed me to broaden my spectrum as a leader, um, within the organization as well as within healthcare next.

And I think that was the last slide.

So I'm open for questions.

Um, if you wanna make sure that is my last slide.

Yes. I'm working on this. It's sometime, there we go.

Yes. Thank you. Thank you for putting up with my, um, slow, uh, slide transitions.

There's a little button at the top that has, it says slide control, but when I do that, nothing happens.

So anyway, thank goodness for those little, uh, cursors at the bottom of your keyboard.

Um, but it's not about me.

Um, yes, uh, this would be an opportunity, um, if any of the participants I'm going to, um, stop sharing because then if

somebody would like to, um, put any comments in the chat box, uh, I could at least view them.

'cause I can't really see when I'm doing the other screen share.

So if people would like to come off mute, you're, that would be ideal.

But if you can't do that, um, you're welcome to write something in the chat area and I could read it out if that would help, um, to help us.

So, um, I will stop talking and, um, just let people perhaps find the how to unmute themselves.

I see there's one, um, comment here. Uh, congratulations Dr.

Johanson. Thank you for being here to share, uh, your, uh, insights and journey and inspire others.

You are our hero. Okay, there. That's good.

Thank you very much, um, for sharing that. Yes.

Well, she's a little biased.

She was my UR Dr. Valero. Thank you very much.

Well, that's great. That's wonderful.

There, you know, she sees things more clearly.

Um, some people call things bias, but we know better seeing it more clearly.

Um, one thing I was going to just ask if others, while they might be thinking about what they can unmute themselves or type, um, a lot of times I think you're a shining example of, um, someone who has adapted very well to online education.

And, um, some of the literature that comes out, um, consistently indicates that, um, retention's a problem for all students.

'cause you never know, like I said, when I was going to school, I didn't know what it was getting into and would I be able to do it? I think everybody has that certain amount of, of confusion.

But, um, the data indicate or suggest that the students who are in online environments seem to have more of a problem with retention.

So if, we'll say if 30% of first year students in face-to-face on ground are not able to, they drop out, it's a higher percentage, maybe 40 or more of people who are in the online environment for one reason or another.

And I just wondered, so you are an obs obviously a, um, the exception that proves the rule.

Not just one of these, uh, experiences, but all those different degrees.

Do you have any, um, like how, what was it that you were able to adapt to some of the, they, they talk about the, what is it, uh, isolation, um, some of the, sometimes the technology doesn't cooperate, some whatever it is that challenges people so that more of them drop out from online did not seem to deter you.

And I just wondered if you had any, um, secret success, secret to success strategies that might, um, help educational institutions learn from you and also help others, um, who are perhaps wondering like, what did I get myself into? Uh, I've always been tech savvy.

I've always loved technology.

So I am, and I am gonna be the exception to the rule because I got, you know, I make sure I always have the best technology.

'cause that's just me. Um, you know, I, you know, I did my associate degree.

It was all in person. Um, but then I went into the workforce and I was working full time and, you know, for me, trying to go balance it in class with the work schedule.

And then when we chose to become foster parents, that was just another, another level of complexity that it was easier to be at home typing a paper with the kids in the background.

And they were, you know, you know, small year one, two year olds at that time.

But, you know, I was, it was found it easier to do small bits at a time and be at home and still support the family than having to put everything in a bag, drive across town, sit in person, and then get back home and then unpack it all and, and do it all.

When I, if now, and especially these days, if you, I could read my journal then, you know, access everything on my phones too.

And that, and there was times where I would be reading, you know, part of the book or one of the articles that was required for the week, uh, that I needed to, to be able to answer the questions or, or participate.

And I do it on my phone or on, or get, you know, iPads when they first came out, we'd use the iPad.

Um, but you, you kind of gotta be creative and realize that yeah, you may be doing homework and it's a challenge at home, but your presence is at home as opposed to in a building.

So to me that was very important.

You know, I think thinking back that was more important, especially, you know, we didn't choose to get, have kids without challenges.

We chose to adopt children with special needs because of my education and I wanted to benefit from my education.

So that did add another level of complexity.

So for me, staying home to do school was easier.

But then that became time where the advancement in my career wasn't gonna be in the city we lived in.

So I found one, and we moved from Arizona to Oregon and I was in the middle of a, of an online program.

I was able to still sign in at some truck stop or wherever.

'cause I had a camper at the time and connect over and, and do what I needed to for that one assignment or that one, that one point

for that week and, and sleep and then get up and continue my drive while I was moving.

So for me, online's always been a lot more efficient and balance of that life, the life balance and work and everything.

So that was, that's kind of for me, but you could access it from anywhere as long as you have the internet. So Yes, I, you're very correct.

Um, sometimes just the logistics of getting from where you live to maybe where you work and then from where you work to school, um, you can spend many hours because sometimes it's not just the distance, it can be the traffic too.

And so you, you know, you go five, 10 miles, but it takes a, a considerable time because of congestion or just street construction.

So the convenience of online, I understand that.

And that, that, that's a, a very good perspective.

Thank you for raising.

I think perhaps sometimes when we make a list of like, what's good about what I'm doing, what's bad, um, the convenience, uh, and the, um, ability to, as you said, moving from Texas to Oregon that is, or Arizona to Oregon.

That is a, um, that's, that would be quite uprooting if you were trying to go to a on ground campus.

Yes. Well, thank you for sharing those insights.

In the meantime, um, one of our participants was kind enough to say in the chat box here, I'm in my beginning stages of my doctoral journey.

What struggles did you face while starting your dissertation that might help us in our own processes? I think that when I first started, the struggles were coming up with the understanding, the correct way to word those research questions and how to work on that first chapter of the dissertation and how to kind of get that process going for those chapters.

And, and I'll, and I, I'll be honest, and, and my ur can, I haven't asked her, I even during my, is my writing still really at the doctoral level? I still questioned whether what I was writing was really, you know, app, you know, good for a doctorate level writing.

I always questioned myself, but one of my professors, um, and she was a UR before Dr.

Ro was, they recommended that we go to the CDS for doctoral students.

And on there you can research and find all if the, you know, doctoral students agree to it, published dissertations out there.

Um, and by then I had an idea that I, you know, what my methodology and design was going, I was put out to what about a Delphi? And I'd never heard of it.

So I started doing research on that.

Um, and it went from a traditional Delphi to an E Delphi.

So I had to do more research, but then I was able to find dissertations that were a traditional Delphi, uh, e Delphi, some that were just quantitative and not even Delphi, but I was able to go back and find those, or research those, find them and got an idea how that's supposed to be.

'cause of this writing is very different than any paper I did for a master's program or even the end program project.

So it was kind of trying to figure out the right direction and how to get the flow going.

But I can tell you the questions were a big struggle.

Um, and you know, the, with the support of my chair and the ur, we were able to get 'em done, but I was able to look at those prior dissertations.

And then whenever I got hit that roadblock of, okay, how do I start this next chapter? I'd go back to those and like, okay, that makes sense.

And then I could go and I was able to then flow out the rest of that chapter or get it going.

So, uh, you know, those were the things that helped me in the beginning.

But it was also like a, you know, I didn't realize it till now or when I was preparing for this that my research topic was something in question, but I was at the director level in e level one ed, I mean, three years prior during the Ebola scare.

So, you know, think of those topics that you know, what is that you may not have thought of before or maybe something from before, and then stick with it.

I, like I said, I actually started a program that during c for critical care patients that I, I almost switched to 'cause I wanted to see what that intervention was doing for them.

But I'm glad I didn't. 'cause now I'm gonna go back and we're working on that as a different, uh, uh, paper.

So, but you know, this program made me now want to go back and write that up and see what the results are of that or of that intervention for those covid patients.

So it's a challenge, but, you know, stick with it.

Ask questions. Um, I can tell you, my chair after I graduate, completed the program had asked me to, if he, if he could give my contact information to another student of his, she was kind of struggling and she was doing it e Delphi as well.

And so we did, we connected, we have a co we had a couple phone calls and I think after we had the phone call and she was walking me through her dissertation, it clicked.

She had so much data and so did I, but she was trying to answer additional questions or how could I take all this data? And I said, hold on. That's what, that's, you can take all that data and do additional research topics or write papers or anything later for right now, focus on your data and see how it answers your questions and answer those research questions as the conclusion of your dissertation and really stay on that focus.

'cause if you let all that other data come in, you're gonna get lost.

And the next thing I knew, I got a text from her, I'm done and I'm gonna be able to graduate.

So, you know, sometimes asking and reaching out to other people there is the mentor program I know that's, uh, available.

Reach out to those people and you know, I even, as long as you text me and say who you are and that you're with UP and I can validate it, I'm happy to help you.

Um, 'cause that's what I'm here for.

And that's how you continue with your, your journey after a doctorate is helping others with the, with the transition.

That's very gracious of you. Go Ahead. Their hand up, Valerie. Oh, Good, good, good.

I, I didn't, I don't think you can see it, that's why I just wanted to make sure I let you know. That's Right. I can't, Okay.

Valerie, did you have a question? Yes. Congratulations, Dr.

Thank You. Um, I'm a student of Louis under adult.

Hi there. Yeah, one of her special students.

But, um, um, you talked about new graduates, um, with fresh up to date, uh, research and, and knowledge entering the industry that you work with.

And then you spoke about the, uh, senior employees leaving with, um, expertise, knowledge, and, and, and research.

And my question was, how do you, uh, re how do you retain that knowledge that they're leaving with? What do, how do you go about that? You mean like for how do I how do I retain the knowledge from, from The journey, from um, um, retiring employees leave the people aren't I got it. I understand. Yeah, I understand. I understand.

Um, you know, one, one thing is when you know that they may be retiring is sit down and look at your competencies that you use, your training material that's being used for, for the new employees coming in.

'cause these people are leaving.

So they may not have been part of the new material being processed or used for new associate onboarding or new employee orientation.

So for me, I, you know, it's an opportunity to go back and say, you know, miss Valerie, I understand you're leaving, been in the profession for 20 years.

Would you mind taking a look at this to see are we missing anything really valuable that we need to make sure our new people coming in need to have to be successful and be able to do the things you did over the time you've been here, or in the time you're in your profession.

You know, that is a great opportunity.

I don't know that a lot of people do that.

Uh, I can tell you I had a, an interim agency personnel come in to cover for an administrator level below me.

And she actually went through and had everybody develop competencies for their position so that if somebody would need to come in and take the role tomorrow, they would have a document that would help them start with the knowledge they had to be able to continue to move forward.

So that is kind of that same concept. What is it? Can you look at this material? They, They're always right.

It's, it's, it probably seems kind of awkward you're leaving or you're leaving dry, but you know, you have to reach out, I guess.

Yeah. Mm-hmm. Yeah.

I mean, and then that way they know you be, they, you know, it just reinforces the value of them.

Even though they may be leaving, we know that you were, you know, especially if they're with your organization for a period of time or maybe were involved in some big changes within that organization that they had to work through as well.

You know, they have that intellectual knowledge that before you leave, I'd love to know what it was that made you successful so I can help the new people coming in.

That's a great opportunity for managers, directors, or HR personnel to be able to go back and say, are we do still doing the right thing? And is there things we're missing so they can start off to be successful, like you were. Thank You, Dr. He Johansen.

Sure. You're welcome. Okay.

And thank you Valerie for taking the time to, uh, attend this and, and have some questions.

Are there any others who have, would like to share any questions? Because I don't always see hands there. We have in the chat.

Okay. Hi, Dr. Johansson, online doctoral program is a bit lonely for me.

How were you able to, and I, I'll go to the chat.

I'm, I'm exploring my keyboard here and I don't wanna disconnect.

How are you able to create the network you need to be successful? That's a very good question.

That's, that's part of like what so much of the literature and I mean, what I would like to try to, you know, there you are a pioneer, Dr.

Johanson, you're an ideal person who has managed to overcome so much, like as this, uh, wonderful person asked the loneliness and the isolation.

And if we can learn from you, perhaps we can do a better job in terms of the higher education institution.

I always talk about robust support infrastructure.

It's a nice phrase, but, you know, we need to find a way to help people and provide support that people actually need.

So thank you for asking, um, our participant, and let's see, the initials of this person are, um, f thank you, uh, Dr.

F and Dr. Johansson.

Do you have any, um, thoughts that might be able to help? Thank you.

No exact, uh, and I, I'll be honest, you know, I i sometimes for me, I'm happy to stay at home, so there's a little bit of, even though I may be in the, uh, an executive role now, you know, when I'm home I'm more of an introvert.

But I, I, I understand what you're, you know, there's a platform that you use, uh, a lot through the doctoral journey called teams.

So everybody has access to that.

So I know what I did in some of my beginning courses, it seemed like I always had the same group of students within the first courses of our doctoral journey.

Um, and at one point they kind of went a different direction.

Um, but I set up a teams room that were able to send chat messages back and forth with each other.

Um, so I utilized teams, teams for us as the students, kind of the first probably four or five courses that we went through, we were always the same.

So I kind of used that as a platform to have communication.

Um, I did have, uh, another, uh, faculty at the very beginning that would host, uh, Saturday, uh, virtual sessions.

Um, some of us signed in, some of us didn't.

So we also were able to have that virtual connection like we're doing now.

But we were able to share ideas and, um, even though we were working on very different topics of, of dissertations, we still were able to, well what about this? Or did you think about this? Or, and, and that was very valuable too.

And I know within teams you can still set as a student, you can still kind of set some of those things up.

Um, and the fact, you know, has, it doesn't have to be formal and you still can have it be that.

Um, and I, and you know, you gotta realize I started right before covid.

So there was a good portion of it that everyone was at the stay home, um, on the stay home mandates.

And so even if I did go out, there was hardly no one around.

But I worked in a hospital, so I was around thousands and thousands of people daily.

'cause our, we, we became kind of the epicenter for covid patients.

And our 354 bed hospital quickly became a 475 bed hospital because we created all these different places to care for patients because there was not that big of a need.

So sometimes coming home and just being on the internet with people was good because I got away from the outside noise that you always run into.

Now, especially in society, it kind of gives you a chance to step away from it and focus on what you need to for your education.

But the virtual will allow you to work, still connect with your fellow students and share ideas.

Thank you you for offering those, um, ideas.

Um, a lot of times I think we, um, get at least, um, I, I shouldn't say we.

Me, I, I just, um, I get overwhelmed with situation and sometimes I can't think so clearly.

And, um, your ideas on how taking advantage of some of the, looking at, uh, perhaps things that are challenging, like being alone and, and away from the hustle and bustle, sometimes that can be definitely a plus.

And I, I think you're wise, you've not only look at virtual campuses are easier if you have to move your house.

Also, the, uh, fact that you're able to get away from some of the congestion and, and, and that sometimes even people say in, in an office, uh, if you like a lot of noise, that's good, but sometimes it, it, trying to screen out other conversations can be a challenge in and of itself just to focus on what your own work is.

So thank you for reminding, um, all of us of some of the positives of, uh, this being detached from, uh, the everyday feet on the ground kind of, uh, life.

Um, let me go back to chat.

And I see another, uh, participant has kindly wrote your feedback.

Oh, wait a minute. This is, um, this is our Dr.

Stella encouraging people to do, um, the feed, the survey.

Yes. That's important too.

And I don't wanna, um, uh, overlook that.

Um, while if, if anyone else wants to come off or put their hand up, I, I have a chance to see the different screens now more clearly.

But Dr. Johansson, I had another question for you.

Just, um, uh, with your, uh, alphabet letters behind all those credentials.

Very impressive. Um, I found in my own life that sometimes when I finally, um, was trying to get out and graduate and then try to use the, um, credentials that I had, um, I had a lot of challenges.

And one of them seems to be something that has been shared by other alumni, not just at University of Phoenix, but other places too.

They get out and they have this degree, but sometimes they may not have experience in the field that they are, we'll say for example, someone thinks that they're going to try to help contribute to the field of emergency management.

And so they may get a degree in that, but maybe they are working in some area of safety, this and that, but not specifically emergency management.

So they encounter some delays and challenges in trying to get a actual position that is commensurate with their, like they got a doctorate or something, and how could we help with that? So, um, I don't, it seems, I just wondered with the University of Phoenix, um, they, you know, career for life and whatever problem you have with careers, we are here to help.

And I think that is so commendable because there's nothing more frustrating than getting a degree and then not being able to get a job to go with it.

That is really, it's like a slap in the face.

And, um, I'm, I'm always, I mean, I'm, I'm concerned about other alumni, but I'm glad to know that I wasn't alone.

'cause people get really frustrated.

So I was just wondering, not that perhaps you had this situation, perhaps your transition in your meteoric career trajectory went a little more smoothly.

But, um, do you find that the University of Phoenix has services, or do you find a certain approach to being able to take your classroom experience and your credentials and turn it into employability and, uh, success in, you know, finding something that moves you as you were hoping along your career journey? And I just wondered if you had any thoughts on that.

Um, well, I mean this, the chief quality officer was never on my radar.

So, you know, and the CEO that, you know, spoke with me about, you know, this position, he, he said sometimes we do have to do, do a role or a position we maybe not have thought of or maybe not enjoy the, it's not our passion a hundred percent our passion for a while and tell other things can open up or help you gain other knowledge that you didn't get within your prior experience.

So, you know, I think it's, you know, for me, this probably would not, this would not be something I wouldn't have applied for.

You know, I was working at this organization or my CEO came to me and said, how about this? And I'm like, boy, you know, at first I was like, well, everything nursing does is quality and everything.

Quality watches is nursing. But it's not that.

It's a lot more that I have, you know, I have found out, I still had to do a lot of learning going into this role and seeing how much different it was.

So sometimes it may not be exactly what we had hoped for, but check it out.

Because even if, you know, you're in safety, but even within that disaster management or emergency management, there's a safety component of that.

So how can you maybe use that to start working your way towards emergency management? Look at the emergency management plans where you work from the safety perspective and show how that knowledge can help you.

And that may, you know, people would never have thought of me being in this role ever.

They thought I was gonna be the next CNO or the next CEOI actually was wanting to be the next CEO though.

But you know, who know, you know, it, it's, it's just a matter of sometimes you, you know, I started out as A-A-C-N-A in accounting nursing home back in when I was 21 year, 20, 21 years old.

So never thought I would be where I'm at today.

Um, never thought I, when I became a registered nurse working in emergency departments, I loved it.

Never thought I would do, I would reti.

I thought I would retire from being a bedside nurse and never thought, and next thing I know, you know, you ever thought about this? Or we need you to be charged 'cause you're the most senior nurse now, or the most experienced nurse.

So that kind of got you into that supervisory type stuff.

So you ne you never know and, and you just kind of gotta look at things from different perspectives.

And, and now I see being in this role, how actually I can make the impact and make the changes as if I was a COO or a CNO.

Um, I still have that ability.

It's gonna be a little bit different pathway that I will have to take a very different approach, but the positions and other leaders because I'm not that person that, you know, in that role of being the fixer and the driver of nursing anymore.

So it, I had to come from a different perspective.

And sometimes you gotta think of that too.

Well, you're good at finding different perspectives.

So, um, again, if anybody has a, oh, Dr. Hyatt. No, no.

I, I sometimes I misinterpret it's my cursor's a little hand and I thought somebody's hand was up.

Please. Anybody who'd like to ask, don't, don't worry about me stopping talking.

Just say, excuse me. I wanna say something. Please.

But I had another question for you.

Uh, and I don't mean to monopolize it, but, um, healthcare is, um, we hear a lot about burnout and how, you know, the people who have gone through so much with, um, being heroes and saving people with the coronavirus and all, and then some of the problems that they encountered doing that.

And now the problems that seem to be continuing in terms of electronic medical records, there's a tremendous amount of administrative burden.

The paperwork. And if, if they come in the, uh, and to meet a patient instead of coming in and saying, hi, how are you today? And how, you know what's going on? They just come in with their little, um,

mobile laptop or, or a notepad and they're typing in, you know, I'm seeing Joe Black and I, they're so busy trying to keep up with the documentation.

Patients get to think, well, you know, what about me? What happened to the conversation? And then you get the physicians, and not just doctors, but nurses get feeling that they don't have a chance to do, the reason they went into medicine was to help people.

And sometimes there are a lot of, um, obstacles between them as a clinician and the person, the patient.

There's all of these different requirements mandates, uh, compliance and the different, uh, inter things that interfere with their being able to where we talk about the joy of, of medicine and working with, um, other patients.

So, um, it doesn't seem that you have reached this point where you feel that you are, um, overwhelmed where, so that you don't have a time and energy e enough that you'd like the way you'd like to deal with other patients or perhaps your colleagues.

Do you have any, um, again, I'm always trying to find this secret strategy for success in just avoiding the burnout, um, that we hear about.

Like, I mean, I read something recently and it said, you know, at the rate it's going, we were gonna lose all of our healthcare people.

And when as the people, you know, I'm one of those baby boomers, we're all getting older.

My goodness, as we get older, there won't be anyone around.

They're all burned out. And so I'm concerned Dr.

Shohan said, you know, we don't want that to happen.

And here you are, a very refreshing example of, again, the exception that proves the rule.

So, um, if you have, I imagine you have a different perspective on this perhaps, but I just would like to learn, like how could we, um, learn from you so we could help some of these other situations? You know, for me it's always been about the connection with the patient, no matter whether I was the bedside nurse, which I, you know, when I, before I moved here, I went back to the bedside for a while and, and I loved it.

So, and now being in this role, I'm not it that's, I do miss it a lot.

So it's that connection with the patient.

And I know over the years as more like you had mobile computers that nurses would come in and they'd have all their papers and their meds and everything on.

Doctors do the same thing.

You know, you gotta remind them that you still have to have that personal connection.

And now they're wanting to do this virtual nursing and I'm still like, you guys, it might be convenient, maybe the younger, younger generation that lived, that has been growing up since Covid because virtual didn't really kick off till covid.

So, um, and no, and even medically it wasn't recognized as a reimbursable visit to do telehealth.

So now it is.

Um, so though that young good generation might, but I would rather have you, you know, for me, sometimes it's convenient, you know, to do that virtual with my doctor, it's just a follow up to get a refill.

Yeah, I'm good. Leave me alone. Just do it. We're good.

Cross the T's and move on. 'cause I got stuff to do.

So do you. But there's times where that you miss a lot by that virtual visit or not paying attention to that patient even in the room.

So we would educate the staff that I worked with and some of the residents that you gotta introduce your computer as part of you and that yes, you'll be pay, you'll be typing, but you're listening to the answers of the questions.

But then you do have to step away and do that physical connection because that's, that physical connection with that person sends a huge unspoken message.

Um, and hopefully helps calm them somewhat.

Some people maybe not, depending on what's going on, but it still gives you that connection that you don't get through a computer, um, that you get from being in person.

You know, they brought up, uh, uh, they demoed a new AI for, uh, our, our hospital this week and sounds wonderful.

But then the doctor that you won't have to go in the room every four hours to check vital signs.

And I'm thinking, not laying eyes on a patient for over four hours, that's scary to me.

But I have to admit, I'm old school.

So it's something that, you know, we may have to see, but, you know, consider Some of the unintended consequences.

You start negative things, right? If you start seeing more falls or you know, more medication errors or things not bounce back at admissions because they're not getting what they need at discharge 'cause you're doing it virtually, then it's not really a viable program.

So there's still a lot of unknown on how this is gonna, it's just like a new medication or a new treatment.

Until you've got enough years of research and data collection, can you really say it's viable and it's not gonna be a harm or it's gonna be helpful.

So it's, it's very, you know, just remind people that, you know, and I, you know, I have 'em on, I have my Bluetooth headset on.

It's connected to my phone.

I do, I hear everything going on outside of that, but I can hear everything that's coming through my phone.

If I have the volume turned up, I could even do phone calls.

I, I remember in Covid, I had a phone call with this and a meeting here and I was keeping up with both and they were baffled.

They were like, he's talking to somebody else.

I'm like, yeah, I, I understand what you're saying.

You gotta do this. And then I, you know, we, you learn. Well, Yeah, I've tried that once in a while and it didn't do so well.

Although you have two ears. My, i I just got confused.

So I thought, you know, this is not for me, but again, you are the exception that proves the rule.

So thank you for that.

But I do agree, um, the importance of being human, whether it's in a classroom or in a clinical situation, people want other people to remember the human touch is very important.

And I think it is, is one of the things that gets lost, um, in the translation too quickly.

So thank you again for your wisdom. Um, I do see that Ms.

Valerie has her hand up. So Dana, thank you Dr. Stella.

Yeah, I see Valerie, please go right ahead. Thank you.

Yes, Dr. Johansen, if you don't mind. I, I, I agree.

So totally with you about, um, technology, um, um, virtual visits not being, you know, not being necessary for or everything visits visit some, some visits need, definitely need to, um, be in person visits because of the medical procedures and like even vitals, we, we can't take, a lot of us cannot take our own vitals and or, um, draw blood when we need, um, to give blood, um, to monitor out illnesses.

And, um, but technology and doing things manually or like having in-person visits it work together, like you said, okay, give me my prescription verbally, I mean virtually.

Um, if that's, you know, it, it is so less time consuming technology has been brought us so much convenience that we have to just implement it at the right times and places and for the right things also, um, manual way we can eliminate, because we have to sometimes do things thoroughly diligently and it takes being math to do that.

So I actually, um, have gotten associate degree, bachelor's degree, master's degree here at the University of Phoenix.

And I was just, I'm, I'm just told that I should write my papers with the template.

I never did. I wrote my, I I'm still, I'm writing, working on a paper now and I've written it out manually, most of the things.

And then I, I'll, I'll go to Word and I'll type it out and I'll picture, I'll, I'll, I'll mirror the temp the, the, the document that I'm, the a PA document.

But I have not, um, used the template until now.

Try. 'cause I wasn't, I was, um, encouraged to.

So some things are, it's good to be manually to continue to use manually.

We have to know the difference.

And actually technology, technology and, you know, being manual, they should work together to produce that, you know, better, better work.

And I can tell you a little trick with the, the doctoral template.

What I did is I had one that I was typing in and then I still had a, a second, a second version up in another window of the actual template.

'cause I would always refer back to the description of those sections and, but I would delete it so I could type my section, but I had that other one so I could refer to it.

So I could always make sure that I was going through that chapter, right.

But I could refer back to, what was that? 'cause that section kind of gives you like an overall guidance of what to write for that chapter.

So I always had both open so I could refer back to it when I'd like.

Yeah. Yeah. That's a good, that's a good tip because we have to be a perfect sorter with this doctoral program.

So that's a good tip. Thank you.

Thank you. There were two more questions I saw. Um, one more then if you have time.

And thank you again for your, your being also, um, engaged in asking, um, Dr.

Foday again, he wanted to ask, um, based on your experience, what impact do you think mentorship would have on doctoral students? That's another topic we hear a lot about mentors and you know, how important it is.

What do you think? I think if the mentee takes advantage of it, it, it's very valuable, right? If, I mean, if you're open to that and it's somebody you're comfortable meeting with or the mentor you have a connection with, you know, and I, and I'm gonna put Dr.

Ero on the, the spot here 'cause I know she was my ur but in our phone conversations, she was also a mentor.

Um, and I've had great, some very great mentors over my years.

My very first manager position, I had a great mentor.

So if the, if it's, if it's utilized by the mentee and they see it as an opportunity to get some maybe foresight or guidance or, you know, not all the answers, but you know, maybe get you to help you see things differently, it can be very, very valuable.

Um, so I would recommend that.

And I know I would also recommend, you know, making sure you connect back in with your, your committee every now and then.

I, you know, I couldn't wait to get their feedback, um, because I wanted to see where I needed to make changes and, you know, and

I would always like, gosh, I, you know, it's either gonna be really bad or when I get it, it'd be very little.

And I'd be like, wow, you know, I, you know, so checking back in with them and asking questions and like I said, they even said we could call, you know, text them or call because sometimes, you know, if I was at work during the day, I couldn't get online to send a message all the time.

So, you know, but we could quickly do a call.

So, um, it, it's a great opportunity and I hope people check back in, you know, with that committee frequently.

'cause they're gonna give you great guidance.

And if you sign up for the mentor program, you know, I encourage you to take advantage of it 'cause it gives you a resource to people that have either done it before or could help you find what you need to get to where you want to go.

Thank you Dr. Johansson. Thank you all who have attended.

I think one of the things that I can, um, have sort of like a recurring theme here is that there is no one way fits, hits all there.

Everyone is very unique. Dr.

Johanson, you're very, um, unusual with your ability to be resilient in the face of all kinds of challenges.

And I think all of us could benefit by not getting discouraged.

If people say, well, this is a way to do it.

Uh, remember, take it with a grain of salt.

Maybe that's a good way for the person who's saying that, you know, yes, this worked for me, but all of us need to find our own path.

And if we can find a, a few people, as you have mentioned, your committee, your methodologists, people who are willing to share a little bit of their time and insight and support, that can make a big difference.

But the ability to each of us be, um, hopeful and realize that our way of getting from point A to point B might be different than others.

And just be open to new ideas. So Dr.

Johanson, you've been so good with your time. And Dr.

Stella, thank you very much for helping us here.

I just would like to reiterate, there is a survey if people would like to fill it out.

And also the recording from this will be available and we can send it to you, Dr.

Johansson, in case you wanted to, um, Ben share it with anyone else.

We're so grateful for your time and I can't, uh, thank you enough for showing that my, my own father, he was, uh, he was a great person, but he just didn't think, he didn't like school.

And he thought, you know, why would anyone get a doctorate? Because what good does it do? Why would, what can you do with it? And, um, uh, chatting with you this evening has proven that people can get a doctorate and still do useful things.

Mm-hmm. So, I mean, that's important 'cause you never know.

There are some of those that are a little bit skeptical and finding what you have taken and done with leveraging your credentials.

It's inspiring. So thank you so much.

Sure. Thank you.

And, you know, thank you for everyone that joined and listening and all the questions.

One last thing, you know, one last bit of advice for all of you.

Take it one week at a time, one assignment at a time.

Yes, it is a dissertation, but it's broken up into pieces.

Don't think of everything that you have to do for the long haul.

Take it one step at a time, one chapter at a time, one revision.

And the one thing, I don't know where this came from, I was told that before my last class to have all five chapters typed up.

I know when I started, I found out it wasn't required.

But I can tell you that by trying to get to that point, um, and having almost all of it completed for that last class made a huge difference on how that went and how I prepared for my actual, uh, verbal defense.

So I know it didn't come from any of my committee, it came from somebody that the counselor, whoever checks in with you every now and then, they're like, make sure you have all this done before that course starts.

And I was like, oh, well I'm glad I've got a, a winter break to get this done.

Oh. And so, and I did, but it made a, you know, a huge difference.

Um, and not everybody can get that done, but if you can get to that point where you have a lot of that done, then that, that would be, it's a good thing.

It'll help you. And with that, thank you all. I could talk forever.

Thank you. Bye now I'm gonna stop the recording here.

Thank you, Drella. Bye-bye. Bye-bye.