

# Get to Know Nursing Leader, Lorie Brown

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Lorie Brown is a published author and founder of the Empowered Nurses (ENO) organization, whose career has taken her from practicing nurse to nurse attorney. Learn more about how her legal practice has allowed her to help nurses and other health professionals in need.

## Overview

Lorie Brown's life has taken the well-known aphorism, "Once a nurse, always a nurse!" and supercharged it by adding; "Even if the nurse becomes an attorney!". And while it might be challenging to wrap one's mind around the combination of a nurse (characterized by kindness and caring) with the stereotyped lawyer (insensate and adversarial); Lorie Brown has, in fact, successfully combined the two careers into a powerful and influential profession.

## Awards & Achievements

- Medical Legal Analyst
- Staff Attorney for the Indiana Department of Insurance
- Attorney/Partner/Director at a law firm specializing in Medical Malpractice and Health law
- Adjunct Assistant Professor at the Indiana University School Nursing
- Board Member of the Indiana State Nurses Association
- Presently: President Brown Law Office, PC (17 years & 5 months)
- Presently: Legal Nurse Consultant Mentor, LNC Mentor (15 years & 5 months)
- Presently: The Nurse Protection Association
- Presently: Founder of EmpoweredNurses.org
- [From Frustrated to Fulfilled: The Empowered Nurses' System](#)
- [The Legal Nurse Consulting Workbook: How to Turn Your Nursing Knowledge Into A Successful Consulting Practice](#)
- [Law and Order for Nurses: The Easy Way to Protect Your License and Your Livelihood](#)

## Interview - Question & Answer

### **Q: Juliana, please tell us about your life before becoming a nurse.**

My father was a career Army officer until he retired and then took a position at Stanford University in Palo Alto, CA, when I was 13. I lived in multiple foreign countries in Asia and Europe until this time, which I remember all of the travel as being a very happy and fascinating time in my life. I graduated from high school in Palo Alto during the 1960s – a time of great change and opportunity for women.

### **Q: Did you have an inspirational experience, a teacher, or a mentor who encouraged you to enter the field of nursing?**

No. My personal experiences with illness, death, hospitals, etc. were so minimal. But I had this vision of nurses as being kind, wise, respected and oddly, confident and part of a team. These attributes appealed to me. I have often wondered where the unshakable desire to only become a nurse came from. I also wonder if I had been exposed to negative comments about nursing not being a “good enough” profession or if I had known that nurses were “underpaid, overworked” etc. if that would have swayed my decision. Stereotypes are powerful when you have no experience to know if they are true or not.

### **Q: How did you become acquainted with the field of nursing?**

The first time I ever really saw what nurses did was at age 16 as a Blue Angel in the Palo Alto VA hospital. Being a nurse was not a default career choice for me. When I chose to go to a Catholic Diploma Program in “black” Oakland, CA, my parents were not happy that I had not chosen to go to Stanford where the tuition would have been free; but I wanted to be in a totally different environment to learn to be a nurse. I loved this setting, which seemed old-fashioned to me even at the time, but it felt like the perfect place to learn about nursing. I didn’t have any relatives that were nurses. A school nurse let me follow her around when I was in junior high school and told me that I would be a really good nurse and this little comment stuck with me, and I believed her. My only other picture of what nurses were all about was a completely romanticized vision of what nurses did from war movies of the 1960s. No reality, no bad press; just a made-up vision.

### **Q: Tell us about your first experiences after nursing school...**

As soon as I graduated from my diploma program at Providence College of Nursing, I married my boyfriend at age 21 and then spent the next decade traveling between positions at hospitals in the U.S. and Europe. I worked in Austria, Germany, and Holland with summers spent on the Isle of Skye learning Gaelic. I didn’t find language learning easy, but I valued it and knew that it would be the way to be able to work in several of these countries.

### **Q: What came next?**

I returned to the U.S. at age 30 (in 1978) and decided to get divorced. I came to Colorado for what I thought might be a year or two, but I fell in love with the state and a man, and I have lived here ever since.

### **Q: You have had an incredible professional journey. Will you please reflect on the unfolding of your nursing career and what followed?**

This answer is so clear to me now, but the realization that my 50-year career would result in my writing and producing a documentary film, and then following this film with a book all because of having experienced what I considered to be my “worst” nursing decision, took even me by surprise. Had I not been unhappy in one particular nursing environment that I took on a whim at age 50, and then pulled all of what I had learned from other positions along the way; I would have walked away from this “bad job” and my life would have been so different.

But, I was lucky that from my very first nursing position, I had excellent fellow nurses to support my continued learning, and I had excellent nursing leaders that created environments that were so conducive to the personal development of all members of their staff.

### **Q: What did you learn along the way?**

I learned to take risks. And I also realized 5 additional important things:

1. Learning never stops. EVERY job has something unique to it, for you. Find it.
2. Think critically without being critical.
3. Listen, and listen some more.
4. Listen without words, listen to all that you can see and understand.

5. Learn to be still enough to hear what the easy message is and the subtext of what the obvious is.

### **Q: What challenged you the most academically in your educational pursuits?**

My last decision to not pursue a Ph.D. in nursing turned out to be the hardest decision I have made academically. When I chose to go back to the bedside for just a year or two in 2003, it was because I thought that over the last 36 years, all of my diverse positions were preparing me for my Ph.D. thesis idea; but on a whim, I wanted to do direct patient care one last time before re-entering academia. I was 60 years old and didn't have to work; this was to be a fun job. To my complete surprise, I encountered the first nursing job that I hated!

### **Q: What did you do?**

I found that I couldn't leave this position exactly because it was so bad. All that was wrong, all that was so frustrating in this ambulatory care position, led me to stay in it for 12 years. In an effort to better understand the dynamics of this place, I pursued another master's degree, this time in psychology.

But I wondered, had I wasted 12 years trying to figure out how to make this job "better" and "more than"? In the end, it never did significantly change; even after all of the effort that I had put into it. I had been so excited to be doing hands-on nursing care after being away from the bedside for 15 years. I felt that there was something more to the nurse-patient relationship that had meaning and that I could only find out this answer by staying in this environment. Should I have gone back for my Ph.D., my original career plan, instead of responding to the wrong cues and choosing to stay in this one unsatisfying job? I asked myself this question repeatedly as I pursued the requirements of my Master's in Psychology Degree Program.

### **Q: What were your experiences in the Master's in Psychology program?**

This program required that an original piece of work being produced at the end of the program. I chose to make a documentary film with absolutely no film background and then later write a book, *The Joy of Nursing: Reclaiming Our Nobility*; instead of writing a thesis. I found questions and answers that were far more satisfying than I believe that churning out a Ph.D. would have been! But, it would take a while before I knew that I had made THE best decision.

### **Q: How did you feel during this process?**

After 40 years of being a nurse, I wanted to attract people to nursing and felt excited and challenged to do something completely different than the teaching route. Self-doubt, worry, and ego crept in occasionally. Maybe I would not be good enough to do a film or write a book, who did I think I was to think that I could make a film, write a book. I knew that as much as I loved being a nurse, writing an insipid book based on all of the positive times, that I termed Camelot Nursing experiences, was not the book that I wanted to write. It would be a nice story, but there was more to my story even if I wasn't comfortable writing this story at first.

### **Q: What challenged you the most emotionally, in your career?**

Emotionally when I look back at my 50-year career, my toughest times emotionally fall into two categories. First, whenever I felt like I had bitten off more than I should have job-wise. Applying for positions I didn't have the experience or education to do but there were no job qualifications clearly stating mandatory requirements. I felt fearful that I would make a mistake and several times chastised myself for not taking easier, traditional nursing positions. There were 5 things that stand out as being emotionally challenging.

The first was being the first Diploma Graduate at Stanford's Open-Heart Surgery/Heart Transplant Unit. The second was working in two foreign countries when I did not speak the language. I felt like I was a really strong nurse so that I could overcome the obstacle of not speaking German or Dutch. But what if I was wrong to take these risks?

The third was writing and producing my documentary: "Exposure, Reclaiming the Nobility of Nursing." I thought maybe I would not be good enough to do a film or write a book. I had questions like "who did I think I was to think that I could make a film, write a book?" It would take a while until self-doubt was replaced by the pragmatic thought that there was not a book or film out there that was like the one that I was burning to create. Finding the courage and the perseverance was tough, more emotionally than intellectually, since many of the people in my world did think that my career direction was a bit unusual. I flew out to California every two to four weeks for two years believing that even if I was being foolish, I had to stick with my decision and do the best that I could.

The fourth was on a personal level; many of my fellow nurses and I also experienced the common pain of being working mothers. I had children at 37 and 39 and worked throughout my children's lives. I worked different hours and had a wonderful husband who helped me to make working, going to school and having children all work together well. But I felt guilty that I "had" to work and chose to work when they were young. Our daughter is a second-year ER Resident at George Washington University in Washington DC, and our son went to West Point and is now in Special Forces as a Green Beret. They exceeded our

expectations, but I felt guilty for working not knowing then that everyone would turn out happy and fulfilled. The fifth was that along the way, my husband also decided to go to medical school. So, for what felt like decades, we have been paying tuition for someone, everyone to go on and on to school.

### **Q: Why did you pick your particular area of specialization?**

I have never worked a day as a floor nurse. Not because I didn't value and respect these nurses, but for me, ERs, ICUs, travel, and being an entrepreneur, all pulled at my head and my heart more. There are STILL areas within nursing that I would like to experience even at the age of 66! I have the highest respect for areas in nursing that I did not choose to work in precisely because I found these areas to possess skills that I do not have.

### **Q: What characteristics do you think allow someone to thrive as a nurse?**

In my book, *The Joy of Nursing*, I spend time on this concept as I describe what "Camelot Nursing" is and what factors contribute to frustration, disillusionment and then anger when they are not present. Mutual respect as evidenced by collaborative decision making, working to the fullest extent of your education and experience; a recognition that the value of nursing is more than the tasks that can be observed. Freedom to think outside the box in solving problems, encouragement to find one's own level of creativity to recognize and then plan and devise new care strategies to improve care. As much as I DO NOT like to see or hear that "pay doesn't matter to nurses as much as respect and value for their contributions do," it makes me cringe because this is true, but they are not mutually exclusive.

### **Q: You successfully intertwine two seemingly unrelated fields-nursing and the media. What is your motivation?**

I want to see stories about nurses in the media. There are so many stories in the newspaper and on TV about police, fire and rescue personnel, but very little about nurses. I know that most nurses do not seek media attention; it makes most of us uncomfortable as if to be in the spotlight does not embody the characteristics of an excellent nurse. The complexities of decisions, the special populations that nurses manage, their role in disasters (planning, during and afterward), inner-city, rural America, those patients needing integration of multi-systems where so many people do fall through the cracks; this is what pops into my head in 30 seconds. We need stories for all ages, stories that entertain and inform.

### **Q: Will you please describe "a-day-in-your-life?"**

Every day is now filled with issues relating to marketing and selling of "me" and my book. Yes, I teach ESL, do hobbies that I have picked up for the first time at the age of 50 since I was too busy before. We entertain a lot, spend as much time as possible in Steamboat Springs, CO; which is gorgeous year-round. I also collaborate on my next book, *Three Solutions*.

### **Q: Have you ever wanted to quit being a professional nurse?**

Looking back over my career, not some but ALL of my toughest jobs at first felt overwhelming, and I thought that the sensible thing would have been to first not apply to them, or to even quit when they felt beyond my abilities. But then I thought, wait, I took these positions precisely because they felt risky, different and exciting. I have mentioned some of these positions already. This was especially true in 2001 when a friend and I decided to start a very specific nurse-operated niche business of providing health care to seniors who had entered into an ER due to a fall, mild stroke or had been diagnosed with dementia/Alzheimer's; and whose family or friends were unable to be there to assist them to stay living in their own homes.

We had only a few resources, but we had perseverance and flexibility in how to deliver our care-model. It was flexible because it was so loosely designed, but this coupled with the confidence that we were filling a need that was begging for two energetic nurses to fill; this need was enough. Between the two of us, we had many ER contacts. We decided on the price of \$500 for this service. We made a few flyers and within a week had three self-paying clients. There was such a need for this type of service that the demand immediately exceeded our capabilities.

### **Q: That's amazing! How did you feel?**

The phone rang so often that I realized I was not an entrepreneur at heart and that I would leave the business once I successfully met two personal goals: Number one: I had learned and put into place what it took to develop a start-up venture and number two: I had discovered what personal characteristics resulted in producing happy, older people. Why were some older people happier than others? What habits and mindsets resulted in some older people continuing to be vibrant, finding meaning and purpose in their lives, while others did not.

Even though the money was fantastic, this was not the motivation to stay in this position. Finding out the answers to my own two goals was, and I did.

### **Q: What one thing would you like to see changed in the field of nursing?**

My answer is not always popular, but I feel that entry into practice as a Registered Nurse needs to be at the level of a BSN now more than ever. There is increasingly more confusion by administrators, the public, other members of the health care team, policymakers, etc. as to what an RN can be universally held accountable to know. We need to value and build Dyads, Triads: teams designed to meet the wildly diverse practice settings where nurses practice. Just as we need the Advanced Practice Nurses that are creating amazing new job roles that they themselves are absolutely the best suited to develop, manage and charge for the care they independently are now delivering.

**Q: What advice would you give to someone thinking about becoming a nurse?**

When I was a very young nurse, I remember being asked by an older nurse, "You know who patients love the most, don't you?" I modestly answered, "Me?" She replied, "No, it is the LPN that gives them a back rub and picks up the forgotten dressing on the floor, and it is the aide that comes in to help them go to the bathroom and slowly encourages them to eat when they are unable to do these things by themselves, and you are too busy passing meds, and making valuable assessments." Today, I would add a diagnosis.

**Q: What advice would you give someone who wanted to follow in your footsteps?**

My daughter said to me a couple of years ago, "Mom, I am going to do things just like you did! I am going to travel, fall in love a lot, go to school a lot and then wait to have kids when I am about 40!" I said, "Yikes, if you do things like I did, then I won't be a grandma until I am 80, and you might think that I am too old to help you care and play with your children, so don't do things as I did!"

My advice is to be alert to what passes through your life; create ideal scenes that speak to you, respond to your own restlessness, unhappiness, excitement and approach each day with an openness to what it could be. We don't "find" meaning, purpose, happiness, luck, love, etc., we create it.

My external mantra comes from General Norman Schwarzkopf; "When in doubt, do the right thing." My internal mantra is from Mitch Rosacker who is a gentleman who helped me to learn to listen to myself. He said, "Go home to yourself, you have the answers within you." My pragmatic mantra is: When patients see me and interact with me, do I look like the kind of nurse that would make them say, "Wow, nursing looks like a great profession. I want to be smart, kind, wise and move with purpose? All of these are things that I saw when I met nurses as a young girl.

