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## International Travel Nursing: Pros, Cons and Liability Karyn Hanken

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**Pat:** Hi, this is Pat Iyer with Legal Nurse Podcast and today we're going to talk about a special type of nursing that involves traveling and going to new locations and taking risks and putting yourself out there. We know as legal nurse consultants that sometimes when we're reviewing nursing malpractice cases, there might be a traveler who is one of the defendants, and I wanted to bring to the show a person who has extensive experience in this area.

Karyn Hanken has been a pediatric nurse for 25 years. She has 16 years of domestic and international travel nurse experience. It's probably the longest amount of experience, Karyn, that I have heard of, in terms of somebody working in that field. So, congratulations for putting in those years and gaining so much experience.

**Karyn:** Thank you, Pat, and hello to all my nursing family out there. And thanks for having me here today, Pat, I'm excited.

**Pat:** I'm so glad that this fit in your schedule. Tell me what are the pros and the cons of travel nursing?

**Karyn:** Okay. Well, I feel that it's interesting, but I feel that in a lot of ways. Travel nursing and legal nurse consulting both speak to that global portability of nursing and our ability. It's going to take our traditional nursing skills and transform them in that powerful and different way. And so, I felt with my 16 years of traveling, there were a few big benefits.

First, the bottom line. It broadens your skillset, so you can't help growing professionally when you step out of your comfort zone. And so, in all those years I worked in teaching hospitals, community hospitals, profit and nonprofit, it helped me discover and expand my expertise. Another benefit is that you can really live and immerse yourself in any one of your favorite cities. So, you get to choose your city, and you could still work and make money.

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So, for example, one of my friends wanted to do Manhattan at Christmas. She took an assignment in New York over Christmas time, had her free housing right there in Times Square, and enjoyed all of that. So, it's nice that you can immerse and not just do a vacation in your favorite city, but you can live and work there.

For me another big pro was I was able to in a sense, try out a hospital before I committed. So, I looked at it as my professional rent to own program. Your assignments are typically 13 weeks, and you can extend if you want it. If you like it, stay; if you don't, move on. I was always asked to stay permanently after my assignment, and it was nice to know how the hospital ran so that I could make that educated decision at the end.

And finally, I think, Pat, one of the most important pros for me is just that travel nurse community itself. It's amazing, and travelers find each other. You can go visit each other on any type of assignment. I was on assignment once in Seattle, and my two good friends were on assignment in Hawaii and the Virgin Islands. And do you think I went and visited them? Of course, I did. So, it was really nice, and we can take up to 30 days off in between assignments. So, you always have that capability to go visit family or take a vacation in between. So, there was just a tremendous amount of flexibility there.

**Pat:** What about the cons? What are the drawbacks to travel nursing?

**Karyn:** Pat, I think one of the greatest challenges is your short orientation. So, you do just have that two to three days of bedside or floor orientation when you get to your assignment. And in addition, you may have that one day of computer or a skills day. So, that can be tremendously intimidating to some people, and you must be confident in getting out there on your own after a short orientation period.

Another challenge I feel is that you must be that type of person who can ask questions and ask for help. So, as I always used to say, "Check your ego at the door, and bring your confidence with you." If you're one of those people who feels you look bad when you ask questions, then travel nursing isn't for you. You must be able to ask those questions and then rely on those staff nurses to fill in the gaps for you.

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Another challenge is that you must be able to understand and honor all the different policies between the hospitals. So, for example, we had a traveler at our hospital who was taking a verbal order, and at her last assignment they were able to take verbal orders, but in our institution you can't unless it's an emergency or a code situation. You need to be up on all the different policy changes between each assignment.

I think lastly, for me one of the biggest challenges is that as a traveler sometimes you take on that persona of all the other travel nurses that came before you. If a staff had a bad experience with a traveler, you're technically seen as one of them until you prove yourself. But I always felt great as a nurse, and I always felt like you can create your own reputation and create your own story. And on the flip side, you could be the first traveler in that institution, and so that's a little bit of pressure because how well you do is going to determine the staff opinions of any future travelers. You're really setting that precedent.

**Pat:** Yeah, you're right. You're an example and how nurses react to you will form their impression of other travelers who come into that organization.

**Karyn:** Absolutely, and you just need to be able to stand in your own knowledge that you're a great nurse. If there is a bad perception, you can change anyone's mind. And I did walk into a few situations where they had not had good experience with travelers, but at the end of my assignment, they saw that each traveler is different and brings a unique skillset to the table.

**Pat:** Did you ever have situations where you felt the nurses making out the assignments were giving you a heavier assignment because you were a traveler?

**Karyn:** I always was a very strong advocate for myself. And I feel it's very, very important that as a traveler you are always the first ones to be asked to float. The charge nurse or anyone making the assignment may not understand your skillset, so you did have to be a strong advocate. And if you got an assignment that you felt uncomfortable with, I never had a problem with being able to go to the charge nurse and say, "I've never had this kind of patient before. Teach me in the moment." Or if I felt like it was something completely overwhelming,

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I always found every single charge nurse was always willing to change a patient because they don't want to risk the safety of a patient and make you uncomfortable.

And on the flip side, you must advocate for yourself as well because you can't expect new people who don't know you to understand your skill set necessarily. So, I only came across that a few times, but in those situations, I was able to advocate, and it was a very smooth process, and they were able to change a patient if that occurred.

**Pat:** I spent seven years in charge of a staff development department, and we had a lot of debate about how much orientation employees needed. When I took on the job in 1979, the orientation consisted of one day. And by the time I left one day at the end of seven years, the orientation consisted of six weeks and it's even longer now because of the Preceptor Program that I created, and which expanded after I left. Tell me about what it's like to get such an abbreviated orientation and if you think that has an impact on the liability risks of the traveler?

**Karyn:** Yes. So, regarding liability, I did feel at times a little bit more liable because, you feel as though you're an agency nurse. And like an agency nurse, many travelers feel that we're the first to get thrown under the bus, right, or that we'll get blamed for things in the event of a lawsuit because we're in essence seen as the temps of the hospital.

And so, your travel nurse agency will tell you that the agency carries your professional liability and malpractice insurance, but I always, always carried my own. So, I felt personally that one of the credentialing processes with that facility is that all travel nurses need to be covered by professional liability and malpractice from the travel nurse agency. But in addition to that, I always felt like I wanted my own additional coverages through my own personal liability as well.

**Pat:** And I think that that's good advice for nurses who are not only in traveling positions but in other types of roles. I was talking to a woman on a previous podcast (#342) Sandra Nichols, who was on the Board of Nursing for the State of Florida for three years. And she reminded our listeners that nurses are nurses 24 hours a day. And she gave the example of a nurse who drove the getaway car for her boyfriend when he was involved in a robbery. And it got reported to

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the Board of Nursing and she said, "But I wasn't on duty at the time that I was behind the wheel, so why should that impact my nursing license?"

**Karyn:** Pat, this is a topic I'm so passionate about. So, my opinion for any nurse out there is yes, yes, yes, carry your own liability insurance and not just for travelers, but for any nurse. There's that ongoing debate about if you purchase your own, it increases your chance of being sued because the lawyers are going after deep pockets.

If you have your own insurance, now you're that deep pocket, right, and you're going to be brought into a lawsuit. And then I feel like in the traveler's case there's that unique situation where the traveler is technically already covered by their agency's insurance, the big question is, "Why even get it?" and I feel like there are a few big reasons.

Number one, for all the nurses out there, attorneys these days are not inclined to drop a case against a nurse, especially if they feel they can get anything. It's part of the same case. There's practically no additional work to include that nurse. And as a nurse, I always felt like even if you don't think you have personal assets like a house or property or a car, you know your greatest asset is your future earning potential as a nurse, and your wages could be garnished in years to come.

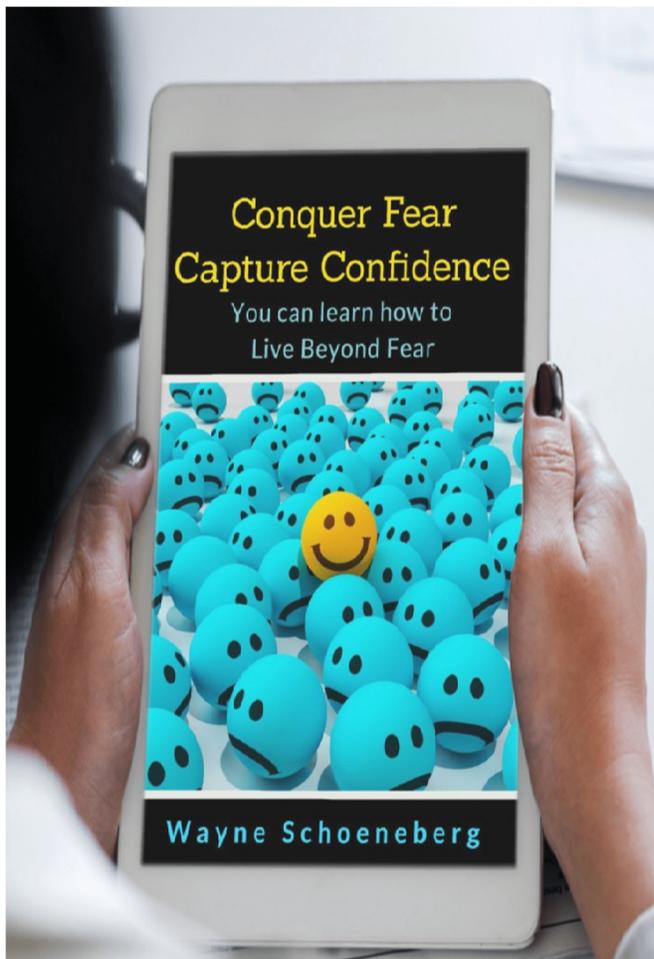
Also, what you need to understand is that your employer's coverage typically will not protect you against complaints filed against the Board of Nursing, like against your nursing license. So, it basically just covers you in a lawsuit. And there's a much greater chance that you'll need to defend your license against a complaint with the Nursing Board and that can take a lawyer and thousands of dollars. I always wanted to have my own insurance with my own license protection coverage.

But I think, Pat, this applies to travelers. Let's say in the rare event that your agency policy covers your complaints against your license, you know that most of the complaints against your license are going to be filed by your employer. And in this case who is your employer, the travel nurse agency. And what they typically do is they fire you

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with cause and then guess what, your liability protection is gone because you've been fired. And so, I always felt like that was very important for me to have my own protection.

Then finally, just as you said, there's the issue of being in between assignments. We travelers can take up to that 30 days in between an assignment, and we're not covered by our agencies' liability protection when we're not working. So, you're exactly right, there are several scenarios that could arise in our time off, a good Samaritan lawsuit. I always wanted to be covered during my time off between assignments, and so I always wanted to have that continuous coverage with my own liability company. And so, I felt like it was a fair trade off to pay that \$10 or \$11 a month to just know I had that consistent protection regardless of the circumstances. I don't like variables, so I like to eliminate them.



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**Pat:** I understand from talking with you earlier that you spent some time working as a traveler in the Middle East, which is a whole different cultural context from the United States. We have listeners in 72 countries. They have different levels and different kinds of nursing than we do. In your experience traveling overseas, what were some of the major differences that you became involved in between nursing care in the United States and nursing care overseas?

**Karyn:** Okay, that's a great question. I think in narrowing it down to me, it came into two big areas. I think there are two big differences in what I experienced. The first one is what I call proactive versus reactive medicine.

So, here in the United States we're taught to be proactive, right, to know the consequences, 10 steps down the road, implement those measures now and prevent those things from occurring. In the Middle East, I found they had more of a reactive medicine where they were content to wait and see what happens and then scramble to correct the consequences. So, as a Western-trained nurse I really had a heightened sense of advocacy to make interventions happen a lot earlier than what the doctors really wanted to do. They really liked the wait-and-see approach.

I never was good at waiting, and I did get a reputation for being a very strong advocate. I have to tell you, my manager at the time when I first got over there, she would laugh and say every morning she would have a doctor standing at her office door when she would come in and it would be the same story. They would come in and say, "Who's that American nurse? She tells me, 'no'. You need to send her home." And

in that respect, she would always ask them, "Okay, what did Karyn do?"

Real story: one time a doctor wanted to give a little cardiac baby, a bolus of 50 cc's per kilo, "50." And I said, no, we can bolus this cardiac baby 10 cc's per kilo, not 50. And they looked at me with shock and horror as though I was questioning what they were wanting to do. I have to say every single time my manager stood by me and said, "You know Karyn's right, we can't do that." But it was very much a shock for a lot of the physicians over there to have a nurse just not follow their orders. And so, I did find that that was initially a big challenge.

My second big thing I found, Pat, between the United States and Middle Eastern nursing is, I just feel like it was a world of pure contradiction. So, for example, you had a surgeon saving lives, but then they didn't believe in washing their hands or using Purell. And I became known as a Purell police. I would walk around with the doctors during rounds and make them gel before going into rooms. That was just not something that they felt was important.

Another huge contradiction is over there, there's an obesity epidemic in the pediatric population. You know at that time women didn't drive. In the past few years, they've been allowed to start driving but every day they have fast food chain delivered. Children are just obese because they're just getting fast food at home, and instead of teaching proper diet. Guess what? We had 9- and 10-year-olds getting gastric bypass surgery over there to get their weight down. So, they were doing gastric bypass surgery in the pediatric population.

I think my final biggest contradiction is, that I could be taking care of a patient in one room who was a Bedouin child. And the Bedouins over there were the desert nomads, and they had never seen running water. And so, one of my favorite duties was to get these children in the shower before surgery. And typically, they would scream and be terrified of running water coming out of the shower.

They had never seen running water in their lives, but it was the most beautiful thing. Within a few minutes, once they realized they had a never-ending supply of water, because you don't get that out in the

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desert, the whole family would be in the shower for hours. You couldn't get them out of the shower. They would live in the shower.

They thought it was the best thing, and then you contrast that to the family I was taking care of in the next room. And it was a Saudi prince who had two nannies, two private nurses. They moved in different furniture for the royal family. The baby had Louis Vuitton blankets. The princess handpicked us nurses because she only wanted Western nurses with light skin, light eyes, because she felt us to be more intelligent. And you had that level of opulence, and in the next room you had a Bedouin child who was so completely overjoyed with the fact that they had running water and they thought it was the greatest thing just to play in water.

So, over there in the Middle East, we would always say it's a complete world of contrast when it comes to medicine. It was beautiful, yet it was always fascinating to be part of it and to look at how different things could be from one patient family to the next on the floor.

**Pat:** I've never thought about a child who's never been exposed to running water. That is quite an image.

**Karyn:** They were petrified. It was beautiful, though. I used to enjoy that part of it so much just watching them realize that this was water that they could sit under forever. And it was just a great thing to experience.

**Pat:** I know from having done some teaching, specifically about bullying in health care when I was in Australia, and I talked about the male dominance and the female, traditionally female, role of nurses. There were many people in my audience across the world who struggled with that same issue. Did you run into this in the Middle East in terms of being a female nurse with I'm assuming primarily male or maybe totally male physicians?

**Karyn:** For me, I have to say starting off, I had the beautiful protective cloak of being an American. So, to answer you, yes, I feel as though I did have issues with being a female, but the male physicians had a different level of respect for Western nurses, especially American nurses. So, I would see them treat very differently a Filipino nurse or a nurse from Malaysia or South Africa very differently than how they

treated me. Because for some reason, they held an American nurse in their mind at a different level. Whereas all the nurses I worked with from all over the all over the world, were just as capable and amazing as me. That was just their visual. But I felt, I think it was never that I was female. It was more that I would not stand down or stop advocating for my patients.

Because Pat, the society over there, there's a huge knowledge deficit when it comes to medicine. And so, families accept whatever the doctors say. And then you must add to the fact that 99 percent of the time it was the mothers who stayed at the bedside. Culturally, they are just not empowered to speak against a male position. So, that really put me, I felt, in a role more of a protector and a strong advocate of sorts because I had to be their voice for their child in being able to speak up with that male. And then I also had to add the voice of my critically thinking Western nurse component who had to really evaluate the care plan and see if that was a proper care plan.

Did I make friends with the physicians? I was never invited to their houses for dinner, but we found a balance. I think by the end of my four years there, the night doctors used to call me. I always did night shift, and they would call me by 10:00 at night and ask me what I wanted for the night. They would say, "You know, Karyn, we know if we don't give you what you need now, you'll keep calling us all night. So, we've just decided not to argue and give you what you need early so maybe we can get some sleep."

I think that was more for their survival than respect, but there's that component. You had to learn how to navigate through that alpha type of environment to be able to get what you needed. I feel like it became an art form by the end of that four years to be able to get what you needed in that culture.

**Pat:** If somebody came to you today and asked you what your thoughts were about accepting an international travel assignment, knowing that you've learned how to navigate that system, what advice would you give that person?

**Karyn:** Excellent question. I think first you need to really consider the country you want to travel to. So obviously, Pat, you mentioned that you were

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in Australia. And I feel like a travel assignment in Australia or Ireland perhaps would be less of a culture shock than going to Saudi Arabia or the UAE (United Arab Emirates). So, I want to say first and foremost, know your limitations. Remember it's not a two-week vacation. This is truly an immersive experience.

Adaptability is an understatement. And you can't go over there and insult their culture and say like, for example, "Well, in the United States we do it this way." You know, you're not in the United States, so you need to adapt to them and their culture and their way of doing things. So, they don't have to adapt to you. You really must consider if you're cut out for that type of thing and realize it's just not a vacation.

I think the second piece is, because I made a mistake with this, is read your contracts and especially the fine print. And I felt like I was good at that, but I made the mistake on my first contract in which I didn't read the fine print. And over there, they pay a yearly salary in the Middle East. So, my contract stated 12-hour shifts and I assumed it was three 12 hour shifts a week, like here in the United States. So, that's like 18 shifts every six weeks. But in the fine print it said I had to work 22 12-hour shifts in six weeks, not 18. And so, in a year that's 36 more shifts and you know working for that same salary. So, it was not a fun surprise to kind of calculate what my hourly pay was when you added those 36 extra shifts a year.

And then I think the third thing for me, because once again I made this mistake, is you have to keep your nursing license from your home country in good standing because many international nursing license are based off of a valid nursing license from your home country. So, I always renewed my U.S. license every year right on time.

But in that third year they ask you if you have your 36 hours of continuing education, which was a requirement for my Washington State license. And I was like, "Oh my goodness, I forgot about the continuing education." So, I was online that night doing every conceivable module imaginable in order to accrue those 36 CEUs in record time to be able to satisfy and attest to the fact that I had those. So, just keep up with your home license and the requirements for that because it's easy to let that slip by when you're in another country.

- Pat:** Those are great points. I never would have thought about the continuing education requirement. I bet that caught you off guard.
- Karyn:** It did. And as a pediatric nurse trying to get all the credits, I found there were only so many I could do in pediatric medicine. So, let me tell you, I learned a lot about geriatric medicine and every other type of medicine out there because I needed to just accrue those quickly. So, it broadened my knowledge base.
- Pat:** You've shared so many great points and I know that you have your own legal nurse consulting business. Can you tell our listeners how they can find out more about you and the services that you offer?
- Karyn:** Thanks, Pat. We are Trifecta Legal Nurse Consulting out of Seattle, Washington. I joined with three of my great friends here, and we have over 60 years of combined nursing experience. And so, you can Google us at Trifecta Legal Nurse Consulting, find us on Facebook or LinkedIn. Also, you can find us at [trifectalegalnurse.com](http://trifectalegalnurse.com).
- Pat:** Perfect. So, let me give that address again. It's [trifectalegalnurse.com](http://trifectalegalnurse.com), no spaces between the words. And I've been talking with Karyn Hanken about travel nursing. She has a pediatric background as you've heard and some fascinating experiences and a different perspective. We've talked about some of the liability issues and the questions that can come up in a new assignment that really require that travel nurse to be strong, to be competent and to be confident.
- Karyn:** Yes, definitely. And yeah, I'd like to end with my favorite mantra that I used to say on every travel assignment, and I think it applies to any travel nurse out there. I always used to say when I would go on a new assignment on day one, I would say, "It was once said that travel makes you speechless, then turns you into a storyteller. What will your story be?" And I love the fact that you must remember whether we're talking about a travel assignment or as a legal nurse consultant, we have the power to create our own story. That's the most beautiful and awesome thing about nursing.
- Pat:** We do. That's well put. Thank you, Karyn and thank you for being a guest on Legal Nurse Podcast.

**Karyn:** Okay, thank you, Pat.

**Pat:** And thank you to you who's listening to this program, sharing your thoughts, expanding and growing and learning and listening. I hope that you've gotten some good points from this program today about travel nursing, about international nursing, looking at the world a little bit differently.

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