The Pathway to Becoming a Professional Nurse

Nancy Thompson, RN, MSN, AOCNS®

Back on a beautiful autumn day in Seattle, which also just happened to be my 50th birthday, I was selected as the 2012 Ruth McCorkle Award Lecturer by the Puget Sound Oncology Nursing Society (ONS) chapter. The lectureship was started in 1987 as a special tribute to Ruth McCorkle, PhD, RN, FAAN, who was a member of the chapter. Chapter members are nominated by peers in recognition of their contribution to oncology nursing and to ONS, both locally and nationally. The timing of the award prompted me to reflect on my nursing values and the steps that led me to where I am today.

The thing I pondered right off the bat was why I became a nurse in the first place. I was not one of those little girls who always wanted to be a nurse; in fact, I didn’t actually know any nurses when I was growing up. I probably assumed that, like my parents, I’d end up being a teacher. This didn’t change until my teenage desire to be different asserted itself and I decided to become a nurse. Ironically, my favorite part of nursing has always been teaching. When I realized that teaching is my gift, I also learned that we must all embrace who we are.

We each bring our own personality, talents, and experiences to nursing practice and, rather than fight it, as I initially did, I now believe that we ought to embrace the diversity it brings to the profession. In nursing school, we were taught the therapeutic use of self as using not only nursing theory but also our experiential knowledge and self-awareness in a nursing practice. The profession benefits when each of us can bring our authentic selves to a nursing practice.

I considered several other healthcare-related careers, but nursing is the only discipline that truly treats the whole person. I believe that treating each of our patients in every aspect of their lives is one of the greatest joys of the nursing profession.

My first nursing job was in a hospital in an Arizona retirement community where I simultaneously learned both nursing and gerontology. I observed how this older adult patient group, with a lifetime of experiences, coped with their cancer diagnoses. Some had learned well from their life experiences and had acquired wisdom, courage, and inspiring life philosophies, while others tended to be angry, bitter, and lonely. As we age, our personality characteristics tend to become accentuated and shaped by our response to life experiences. My older adult patients taught me to “work on becoming the old person that I want to be.” Whether we become bitter and angry or wise and courageous largely depends on how we respond to the events of our daily life challenges.

My introduction to oncology nursing started when I was offered hospice training and an internship as part of my nursing training. Although I was fascinated by the science of oncology, it was the depth and openness of the patient-to-nurse communication in oncology that captured my heart. I loved the conversations I had with my assigned hospice patients as they told me about their life experiences, accomplishments, fears, and regrets. When people are diagnosed with a life-threatening illness, they talk about who they really are and what they truly value. As one family member said, “When the chips are down, what else have you got—it’s one human being communicating with another.”

ONS promotes the concept of lifelong learning throughout one’s career. Embracing this concept has kept me inspired and motivated, enlarged my view of the world, and provided countless new perspectives. It also, subsequently, led me to graduate school where I honed my writing skills and learned critical thinking, systems theory, and the value of professional literature. But maybe, more importantly, I learned that community health is the basis of oncology nursing. Community health includes cancer prevention, healthcare policy, access to care, and lifestyle behaviors. Until this point, I had focused my career in a specialized area of cancer treatment but had completely ignored the reasons that had led some people to come to be in our care. I became the community service chair for my local ONS chapter as I came to believe that community involvement can be viewed as essentially nursing our most vulnerable patients before they actually arrive in our clinics.

I shared the chapter presidency with another member around the time I first became involved with ONS, and we enthusiastically attended the ONS Leadership Weekend together. We were amazed and excited by all that ONS had to offer, and by the vision of and for oncology nursing that ONS promoted. As so often
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ONS recommends developing professional mentors, and I’ve had three amazing nurses influence and guide my nursing journey. One served as a role model to create a personal vision for the kind of oncology nurse that I wanted to emulate. Another taught me how to be successful within a large healthcare system by knowing what to say and, just as importantly, what not to say. And the third taught me the importance of developing relationships with colleagues to implement change and develop credibility.

Perhaps, like me, you have already benefited from a mentor, or maybe it’s time for you to become a mentor. One of my mentors referred to mentoring as a two-way learning opportunity. Rather than “eating our young,” it’s time for us to mentor our new, young nurses who are hungry to learn from our experience.

On my journey, I applied for many ONS programs and was fortunate to be accepted into the ONS and Bristol-Myers Squibb Ambassador 2000 Program. It was described as “a media outreach program that promotes the role of the oncology nurse to advance the public’s knowledge about the supportive care of individuals with cancer. Through the dissemination of this information, the oncology nurse becomes the advocate for individuals with cancer, the public, and the oncology nursing profession” (ONS, 1997, p. 4). At the end of the program, I had gained new professional skills, valued colleagues, some great stories, and a couple of invaluable lessons.

First, patients need nurse advocates. They depend on us to be their voice. We advocate for patients in many ways, such as verifying medication orders, making referrals to support programs, and being involved in healthcare policy decisions. Our patients are vulnerable and they trust us to look out for them.

Second, supportive care is the core of oncology nursing. Patients who get great supportive care are more likely to stay on treatment, receive full doses without delays, and experience the highest quality of life. Supportive care includes symptom management, palliative care, interdisciplinary referrals, and patient education. It means taking care of the whole patient, and that is what oncology nurses excel in every day.

I also was fortunate to attend the ONS Leadership Development Institute. The goal of this program was to “prepare oncology nurses to LEAD the transformation of cancer care” (Stengel & Nevidjon, 2008, p. 5). The program challenged me to think hard about my career and my professional goals, and the institute faculty raised several questions that I struggled to answer.

• Why did you go into nursing?
• Why do you stay?
• What makes it a good day?
• How do you keep going at the low moments?
• What is your personal mission statement?
• How do you add value to cancer care?

I was later selected as the coordinator for a large and prestigious clinical trial. The team was small and inexperienced with clinical research studies of this magnitude, whereas the other trial sites were large, distinguished universities with well-known reputations and mature clinical research programs. The staff from the other sites frequently made fun of our little team and probably expected us to fail. However, our small team achieved the highest recruitment totals and received a commendation for the quality of our data. This experience taught me that it’s not about where you work, it’s about the quality of the work that you do. Health care has become very competitive, with mergers and affiliations happening daily, but for those of us in front-line patient care, none of that is very important. What is crucial is our relationship with patients, communicating one on one, using our therapeutic selves, and the supportive care we provide to those in our care every day.

In my current role as an oncology clinical nurse specialist, I have learned many things, but maybe the most important of these is to keep your eye on the patient and you’ll never lose your way. It’s easy to become distracted by hospital politics, co-worker conflict, budget problems, short staffing, or to complain about our work environment and forget our primary goal. But if we keep focused on what’s best for the patient, we will never lose our way.

The medical director of the Swedish Cancer Institute said it best (Einstein, 2012):

We can put together a number of ingredients to provide high-quality cancer care, but the essential ingredient is a staff of committed dedicated individuals working together as a team to make sure that each and every patient receives the best medical care and service possible (p. 1).

When we work together as a team—advocating for patients, providing supportive care, and caring for the whole person—we can change people’s lives and improve the health of our patients, our community, and our world. That is why I became a nurse, that is why I get up every morning to come back in and do it again, and this is what makes it a good day for me.

It’s been a far more fulfilling journey than I ever dreamed possible. I’ve learned more, accomplished more, had a lot more fun, made wonderful friends, and, hopefully, I’ve added value to patients’ lives, to the community, and to cancer care. And I wish the same for all of you.

References

