

Welcome to Nursing:



What Nurses in the



Graduation is in sight and your years of hard work are about to pay off! Imagine, a new life that only includes work and fun: no papers to write, no tests to study for! Life will be good!

But what about that new job? Did you learn enough to be safe? Will you be a good nurse? What about your patients? Will they like you? Will you like them? And your co-workers – what will they be like? You’ve heard that “old” nurses eat their young. Is it true?

Trenches Want You to Know

By Maria Easy Stilson

Change, even change for the good is stressful! Transitioning to a new position and role is easier if you know what to expect. The phases that you experience as you begin your new position are well-documented (Winkelman, 1994). First is the honeymoon stage: just thinking of work makes you smile and you'll float through your days of orientation until you assume responsibility for your own patients. You are content and probably think, "I'm a nurse, I'm paid to do this job, I love my patients, my co-workers are great, and this is what I was meant to do." While this is a great feeling, it typically only lasts about 90 days or so.

Those co-workers, whom you loved just weeks before, soon start developing irritating habits. Instead of hearing, "Is there anything I can do for you," you hear, "You're behind again. Do I have to help you do your work?" The nurse assistant's laugh has gone from being endearing to slightly annoying. And where did those wonderful patients go? All you've had recently are those you can't do enough for, who hang on their call button all day. Did they all change? No, you've just entered the irritability/hostility phase.

Hang in there! This phase also passes! If you are 4 to 6 months into your job and just can't stand it, don't despair and change jobs yet! The irritability/hostility phase will eventually mellow into the adjustment phase. You

adjust to your surroundings and begin to modify your goals so that they're achievable within your new setting. Remember, you won't be "super nurse" everyday, but there will be plenty of rewarding moments to make your job satisfying. Your co-workers are not perfect, but neither are you. Caring for patients as only nurses can, you will make life friends who understand and appreciate the work you do.

Gradually, you move into the acceptance phase. You'll start to think: "This is what I have chosen to do. I have some patients I connect with in an emotionally satisfying way and those whose needs I simply meet. My co-workers can be irritating, but when I need them, they are there for me. This is not a dream job every day, but there are good days when I still can't believe they pay me to do this." You'll appreciate the thank-you notes from patients and family and your career choice will be validated repeatedly.

A Smooth Transition

While you'll (hopefully) have a thorough orientation, there are often "hidden" rules that others expect you to adhere to, whether they've been shared with you or not. If you break them, chances are that your acceptance into the unit will be delayed. This is true whether in a traditional office setting, or a hospital, or any other job environment. Some of the tips I've found helpful:

1. The most convenient computer at the nurse's station isn't necessarily for you! This computer might belong to nurses with seniority. Be assertive and ask questions, but make sure you become aware of the social hierarchies around you so that you don't step on any toes.

2. The coffee machine. If you drink the last cup, make the next pot! This may sound silly, but you'd be surprised at the uproar that ensues if you fail to do your part!

3. Pot lucks, celebrations, birthdays. You'll find that nurses will take any excuse to bring food and eat: someone's last day, someone's pregnancy, birthdays, or even Florence Nightingale's birthday (May 12th). Your task, as the new nurse on the block, is to bring a treat and get into the spirit of celebration. You certainly don't have to produce gourmet meals, but a home-made treat (even chips and salsa) makes a difference.

Now that you know what to expect, what can make the transition go smoothly? I asked both new nurses and experienced nurses what they thought you should know about your new job and about them. Here is their advice:

Heather Sloan, BSN, RN, graduated in May 2005, and noted that employment in a student setting, as an intern or extern, or in a graduate transitional program, such as a residency or fellowship, can be a very productive experience. Not only do you get some "real world" experience, but it allows you

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to figure out what specialty appeals to you, or just as importantly, what specialty you don't like. As an extern working at Southeast Missouri Hospital, Heather found her niche in the Cardiac Cath Lab, an area not typically open to new grads.

April Meyers, BSN, RN, working in orthopedics since her graduation in December 2004, wants nursing programs to incorporate a course in "Real World Nursing." She believes that student nurses should leave school knowing about how to engage other health care providers in giving effective care. Curriculum could include issues such as staffing ratios, staff turnover and approaching physicians.

On the Floor

Cathy Magas, RN, has been a nurse since 1963 and advises that it's important to remember to listen to your patients and their families. She remembers an afternoon early in her career when a woman came into the hospital directly from the doctor's office with a diagnosis of "anxiety disorder." After talking with the patient and her daughter, Cathy had other thoughts. The woman was of German descent with a usually stoic demeanor. She was distressed and admitted to anxiety which made her feel out of control, to the point of

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having difficulty breathing. Her daughter confirmed that her mother's anxiety was out of character. The doctor had ordered anti-anxiety

medication and a sleep aid. Cathy delayed the meds and called the doctor. He confirmed that he believed the patient would calm down with the prescribed medication. Cathy spoke with the patient and family again and grew even more concerned. Risking the wrath of an angry physician, she called him again. He agreed to come and interview the patient before starting the medication. After talking with the family and patient at length, the doctor transferred the patient to the ICU with a diagnosis of breathing distress. In the controlled setting of the ICU, the patient coded and was successfully resuscitated.

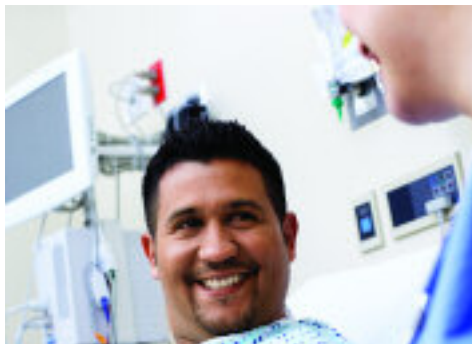
Diagnosis: Guillain-Barre syndrome. Cathy had successfully advocated for her patient and helped to save her life.

Ginger Anderson, BSN, RN, who has practiced in obstetrics (OB) since 1986, encourages new nurses to treat all patients with respect. Ginger relates that in OB it is easy to become judgmental. When she saw teens having babies, or those who smoked or used drugs during pregnancy, she remembers wanting to remove the babies from their "unfit" parents. She quickly realized that this was unprofessional. Ginger treats each new mother and father with respect and does all she can to promote change and to support the new families. In other words, she remembered that her career is in patient advocacy and that by educating herself and new parents, she is helping to make a long-term difference to the child.

Vickie Long, RN, with fifteen years experience on a surgical unit, wants new nurses to know that experienced nurses are willing to help. You can't know it all! Vickie speaks for most nurses when she says, "We want to help, to teach, and to support new nurses. Most of us want you to succeed and we'll do all we can to help you. You'll recognize us. We have smiles and when we say, 'Is there anything I can do to help?' we mean it!"

Just because you're a nurse, doesn't

mean you can't do nurse aide work, says Jenny Tooman, RN. Any work that helps our patients' comfort, promotes healing or alleviates discomfort is



not beneath us. That means we can answer call lights, empty bed pans and give back rubs when the aides are busy and we are caught up. I know that time sometimes precludes these things, but our attitude should not.

Kristi Heise, RN, has practiced for eleven years and wants you to remember to be open minded. Nursing isn't always by the book. Be willing to adapt and to learn so that you can handle any situation, not just what your textbooks told you to expect.

Sara Koenig, BSN, RN, learned early on to make the most out of her resources. You don't have to know it all, you just need to know whom to ask! There is enough pressure on you as a new nurse, so do not compound it with the mistaken belief that you should be an expert on everything. If you have a new mom on your surgical floor with a breastfeeding question you can't answer, chances are that the hospital will have a lactation specialist to help you!

Don't let your patients dictate your priorities advises Jennifer Lukefer, BSN, RN. If a doctor makes rounds at 7:30 a.m. and discharges one of your patients, that person may want his paperwork done immediately, but if you have three other patients who you've yet to assess, clearing his paperwork will take some time. Don't allow that patient to intimidate you into changing your priorities.

Words of Wisdom

Dr. Karen Hendrickson, Vice President and Chief Nursing Officer, who has over 40 years of nursing experience offers several words of wisdom:

- Be kind to "old" nurses. We may not be as computer savvy as you, or run the hallways as quickly as you, but we have a wealth of knowledge only gained through experience that we are willing to share.
- Smile and have a great attitude. It will rub off on other staff, on patients and families, and most of all, on yourself.
- Stand tall and be proud of nursing. According to the November 2005 Gallup Poll on honesty and ethics, nurses have ranked at the top of the list since nurses were included in the poll in 1999. The only exception was in 2001 when firefighters topped the list.
- Don't whine – find humor in situations unique to nursing.
- Round with physicians. Our practice is collaborative. Making rounds with physicians ensures that you know what was said to a patient so that you know the context of the conversation and can later interpret any questions the patient may have. This also ensures that illegible orders don't lead to greater misunderstandings, or errors.
- Become a life long learner. While attending continuing education classes is vital to your practice, your education doesn't have to be limited to nursing. Learn to scrapbook or to play golf. Take a class on gardening— keep learning and it will keep you young and open to new experiences.

Calmly explain that you will get to him as quickly as you can, and that while you can certainly understand his eagerness to be on his way, you have other patients to attend to first. Most patients will understand and

you will have shown excellence in critical thinking!

Ann Zenthoefer, RN, who graduated more than twenty years ago, encourages you to admit when you need help: it is not an embarrassment! Ann believes in endowing new nurses with autonomy from the very beginning, but wants you to know that many nurses are willing to help and teach. As a preceptor, the fine line between encouraging independence and providing needed assistance is sometimes blurred, but even preceptors cannot read minds. So when you need help, please ask!

Help Me to Help You

I've also found the following tips valuable when starting a new job:

- Ask the right questions when you interview. More important than how much you will be paid, is the nurse-patient ratio. No amount of money can compensate you for an overwhelming patient load.
- Ask about the length of orientation provided. I've kept in touch with student nurses over the years, and I've heard horror stories about the lack of, or abbreviated, orientation. Minimum orientation for your first position should be six weeks. You've worked hard to get to your first position, get all the benefits possible to start you on the right foot.
- Ask about shift differential, student loan buyback, and educational loans. You can tell a lot about a facilities' philosophy by their educational loan stance. If they offer to buy back your loans, or pay for future education, you can be certain they believe in keeping their nurses current.
- Ask about Magnet status or if the hospital is seeking Magnet status. The American Nursing Credentialing Center awards Magnet status to those facilities that draw nurses (as in a magnet) to themselves. In order to do this, they meet many standards, but the bottom line to you is that it's a good place for nurses to work.

The last thing I want to leave you with is the only thing that I would change if I had my career to do over: I would have changed nursing positions more frequently. So many opportunities exist for nurses today. There are positions in hospitals, in home care, in schools, physicians'

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offices, industry and research, and the military, the penal system and traveling nurse agencies. I love nursing, but sometimes I haven't loved my job. If a few years down the road you find yourself dreading to go to work, then stay positive but think about finding a position where nursing is fun again. ☺

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