



BREAKTHROUGH to Nursing

The Breakthrough to Nursing column presents ideas and perspectives about the importance of cultural diversity in nursing and general recruitment into nursing.

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Director



The Breakthrough to Nursing column returns for another Q&A session with a top nursing leader. Brigid Lusk, RhD, RN, is the Chair of Nursing & Health Studies at Northern Illinois University.

Reneka Turner: What made you decide to become a nurse?

Dr. Brigid Lusk: I wanted to do something really interesting, that would present new challenges and give new rewards every day. I was also happy with the prospect of living away from home with a new group of people. And, to be honest, I thought the uniform was pretty snazzy! We wore a navy cape with red lining, blue and white striped dress, and black tights and shoes.

RT: You have a very fascinating career path, how did you go from working as a nurse in the intensive care unit at Northwestern Memorial Hospital (NMH) to the Chair of Nursing & Health Studies at Northern Illinois University?

BL: I loved working at NMH. I was there for 10 years in the Medical Intensive Care Unit. The interdisciplinary team worked well together. We gave state of the art yet compassionate care. I remember several instances of nurses and our colleagues in other disciplines really working together to help someone recover, or to die with dignity and in peace. The nurses there were outstanding and proud of their profession. When I arrived, the nurses had all stopped wearing caps because a colleague had been fired for not wearing hers—she was later reinstated, with back pay. I never wore a cap again. While there, I earned a Bachelor of Science in Nursing from DePaul University, got married, moved out to the suburbs and had children. After a few years commuting to Chicago, I left to find a position closer to home but I found the community hospitals to be very different from the teaching hospital atmosphere I had enjoyed for so long. I left the first one when they asked me to mop the floor for an incoming patient! The next few years were busy as I continued to work full time, care for two young children, and attend NIU for a Master of

Science in Nursing. I started working as an Instructor at NIU when I graduated with the MSN degree—but something was missing. As an Instructor, I wasn't expected to be involved with research, yet I wanted to experience that challenge. So, after three years, I left to pursue a Doctor of Philosophy degree full time. I returned to NIU as an Assistant Professor—and the rest is history. I became Acting Chair, and then Chair, when Dr. Frank-Stromborg left in 2004.

RT: I would like to congratulate you on becoming the 2010-2012 President of the American Association for the History of Nursing. What made you decide to explore the history of nursing?

BL: History has always been my passion. When I explored research options for my doctorate work at the University of Illinois at Chicago, I found that they housed the Midwest Center for the History of Nursing and had several faculty who were active in nursing history research. So I was able to incorporate courses in history along with the regular nursing doctoral coursework, and my dissertation research explored an area of nursing history. I think that I have been very, very lucky. I was able to get my PhD in an area I loved, and because it was in nursing science, I could easily get a position in nursing education. There was, and there continues to be, a tremendous shortage of doctorally prepared nursing faculty. My advice to anyone who wants to incorporate other disciplines in their nursing career—they should earn a Master of Science in Nursing. With that behind them, they are equipped with an advanced nursing degree, which is their ticket to a range of advanced level positions. The options are almost limitless. Nursing can readily synchronize with multiple fields within the broad expanse of our country's healthcare needs.

RT: It seems that we are experiencing another evolution of nursing with the development of healthcare reform and various groups coming out with reports about the future of nursing. How does the role of nurses today differ from their roles in the early 1900's?

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care reforms, nurses will be needed more than ever. Indeed the latest Illinois data from the Illinois Department of Employment Security (IDES) affirms that supply of new nurses will not meet the demand through 2018 (Mitch Daniels, 2010 Nursing Supply and Demand Data, NE Regional Nursing Summit, Metropolitan Chicago Healthcare Council, 2/4/2011, Chicago, IL).

Given that I am sure the shortage will reappear, as the economy improves, nurse employers will step up their recruiting and retention efforts. The outlook for nursing graduates is hopeful.

RT: What can new graduates do to make themselves more marketable?

BL: First—before graduation—they should work to make their resume as good as it can be. They should do the most they can do in nursing school. They should get involved in organizations and the community and they should volunteer for leadership positions. Also, students need to think about people who could potentially give them a reference. They need to get to know their faculty and community leaders—it's much easier to write a reference for someone the referee knows something about. Lastly, students should be involved and helpful at their clinical sites. Make them remember you and want to hire you. When new nurses graduate, they should see the position they aspire to from the employer's perspective. Asking how you can be most helpful to the employer—not the other way around—makes an employer much more interested. Of course, new graduates rarely get the site and the shift they want right away.

RT: Based on your expertise in the history of nursing, what advice do you have for the next generation of nurses to enhance a positive image and strong grasp of ethics within the profession?

BL: As a nurse historian, I know that nurses have borne the ill effects of a poor professional image for decades. This has been partly a societal issue and partly an issue with the profession itself. At this time, the field of nursing has significant opportunities to improve our image. The 2010 Institute of Medicine report has presented a way forward for the US nursing profession. Coupled with that, initiatives such as the "BSN in 10" and the gathering acceptance of the Doctor of Nursing Practice degree are serving to improve our education for the benefit of those we serve.

Nurses have entered a field with unimaginable opportunity and they should make the most of it through pursuing further education and being willing to move out of their comfort zone. Two things specifically come to mind—don't delay further education and don't get too settled in your first position. Explore your options and pursue your career goals before you get too used to a good salary and the comfort of the familiar. Second—consider going into politics. We need nursing input at the state and federal government level. There are too few nurses in the legislature and that's where the ultimate power is!

BL: That's a huge question! Obviously there have been major changes in the role of nurses, which are the result of the explosion in scientific discovery over the last hundred years. That aside, nursing as a profession has made some progress although the road has not been smooth. Nurses started to professionalize following the Nightingale-inspired reforms in nursing education—but that educational independence was quickly eroded. Public Health Nursing became highly autonomous in the early decades of the century but that too slipped. With the increasing number of baccalaureate prepared nurses and the role expansion for nurses with advanced degrees, I think we are again seeing some progress. The recent Institute of Medicine report, which encourages nurses to practice at the full extent of their education and training, is exactly the road we need to follow now. And I say this not merely to promote nursing but to promote the health of the people of our country. Nurses are right now more essential than ever to ensure that primary healthcare needs are met and that the critically ill are competently cared for.

RT: Many of us have been hearing about the nursing shortage since we decided to become nurses. Since the downturn of the economy, many new graduates are finding a more difficult time finding jobs. What is your perspective on the nursing shortage and what are your thoughts on how this may affect recruitment and retention?

BL: There is still a shortage. There is no question about that. With the recent downturn in the economy there has been a transient loss of positions for new graduates. There are several reasons for this. Many nurses who were working part-time have switched to full-time to augment the family income; other nurses have put off retirement. People put off routine medical procedures because of nervousness about their job security if they needed time off to recover. But these are temporary adjustments and already the economy is improving and jobs are again opening up. With the oldest baby boomers now turning 65 and with the federal health