Taking the Plunge

My nursing career of more than 25 years includes 15 years as Director of Nursing (DON) in two nursing facilities, 3 years as a gerontology Clinical Nurse Specialist (CNS) in acute care, and 4 years in doctoral studies. A few years ago, I decided to “take the plunge” and work per diem as a hospital staff nurse. I had many reasons for doing this, but two stood out as most important. First, I needed to reacquaint myself with hospital nursing in preparation for teaching first year nursing students. Skills get rusty, even though theory is current. My second reason was that for the first time in what seemed to be 100 years, I had a long awaited summer off. I was looking forward to this because the past 10 years had been too full, too hectic. However, after 2 weeks of summer break, I was bored silly.

I had plenty of clinical experience previous to this, but not as a staff nurse in acute care. In my years as DON I spent a great deal of time at the bedside, giving direct care. In my career I have designed special care units, educated staff, and performed administrative duties. I taught research and gerontological nursing at the college, and published many articles and book chapters. I’ve done a lot of public speaking as well, but I have never been as terrified as I was returning on my first day as a staff nurse in acute care.

Why was I so scared? The technology was a shocker, as well as the acuity of the patients—even those on a skilled nursing unit. Would I be able to do this job as effectively and efficiently as I wanted? I tried to be quiet about my level of education, but it was common knowledge in the community. So, the staff was scared of me, too. A common comment was, “You have a PhD, you must know everything.” Now I had fairly recently finished a doctoral degree in nursing, and I was pretty sure that the gist of the program was that no one really knows anything for sure. Especially me. I frequently had to ask for guidance.

Gradually, my coworkers forgave me for having a doctorate, and now treat me as “one of the gang.” They tolerated my questions and need for mentoring, and they began to come to me for solutions to problems regarding care of elderly individuals. They figured out that I love working with older adults, the more confused, the better.

Being in the trenches has been growth producing and rewarding. I’ve persevered, I’ve learned. I realize that if I’m away from the clinical area for even 1 month, I need to “catch up.” The rate of change in health care is mind boggling.

I’ve always known how important nursing is and have always respected those who work in long-term care. They have a difficult job and do it well. Now I have first-hand experience with acute care nurses and my respect and admiration extends to them as well. Through these experiences, I’ve learned a few more things:

- Nursing in acute care would be impossible without the support and assistance of the interdisciplinary team and ancillary personnel. Nurses, housekeepers, therapists—all are important and essential.
- The gap between research and practice is narrowing, but there is still so much to be done. This begins with mutual respect.
- The need for CNSs to bridge the gap between research and practice is increasingly important. The consultation skills of the astute CNS are essential for the hectically busy acute care nurses.

I close with a feeling of thankfulness. As a nurse, I’ve worked in nursing homes, hospitals, and academic settings. I’ve been a manager, a researcher, a writer, and a consultant. How many other professions offer so many possibilities? It’s great to be a nurse.

This column is dedicated to the nursing heroes at Trinity Medical Center, Rock Island, Illinois and Genesis Medical Center, Davenport, Iowa.

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