QUESTION

How do you adapt your plans for a nursing career when the unexpected occurs?

Nadia Spawn, MSN, RN, is a clinical nurse at Northwestern Memorial Hospital in Chicago, IL. The author takes full responsibility for this content and did not receive honoraria or disclose any relevant financial relationships. Spawn can be reached at nyspawn@gmail.com, with copy to CJONEditor@ons.org.

I graduated nursing school seven months pregnant in November 2015. My plans were to take the NCLEX immediately, give birth, take three months to adjust, and begin my nursing career in a glamorous emergency department position by the spring.

Fast forward to January 2016. My family lost three members in a car accident and my daughter was born high-needs, requiring multiple hospitalizations. Although she and my family needed me, I was anxious about taking too much time off after nursing school, which could delay my career advancement.

In April 2016, I began applying for emergency department positions, rushing to one interview just days after my daughter underwent a surgical procedure. Shortly thereafter, my daughter was again hospitalized as a result of being unable to tolerate formula. Legally, I would be allowed to pump at work, but realistically, as a new nurse working in a fast-paced environment, my job performance would suffer. I had to balance what was best for my family and what I thought was best for my career. It was clear that I needed a steady-paced, more predictable nursing position.

The summer passed, and I was having a difficult time finding an appropriate job. Desperate for advice, I emailed my mentors. During nursing school, I fostered relationships with professors and peers through working on research projects and traveling to present them. Thankfully, one of my professors, who had compassion for my situation, called me. I expressed my qualms about starting a new position, and he immediately called a floor manager of an oncology/stem cell transplantation unit to recommend me. Had I not emailed him, I wonder what would have happened long-term with my nursing career.

I never thought inpatient oncology would be a unit I would enjoy. The thought of building long-term relationships with patients who could pass away while in care terrified me. Would I be able to emotionally handle a position like this, particularly after the trauma associated with my family life? I had enjoyed the outpatient oncology setting during my clinical rotations, but inpatient was unchartered territory. My professor, who specialized in oncology, described the position and how rewarding inpatient oncology could be. I remember him stating, “Once an oncology nurse, always an oncology nurse,” and that, no matter where your career takes you, it will stay in your heart forever. I am forever grateful that he invested his time and energy into recruiting me into the field of oncology nursing.

After one year on the job, my work on the stem cell transplantation unit has exceeded my expectations in every way. The patient population is incredibly appreciative of their care team. I participate in and learn about ground-breaking treatments on a daily basis. The floor culture encourages work-life balance. We work as a team, with physicians and nurses collaborating and management supporting personal and professional growth. Best of all, I have become actively involved in the Chicago Chapter of the Oncology Nursing Society. That’s the beauty of nursing—you can reinvent yourself and find what fits your needs and empowers you (Koukkanen et al., 2016). Although I am not where I would have imagined myself being two years ago, it has been an ideal first nursing position and I wouldn’t have it any other way.

REFERENCE


KEYWORDS

nursing education; decision making; career; work-life balance; family

DIGITAL OBJECT IDENTIFIER

10.1188/17.CJON.765