I wrapped my bright yellow stethoscope around my neck, pockets heavy with essential nursing tools and my clipboard clenched in my right hand. It was my first shift off orientation on the bone marrow transplantation unit at a teaching hospital in North Carolina. As I listened to the change-of-shift report, I felt my nerves on edge. I repeated “be the best nurse you can be” over and over in my head as I did my best to keep calm on that first day. That is what I remember from the first day and now, a few months later, I can reflect on what I learned and what “be the best nurse you can be” means to me.

During the first few weeks, I was almost too busy to look up from the immediate task at hand. However, as I settled into task and time management, I developed a heightened awareness for my coworkers’ daily patterns. I noticed something about their routine that really stuck out to me: I became aware of the time my coworkers spent getting to know their patients. I would often walk by rooms where a nurse was sitting on the couch talking with a patient not assigned to her, just to check in.

On a Tuesday afternoon, after a long 12 hours on my feet, a fellow nurse caught up with me as I walked to the elevators. Sam had nine years of experience on the transplantation unit. I asked her how she gained confidence to guide her practice. She told me that her key to confidence was developing a heightened awareness for her coworkers’ daily patterns. I noticed something about their routine that really stuck out to me: I became aware of the time my coworkers spent getting to know their patients. I would often walk by rooms where a nurse was sitting on the couch talking with a patient not assigned to her, just to check in.

I often was Wendy’s nurse during her stay. I made it a priority to spend time with her, getting to know her and understand her better so I could provide high-quality care. I learned so much about Wendy’s preferences through communication. For example, I learned that she did not like to take a lot of pain medicine and that I could help manage her anxiety by explaining every medication she took and the procedures that were planned and answering each of her questions with verbal and written materials. This bond was built through strong communication.

Wendy was admitted in December. Our transplantation recipients are expected to stay with us for a minimum of four weeks, and this long hospital stay permits us to become familiar with the patients. However, it takes an openness and readiness with a listening ear and watchful eye to form a bond with a patient.

Taking the time to listen to Wendy taught me about the strength we have as oncology nurses. Simply put, she gave me confidence in the care I provided her. I continue to listen to all of my patients—to get to know them, anticipate their needs, and support their preferences. Building a relationship with my patients has helped me to focus my assessments. I have noticed that I am better prepared when I enter a patient’s room and a stronger patient advocate when the team asks my opinion on my patient’s plan of care. Most importantly, my new skill has given me the confidence I did not possess in my first few months of nursing. As a new nurse, I would have never expected listening and making a personal connection to be one of my most prized lessons. I can say that the most remarkable component to my young nursing practice is the unbreakable connections that I have made with my patients and how these connections have helped to strengthen my confidence.

**KEYWORDS**

communication; confidence building; patient connections; nursing practice

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