

Chapter 1

This Profession We Call Nursing

In spite of all the changes in health care today, nursing still offers rich and diverse opportunities. For those willing to leave old stereotypes behind, to step outside their comfort zone, and to avail themselves of all that this glorious profession has to offer, the challenges, rewards, and means for self-actualization and fulfillment are great.

Many nurses believe that nursing is not a job, but a career. What's the difference? A job is simply something you show up for every day. You put in your hours, go home, and then repeat the cycle the next day. Very little ever changes and your work is routine and mundane. You operate on autopilot, resist change, and work to collect a paycheck. You stay in one place until you get bored, get fired, or retire. Some people stay with a job even though they're bored or burnt out because they fear making changes or believe they have no options. They get into a rut and can't seem to get themselves out.

On the other hand, a career is something you plan for and work at. It constantly evolves and expands whether you work in one place or move around during your professional life. A career is like a living, breathing organism that changes and grows over time. It needs continuous nourishment through new experiences, education, risk taking, and challenges. And

while a career requires a solid base, it is pliable enough to adapt to an ever-changing environment. Career management involves feeding, weeding, and constantly reshaping your career landscape. It is a perpetual cycle of renewal and growth, a process of stretching yourself and always moving in a positive forward direction. Managing your career keeps your professional life fresh and active, alive and well. Learning to effectively manage your career will lead to a happier, more fulfilling, and more rewarding career. It's the antidote to stagnation and will increase your longevity in this profession.

Managing your career also puts you in the driver's seat. Nurses have more control over their workplace and professional lives than they realize. They also have more opportunities than they are aware of and possess more skills and abilities than most give themselves credit for, even right out of nursing school. And while nursing skills are acquired in school, how to manage and nurture a career is often something you must learn on your own.

The components of an effective career management plan include:

- Knowing your industry and keeping abreast of changes,
- Knowing yourself through self-assessment and self-awareness,
- Developing goals and creating a plan of action,
- Taking calculated risks in your career for advancement and growth,
- Trying new things and stretching yourself,
- Being proactive rather than passive,
- Getting into a cycle of continuous formal and informal learning,
- Becoming proficient at self-marketing,
- Developing professional networks,
- Maintaining career mobility, and
- Achieving a healthy balance between professional and personal lives.

Unfortunately, many nurses don't understand the concept of career management. It is not something you do only when looking for a job. Rather, career management is an ongoing activity designed to get the most out of your current job and your career in the long run.

I once attended a convention where I was representing Nurse.com at its exhibit booth. I was giving out copies of their annual career management guide. When offered a complimentary copy, many nurses declined,

saying, “No thanks, I’m not looking to change jobs,” or “I don’t need that; I’m happy where I am.” Another began to shake her head back and forth and said, “Oh, no. I’ve got my heels dug in where I am and will be there until I retire.” I found these reactions interesting and amusing as clearly these nurses equated anything to do with career management with changing jobs. The guide contained much more than how to find a job. For example, it had articles about public speaking, self-care for nurses, email etiquette, time management, and how to make the most of meetings. It also addressed usual clinical and nontraditional specialties and even issues such as investing and how to get out of debt. All of these things are elements of an effective career management plan.

The reaction I received at the convention is not uncommon. Many nurses believe that as long as they are employed, all is well. Employment becomes their security blanket, conveying a false sense of stability. They become comfortable and insulated and don’t feel the need to stay fully connected to the world around them. It’s amazing how many nurses are certain they will never need to look for another job. However, jobs don’t last forever, and nurses may not want to or be able to stay in their present jobs in the future. Let’s face it, job security is an illusion. Whether we are experiencing a nursing shortage or surplus, no one is immune to lay-offs, reengineering, mergers, buyouts, and other workplace changes. Here are a few other situations to consider: What if you became disabled or developed a back or shoulder injury? What if you decided to go back to school and needed a flexible schedule, or simply wanted a different lifestyle at some point? Plus, everyone is living and working longer these days so the likelihood of spending our entire career in one specialty, role, and place of employment is unlikely. These are realities to think about. Here’s another scenario: Things may be just fine where you are now until a new manager or administrator is hired and everything changes.

I once spoke with a long-time operating room (OR) nurse. In the course of conversation, I asked her if she had thought about what she would do if she ever decided to leave the OR. She quickly responded, “Oh, that will never happen. I love what I do, and people will always need surgery.” I reminded her that while people will always need some type of surgery in our career-lifetime, more and more surgery is being done on an outpatient basis, new technology is enabling less-invasive procedures, and fewer people need certain types of surgery because of more sophisticated diagnostics. One nurse told me that a multihospital system recently purchased her hospital and all of the employees had to reapply for their own jobs.

Nurses with the mindset of the OR nurse I spoke to will be unprepared for the inevitable shifts in a workplace.

One thing is guaranteed—your job is going to change, whether you stay where you are or not.

Whether you're happy in your current position, looking to make a change, exploring your options for the future, or just wanting to take your career to the next level, career management should be a part of everything you do. If you are not actively managing your career, then you can't very well complain about your circumstances.

What Is a Nurse?

When asked what we do, many nurses lapse into industry jargon about performing assessments, administering medications, monitoring health status, and other similar things. But nursing is less about the tasks we perform and more about a knowledge-based practice that plays a key role in every aspect of health care.

What is a nurse? A nurse is a combination of education, experiences, skills, abilities, and the capacity to care and to give. We as nurses are not defined by where we work or whether or not we wear a uniform or scrubs to work. It is about who we are. Nurses are vital at the bedside, but we are just as vital in every other aspect of the health care arena. We have been making a difference in many ways and places since the beginning of our profession.

What do nurses do? We promote health and wellness. We facilitate entry into this life and departure from it. We touch lives and we save lives. We bring light into dark places. Nurses are scientists, teachers, nurturers, and healers. The world has always needed a lot of healing—of the mind, body, and spirit. We are caregivers, patient advocates, researchers, educators, lobbyists, change agents, managers, administrators, counselors, and business owners. And sometimes we are simply another human being sharing in the experience of life and death.

Being a nurse is not something you turn on and off. Nurses are never off duty. If someone in our family or in our circle of friends gets sick or needs health care advice, we are on. We are vigilant to the health needs of the world. Even today as a nurse-entrepreneur traveling the world, speaking, writing, and coaching, I am a health advisor and educator, telephone triage nurse, bereavement counselor, first-aid provider, home care nurse, and

care planner and coordinator for my extended family and friends. Once a nurse, always a nurse.

Nurses do many different things in many different places. One of the great things about this profession is an endless opportunity for each nurse to meet their interests, special skills, scheduling needs, physical ability, and location. There is never a reason to be bored. However, the general public, and even some nurses, have a deeply entrenched view that nurses work almost exclusively at the bedside in a traditional role. When you tell people you're a nurse, often the first thing they ask is, "What hospital do you work in?" The moment I stepped out of the hospital years ago into a nontraditional nursing role, people would ask me why I left nursing. Some nurses even still think that those who work in nontraditional roles are not "real" nurses, a view that frames us in a limited capacity. It boxes us in and confines us to one specific role and work setting. This perception views nurses as one-dimensional. Then when we try to get out into the world to be visible, vocal, and taken seriously, people want to know what we're doing outside of the hospital. That same mentality is what makes people wonder what a woman is doing outside of the kitchen.

Some people fear that nurses would be lured away from bedside nursing if they knew about non-direct care options, as if keeping nurses in the dark is the way to keep them at the bedside. On the contrary, many nurses truly love bedside nursing and wouldn't do anything else. In fact, some nurses who left the workforce or had taken on administrative or nontraditional roles are now looking to return to bedside nursing. For them, bedside care is nursing at its best because that's where the action is and their hearts are.

Some nurses do need or want a less physically demanding environment, have specific scheduling needs, or simply wish to put their knowledge and skills to work in a different way than the bedside. Other nurses got into the profession with a specific goal of working in public health, developmental disability nursing, wellness promotion or education, addiction services, or other nonhospital, nonbedside roles. I suggest that we need to embrace an expanded view of who we are and what we do as a profession. It's time to celebrate the role diversity within nursing. It's time to revel in our accomplishments and contributions, whether at the bedside or in the boardroom, whether doing research or calibrating IV pumps, whether dressed in pumps and pearls or scrubs and clogs. We are all in the same profession trying to make an impact, trying to make positive changes, and doing our

part. Although we are all different people, we share one heart, one soul, and one voice as nurses.

Am I still a nurse today, as a writer, speaker, and entrepreneur? You'd better believe it. I am just as much a nurse standing in front of an audience in a business suit, or sitting at my computer in jeans as I was when I wore a white uniform and cap and worked in the emergency department (ED). I am still a teacher, nurturer, and healer in everything I do. I just do it in a different way. My philosophy, values, and mission haven't changed. I have no doubt that I am still contributing to the greater good of health care. I am a nurse first and a business owner second. Once a nurse, always a nurse.

Changing Times

As the world around us changes, health care and nursing change, too. For starters, the population is rapidly aging. We're all living longer and even though we're healthier and more active than previous generations as we age, the older we get, the more health care services we need.

Because of continuously escalating costs in health care, we are constantly looking for innovative ways and places to deliver good quality, cost-effective health care. Hospital care is expensive and is an often less than ideal setting for meeting the health care needs of many populations. And with an epidemic of chronic illness in the United States and increasing need for ambulatory care services instead of acute care services, we are seeing a gradual decrease in hospital admissions (with subsequent hospital closings across the country) along with a gradual increase in outpatient services. All this has shifted care from the traditional hospital to the home, community, and alternate care settings, including subacute care, rehabilitation, and long-term care. Patients who do come into the hospital are likely sicker and stay for a shorter period of time than in the past.

Technology is now an integral part of health care to test, diagnose, and, in some cases, even treat and monitor patients from remote locations. Computers also allow us to keep better records and manage the flow of information. They are great tools for education and research. We continue to see advances in medical and nursing practice and research. Significant progress has been made in the areas of transplantation, genetic engineering, and the manufacture of artificial body parts and human organs, such as skin and corneas, which are now being grown in labs. We have better diagnostics and treatment modalities, less invasive procedures, and more effective drugs.

The traditional health care community, including health insurance and managed care companies, has shifted its past focus on acute illness to staying well and managing chronic illness. Western medicine has largely embraced holistic practices and philosophies that treat the whole person, rather than solely a specific disease process. We're now focusing as much on promoting lifestyle changes and managing stress as we are on more traditional interventions. Many nurses have incorporated mindfulness or present moment awareness training into their practices, including teaching yoga and meditation. Our society is looking for more natural, more effective, and more interdisciplinary solutions for staying well and healing. Perhaps we're getting tired of being poked, prodded, and medicated, too.

We've also seen a resurgence of spirituality and a reemerging sense of community in this century. However, this century's society is increasingly violent, plagued not only by global terrorism but by local issues of domestic violence, child and elder abuse, and sexual abuse and assault. More of these events are reported these days, and more victims are coming forward for treatment and justice, which is a step in the right direction.

These industrial and societal changes have prompted new, exciting specialties in nursing and have expanded some others. Some examples follow in the paragraphs below.

Clinical nurse leaders (CNLs) take clinical practice to the next level without becoming advanced practice nurses. According to the Clinical Nurse Leader Association (CNLA) web site, CNLs are master's-prepared advanced generalists who work at point of service and focus on coordinating, facilitating, and overseeing evidence-based practice, safety, quality, risk reduction, and cost containment (CNLA 2017).

Nursing informatics specialists manage implementation and maintenance of electronic medical records and other uses of information technology (IT) in the delivery of health care. They facilitate interface between clinicians and IT in many ways including education, research, and practice, such as supporting virtual services in inpatient and outpatient settings.

Care managers (not to be confused with case managers) work one-on-one with people with chronic illnesses or disabilities and their loved ones in various settings. They function as liaisons with insurance companies and health care providers, help manage medications, create plans of care, research treatment options, and more. They also are known as geriatric

care managers, nurse concierges, professional patient advocates, and nurse navigators.

Holistic nurses promote health, wellness, and healing from a whole-person perspective. They assess, teach, coach, and counsel consumers and staff and in some cases incorporate modalities and practices such as Reiki, meditation, yoga, and essential oils. These nurses may work in any practice setting incorporating a holistic approach to care.

Nurse case managers focus on care coordination, financial management, and resource utilization to yield cost-effective outcomes that are patient-centric, safe, and provided in the least restrictive setting, according to *Nursing Case Management: Review and Resource Manual* (Leonard & Miller 2012, 21).

Wellness coaches work with individuals and groups to set and achieve health goals. This service is being offered by hospitals, managed care companies, medical homes, nurse entrepreneurs, private health promotion companies, and nurse-led clinics.

Home health nurses provide a broad range of services including care coordination, care management, disease management (management of an individual chronic illness), hospice and palliative care, mother-baby services, wellness and prevention, education, coaching, and more—all key components of the new health care paradigm.

These are just a few examples of new and expanding specialties in nursing in response to changing times. The nursing profession is constantly changing, evolving, and adapting as things around us change and as we continue to expand our own vision of who we are, what we are capable of doing, and how we fit into the system.

Changing Workforce

Several decades ago, the profile of the typical nursing student was a young woman right out of high school. Most attended hospital-based training programs, and few went on to higher education. All that has changed.

With an increasingly complex work environment, the ever-expanding role of the nurse, and significant research linking better patient outcomes to baccalaureate and higher education for nurses, a BSN degree has become standard in many settings. And while associate's degree nursing programs are still active, most graduates of these programs recognize that higher education must be in their future.

Although men and minorities still represent a small percentage of overall RNs, the data show that those numbers are increasing.

More and more people are coming into nursing as a second, third, or fourth career. Therefore, many students and newly licensed nurses are older and bring diverse work experience with them into nursing. Many of these “multicareerists” come to the profession with degrees in other disciplines.

Some nurses enter the nursing profession with the specific goal of becoming a nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), or even nursing administrator after obtaining prerequisite experience.

All of the above elements will only serve to strengthen nursing in the future. We have to be open to new ways of thinking and doing things. There would be no progress without that. Nothing stays the same. We must move forward.

Why are people coming into nursing today? Most men and women come to nursing for the same altruistic reasons that nurses of past generations did. Some multicareerists have become disillusioned with the corporate world or blue-collar job they came from and want to do something more meaningful with their lives and careers. Also, the spotlight on the helping professions as a result of terrorism and other tragic events at home and abroad has brought to light the important role that nurses play in health care. And, of course, a good job market with ever-expanding opportunities, including advanced practice roles, doesn't hurt either.

One Nurse's Journey

I can't recall the exact moment I decided to become a nurse, but I remember developing a love affair with the profession early on. I always loved science, and I couldn't think of any area more interesting than human science. While in high school, I worked as a candy striper in a hospital and felt energized by the fast-paced human drama that surrounded me. I remember the sense of awe I experienced entering the inner sanctum of the intensive care unit (ICU) with dinner trays. I recall the excitement and joy of walking past the nursery window and seeing all that new life squirming and fussing. I remember the emotion in the voices of family members and friends who would call for information about the status of their loved ones. I recall how my heart would beat faster when an ambulance sped down the street and into the ED driveway. I can still see all the important-looking

people walking around with a sense of purpose on their faces. And most of all, I remember the patients.

I used to love to watch old movies about hospitals, and I fell in love with the image of the nurse: the starched white uniform, the cap, the sensible lace-up oxford shoes. A good friend gave me my first pair of Clinic shoes as a high school graduation gift, and she couldn't have given me anything better. I should have had those shoes bronzed when I finished with them, they were so symbolic to me. Little did I know at the time all the miles and all the places those shoes, and subsequent pairs, would take me in this glorious profession.

On my journey, I began to learn that people who are not nurses often do not understand what the profession is all about and what we get out of it. They often say, "I could never do what you do," or "I don't know how you do it." Outsiders see only the challenges and hardships, such as dealing with human pain and suffering, working long hours, and dealing with difficult people. What nonnurses could not possibly see or know is the overwhelming sense of contributing to the greater good, of making a difference in the lives of others, of being there for people during their darkest and most vulnerable hours, and of impacting the health and wellness of the population. It's difficult to explain the feeling we get when someone looks into our eyes and says, even without words, "Thank you. I'm so glad you're here." Or when someone who wasn't expected to live or walk again somehow recovers and goes home largely as a result of good nursing care and support. It is the reward of caregiving.

I also found that a common misunderstanding people who aren't nurses have is that nurses are somehow a rung or two below physicians in the health care chain. Every nurse has been asked at one time or another in their career, "Gee, you're so intelligent. Why didn't you become a doctor?" implying that intelligent people become doctors and not-so-intelligent people become nurses. Because the profession has always been predominantly female, I sometimes hear people say that women did not have many career choices in the past and that's why many chose nursing when they were younger. What they fail to realize is that many of us knew we had options and believed we could be whatever we wanted to be. And still we made a deliberate and enlightened choice to go into nursing. I was born to be a nurse. There is nothing else that I would do, even today. Nursing has been the ride of my life.

“WHY DIDN’T YOU BECOME A DOCTOR?”

Jackie says, “The best response I ever heard was, ‘Why on earth would I want to be an MD? I have the best possible position [as a nurse] for getting to know and helping people over the long term.’”

When I started out more than 30 years ago, like many nurses I had only images of nurses at the bedside. I presumed that was what I would always do. A modern-day Florence Nightingale, that was me. During nursing school, I had an opportunity to work part-time as an electrocardiograph (ECG) technician. That experience introduced me to the ED. I spent a great deal of time there and was intrigued by the fast pace, the diversity of cases, and the precision with which everyone seemed to work. It was almost like watching a ballet with beautifully choreographed movements, crescendos, and diminuendos. Later in school I worked in the ED as a nurse’s aide and grew to love it.

I had some great psychiatric nursing instructors in school who were so enthusiastic about the specialty that I too developed a keen interest in it. So, while a student, I also worked in a county psychiatric hospital, which was home to many chronically mentally ill men and women. Many of the patients I encountered there had been abandoned long ago by family members or had simply outlived their relatives and had nowhere else to go. This environment was very different from the ED and offered very unique challenges. In the ED, patients came and went quickly. We treated and released people or stabilized them before moving them out to another department. In the county psychiatric facility, I had the opportunity to develop long-standing relationships with patients and learn about their families, histories, and backgrounds. I was already discovering the diversity that the profession had to offer me. Needless to say, both environments were eye-opening for me.

Upon graduation, there were no openings in the ED where I worked as a student, so I initially worked in another facility that offered extensive psychiatric services. As a new nurse, I was ready to take on some challenges. I chose to work in a locked ward for male patients. This unit served as an admission ward for those with addictive disorders, those with court-ordered 72-hour admissions, county prisoners who required

psychiatric evaluation, and any other acute psychiatric admissions. Here I began to better understand the complexities of the human mind. My patients had significant substance abuse problems, were accused of violent crimes, came from abusive and dysfunctional homes, suffered from severe depression, were homeless, or had various acute and chronic mental illnesses. Some nurses have an aversion to psychiatric nursing, but I found it to be one of the most fascinating and challenging specialties.

Still, my heart was in the ED. So when I heard about an opening in my old department, I grabbed the opportunity. The ED exposed me to the full spectrum of the human experience on a moment-to-moment basis. Even though I was working in a small community hospital, I saw my share of trauma and other medical and surgical emergencies. I also saw many patients with run-of-the-mill medical complaints and chronic illness, those who didn't have a family physician or insurance coverage, and those who just thought it was easier to come to the ED than get an appointment. I even assisted with the occasional birth of an overly eager baby in a car in the ED driveway.

WHY CHOOSE NURSING?

Barb recollects choosing nursing as a profession:

"I remember my aunt, who was an author, telling me I could 'do better than that' and be a doctor or a writer, as I so love to write. She would often say, 'Why be just a nurse? You're wasting yourself in such a lowly profession.'

"But you know, when she was dying of breast cancer almost three years ago, I stayed at her house with her (she lived alone) for her last two weeks. I felt honored to be able to be there as her favorite niece...and, as her nurse. The night before she died, she said: 'What would I do without you? Thank God you're a nurse.' This was the last thing she said to me. I still get a heart tug every time I remember this."

In the ED, I developed a true appreciation for the sacredness and fragility of human life. I loved the ED because I was exposed to many specialties: cardiac, obstetrics (OB), pediatrics, orthopedics, neurology, and psychiatry. Because of my mental health background and their psychiatric nursing phobia, my coworkers assigned the psychiatric patients to me. My ED also doubled as the outpatient department for the hospital. That meant we ran outpatient clinics for all specialties and performed procedures

like colonoscopies, blood transfusions, and minor surgery. We were also a poison control center, and ran public screening programs for diabetes, mouth cancer, eye health, and other services. There was very little I wasn't exposed to in that ED, one way or another.

At the time, I presumed I would always work as an ED nurse—that's who I was, that's what I did. But then I got married and bought a house far from where I was working. I had to leave my beloved ED to look for employment in a new location. I thought I would just find another job in an ED in my new neck of the woods because that's who I was, and that's what I did. I began to scan the classified ads, but the ED positions advertised were almost all for the evening or night shift. That was not conducive to my lifestyle as a newlywed.

Expanding My Horizons

When I couldn't find a day job in an ED, I began to explore other options. I noticed an ad for a part-time job in a medical weight control center. I needed a full-time job, but I was intrigued by the position and wanted to learn more. Besides, I figured maybe I'd have access to some of their secrets and actually lose a few pounds if I worked there! I picked up the phone and made an appointment for an interview. After the usual questions and answers about the job, the nurse conducting the interview said, "Would you by any chance be interested in a full-time position?" I agreed enthusiastically. She continued, "It just so happens we have a head nurse position open in a center in your area. Would you consider that?" "Yes," I replied, while having no idea what I was in for next. With that, she escorted me down the hall to meet with the president of the company. I was totally unprepared for this. I thought I would breeze in, get a little information, and go on my merry way. I hadn't even dressed that well because I had interviewed more out of curiosity than a belief that I would receive a job offer of any kind.

I was now in the inner sanctum of the executive offices of this multi-location New Jersey company, dressed way too casually, and feeling scared and overwhelmed. I was introduced to the company president, and he began asking me real interview questions, such as, "What are your goals?" I don't believe I had any goals back then. I was in a state of panic because as a nurse, I had never had an actual interview in my life. Years ago, interviews for nurses consisted of one question: "When can you start?" Yet as a nurse, I was accustomed to thinking on my feet. And like many nurses, I was more intelligent than I gave myself credit for at the time. I answered his

questions as best I could and apparently did OK because at the end of the interview he said, “Well, congratulations. You have the job!”

Bewildered, I asked, “Well, excuse me, but which job do I have?” I was so confused at that point.

The company president responded, “The head nurse position!” I thought it was pretty good that I applied for a part-time staff position and left with a full-time management position.

Was this a fluke? Not at all. It has happened to many nurses before and after me. In fact, this sort of thing happens all the time when you get out there and interview. I had applied to what is known as an “open job,” one that is publicly advertised and usually has many competing applicants. I left with what is known as a “hidden job,” an opening that exists in a company that is not publicly advertised. Hidden jobs account for the majority of available positions out there. I learned a valuable lesson: an interview is always an opportunity.

Looking back, this was a perfect transitional position for me. I was expected to work in my white uniform and cap (traditional nurses’ garb at the time) and would be drawing blood and taking ECGs, so I still felt like a “real nurse.” I learned a lot about nutrition and the mechanics of weight loss and gain, including physiological and psychological factors. I counseled and taught patients and offered lots of support. I was also learning a little about the business side of health care. And for those of you who are wondering, I did lose some weight while I worked there, but I gained it all back after I changed jobs!

Just a Nurse?

About 10 months into my new job, the company president asked to have lunch with me. I was a little nervous, but knew that I was thought well of in the company and felt confident that I was doing a good job. Shortly into lunch he blurted out, “The manager in your center is being transferred to another location, and I’d like you to take over managing that center.” I was dumbstruck. If I had been swallowing food at that moment, I would have needed the Heimlich maneuver. I broke out into a cold sweat and began to stutter and sputter and flail my arms as I proclaimed in a high-pitched voice, “I can’t do that. I’m just a nurse!” To further my point I added, “I don’t know anything about human resources, advertising, selling, or management. Thanks, but no thanks.” I presumed I had effectively put an end to his absurd notion.

With a slight smile on his face, the businessman sat there considering my reaction and what I had just said. I couldn't imagine what he found amusing. Finally, he said very emphatically, "I understand your reluctance, but I think you can do the job. I *want* you to take it." He wasn't giving me a choice. I had once heard that if you are offered a promotion on the job and you don't accept it, you might not have much of a future with that company. For that reason alone, I reluctantly accepted the position of center manager.

Being a nurse is not something you turn on and off.

Once the decision was made, I experienced panic I had never felt before. Maybe it wasn't as bad as when I had to give my first injection to a person rather than a navel orange, or the time I found myself alone in a psychiatric ward with a six-foot five-inch 350-pound psychotic man who had just thrown a chair through a window, or the time.... OK, OK, I think I made my point. Let's just say that I spent a miserable, sleepless weekend wondering what I had gotten myself into. I lost respect for this man. How could he put someone like me in charge of one of his business ventures? What was he thinking? I figured it would probably take me 3-6 months to completely run the business into the ground. It would just be a matter of time before I was pounding the pavement again, looking for work. No one was more convinced than I that I would fail miserably in this new position.

As if that wasn't enough, I now had to wear street clothes to work, and I didn't have any. I had a typical nurse's wardrobe: white uniforms and casual clothes. I had no idea what to wear to work unless it was white and sold in a uniform store.

The big day finally arrived. I threw together an outfit, took a few deep breaths, and told myself I'd been in tougher spots than this. For instance, there was that time in the ED when.... You get my gist.

An amazing thing happened once I started in my new position. Slowly but surely, like everything else in life, I began to learn what I needed to know to manage that center. I learned by asking questions, by doing, by observing experienced people, and sometimes just by figuring things out on my own with trial and error, which nurses are very good at. In fact, I learned it all so well that 8 months later, the owner of the company