

Strategizing your career  
by Andrea McDonald, Julie Goldsmith

Recent nursing graduate Rachel Martin, RN, considers if she should leave the management track and move into hands-on patient care at the University Medical Center in Tucson, Ariz. Already a clinical nurse leader in pediatrics, she began her career as a staff nurse three years ago.

“At times it feels overwhelming,” Ms Martin says.

“It’s difficult to completely plan out a career, because the health care market is always changing,” she says.

Whatever her choice, her highest level of satisfaction comes from educating and supporting families facing illness.

“When you see a child who is septic and sick—and you believe to be on death’s door—and that same child leaves five days later and is 100 percent better, you see that nursing in itself is a rewarding profession,” Ms. Martin says.

Catherine Zambratto, BSN, a 1998 nursing graduate, finds her greatest career enhancement to be her colleagues. She joined mentoring dinners sponsored by the Sigma Theta Tau chapter there while a student at Fairfield University in Connecticut. The knowledge learned at the dinners has proven to be her best career tool, she says.

She is now a senior staff nurse in the intensive care unit at New York University Medical Center in New York City, and she still assesses her career growth by consulting fellow nurses and researching health care trends.

“The last thing I want to do is have a stagnant career,” Ms. Zambratto says. “The question I keep asking myself—at least monthly—is, ‘What can I do to help improve my practice?’”

As a result of her self-assessment, she has enrolled in a master’s program in nursing administration to prepare for a role in health care redesign.

Nursing through the professional life span may include reassessments from student years into active retirement. Such examinations may nurture greater opportunities to find fulfilling answers.

Nancy M. Valentine, RN, PhD, MPH, FAAN, sees herself only at the midpoint of her career after 30 years in nursing—with many of those in the spotlight. She is special assistant to the secretary and advisor to the under secretary for health of the United States Department of Veterans Affairs. She was assistant chief medical director for nursing programs at the department from 1993 to 1998.

“I really like what I do, and I see the potential to do more. My energy is high, and I want to always be able to share my experiences with others and encourage nurses to be their very best. Nursing is a passion as well as a lifelong career, but in the beginning, I had the typical short-term view,” says Dr. Valentine.

## **Long-term view**

Instead of taking a long-term career view, she says many nurses develop short-term plans that move them from job to job with interruptions, such as getting married and having children, without considering that every job is a thread in making a career. Although a profession entails a serious commitment, Dr. Valentine encourages nurses to seek more balance between personal and professional lives.

She has been able to combine clinical nursing, education, administrative and public policy issues into her current job. She likes versatility, including adjunct posts at Harvard, Catholic, Georgetown and Maryland universities and Uniformed Services University of the Health

Sciences. Because she holds many posts simultaneously, adding to the knowledge she imparts at each, she has developed professional ties to more than 30 organizations in 30 years. And yet she feels she could be even more adventurous with nursing.

What would she do differently? She might have changed jobs earlier, she says. She strives to give up some level of security to take advantage of new opportunities with uncertain futures.

“It’s easy to get comfortable in a job and not be continuously career-minded and adventurous,” she says. “Relatively few women are in top health care roles. To get to the top of any organization entails some degree of risk. I think women and certainly nurses in the future who aspire to such positions will break some of those glass ceilings. Nurses leaving school need to track more rapidly into upper level roles if the collective impact of what nurses have to offer will be felt.”

Whether nurses find success more rapidly, may depend on their abilities to build confidence and interact with role models, both within their areas of interest and outside of traditional areas, Dr. Valentine says. Nurses often see the options as confined to career ladders in administrative, educational or clinical applications, each of which is exciting in its own right. But when nurses opt to take a different route and strike out in new directions, whether in government, business or law, their nursing identities often become submerged or deleted. They do not stay actively in touch with their professional nursing roots as a source of pivotal nurse connections.

## **Power players**

How nurses build confidence is worth examining, she says. Often nurses stay connected to their nurse networks for the personal relationships, rather than identifying group members as power players with broad fields of influence who are willing to help one another up the ladder.

The eradication of their nurse identities is in striking contrast to physicians, Dr. Valentine adds. “People still know they are physicians. Physicians realize they belong to a power-based group, and they stay connected,” she says. A physician would never say, “I used to be a doctor.”

Whether nurse engage their collective savvy to elevate each other, while elevating the world’s health, may depend less on major feminine, sociopolitical upheaval and more on a simple thing like frequently interacting with peers in diverse arenas. Nurses will gain power outside of their own sphere by being in contact more often with nurses breaking new ground, Dr. Valentine says. In order to focus and elevate the aspirations of nurses, as well as create pathways for success, we need to create new dialogues and opportunities for exchange, she says.

Nursing as a second career still poses many of the same questions that hit younger colleagues, but life experiences boost the mix of solutions.

Wendell Oderkirk, RN, PhD, now a Fulbright Scholar working in Mexico, seems comfortable with his nonlinear, imperfect decisions that have helped create his rewarding career.

Dr. Oderkirk, former Los Angeles meat cutter, lost portions of four fingers to a grinder. While that did not directly impact his career decision, he gave up the occupation to move to Alaska to sell tools and also work in a ski shop in 1967. For six years, he enjoyed the upper latitude of the world, until both his parents died of cancer while only in their 40s.

“I was not there to give care to either parent. I left Alaska to enter nursing the next year, 1973,” Dr. Oderkirk says.

He attributes his health care “ignorance” as his motivation to become a nurse.

“I did not understand how and why my parents could die at such young ages. I wanted to learn more about illness and how it is treated. And, I wanted an occupation with a reasonable chance of finding work,” he says.

“A career is a process. You can’t anticipate what each step will lead to,” Dr. Oderkirk says. The path is not a direct, straight line, but has opportunities with offshoots along the way, he says. With each new step, there is an increase in confidence and competencies, even when blundering.

## **Education**

His biggest blunder was not immediately finishing his master’s degree. He interrupted his education at the University of Iowa when he had only a couple courses left, but he wanted to support his wife’s career move to Nebraska. But as his wife faced breast cancer, he once again realized the value of greater health knowledge. He completed his master’s degree and doctoral degrees in Nebraska.

“Not completing my master’s (initially) cost me time and dollars,” Dr. Oderkirk says. Yet, his wife is doing well, and he has been guided in his choices and nursing career by mentors in both Iowa and Nebraska. He currently is an associate professor in the Department of Nursing at the College of Health and Social Sciences, New Mexico State University, Las Cruces.

“I learned from nursing I could cross many borders—social and personal,” he says.

Developing a rewarding career often depends on collegial friendships.

Barbara Patterson, RN, BSN, MA, believes other people could see strengths in her work as a nurse when she, herself, could not. The encouragement of mentors aided her clinical and administrative positions at seven facilities of the United States Department of Veterans Affairs. Now retired as V.A. nurse manager in Washington, D.C., she actively supports other nurses through her volunteerism.

“Right now if I saw someone who demonstrated potential, I would want to encourage them to go on. I’m mentoring people now, just like I was mentored when I was younger, as a way to give back to nursing,” says Ms. Patterson.

In fact, Ms. Patterson co-founded one of the nation’s most significant recognition programs, “100 Extra Ordinary Nurses,” that highlights exceptional Washington, D.C., area nurses. She encourages young nurses to become involved in ways that go beyond their daily job duties.

Joining a company-wide task force, or work group, allows for interactions with employees from other departments, she suggests. There may be opportunities to serve as a departmental representative through a volunteer capacity. The benefits may include recognition for on-the-job skills, as well as new expertise for future positions.

Whether one generation of nurses can learn from another’s career paths is a question nurses ask. Health care cycles sometimes come full circle, yet events prove each generation struggles in unique ways.

One of Canada’s most accomplished nurses, Verna Huffman Splane, RN, OC, MPH, LLD, began her career intensely restricted by attitudes and economics. Yet, she rose to become her nation’s chief nursing officer from 1967 to 1972, finding avenues of empowerment and visions for unlimited possibilities. She is a child of The Great Depression, unforgettable for its human devastation and material ruins.

“Planning a career was not something many of us were able to do because of world events. ... My career was shaped as much by the development and circumstances in society as it was by anything I had hoped to do,” Dr. Splane says.

After graduating from high school in Ontario, she found a job as a nurse and her nursing director encouraged her to enter public health. She received a scholarship from the Victorian Order of Nurses, a health care organization and registered charity, and she had saved money, enabling her to study one year at the University of Toronto.

Her formal education continued with a baccalaureate degree in nursing at Columbia University. She lived at the International House, which piqued her interest in global issues. The School of Public Health at the University of Michigan agreed to create a special program for her to prepare her to take senior nursing roles back home in Canada. She coupled her graduate work with field work at the U.S. Surgeon General's Office.

"As far as I'm concerned, nursing is an international profession, and it should be looked at and taught that way," Dr. Splane says.

She joined the Canadian Department of National Health and Welfare, at first as a counselor, when she returned to Canada. She was exposed to many different professional groups—sociologists, researchers, historians, physicians, social and welfare workers—who were all actively developing Canada's policies and implementing its new national health insurance plan.

"The program was so unique we had people from all over the world come to view it," Dr. Splane says. Some of the outstanding nurses who came to visit included the chief nurses from the U.S. Surgeon General's Office and the World Health Organization.

She was recruited for global assignments for the World Health Organization and was elected vice president of the International Council of Nurses from 1973 to 1981.

With her husband, Richard Splane, MSW, PhD, LLD, professor emeritus at the University of British Columbia and former assistant deputy minister of the Canadian Department of National Health and Welfare, she provides consultations to national ministries of health. Their co-authored book, *Chief Nursing Officer Positions in National Ministries of Health: Focal Points for Nursing Leadership* (Splane & Splane, 1994), examines the realities nurses face: "A rather disturbing finding was that some nurses deplore the appointment of nurses to senior positions not specifically identified with nursing" (Splane & Splane, 1994).

Whatever she learns, Dr. Splane seems to adroitly assess and pass on for greater use, mentoring young leaders. One is now senate president of Jamaica, Syringa Marshall-Burnett, whom she met through work for the World Health Organization.

"Because we are such an internationally conscious world, many more nurses should be working on their language competence," Dr. Splane says.

The major changes she sees in health care include the shift from dominant hospital care to community care with expanded roles for nurses. While an expanded role may vary from one region to another, she says, nothing can stop the move toward community care.

"My only concern is that we're doing it without making adequate preparation for people and the communities to make that transfer effective," she says.

On a regular basis, both Splanes, as globe-trotting professionals and actively engaged retirees, host and mentor rising health leaders in their Vancouver home. Every six weeks, five young nurses meet with Dr. Verna Splane to discuss international issues related to their nursing abroad. They may discuss problems arising in primary health care, nursing administration, or regulations in Ethiopia, Belize, Guyana, or India—wherever the young Canadians may trek.

"It makes me wish I were 30 years younger again. So I guess it's wonderful for me, because it keeps me back in the field without going there. And it keeps me au courant," she says.

Many issues are the same, and she has dealt with them before. But others are new, such as in South Africa, where one young nurse leader is striving to help other nurses come together after the grip of apartheid.

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References

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