



# The Pathway to Becoming a Professional Nurse

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Back on a beautiful autumn day in Seattle, which also just happened to be my 50th birthday, I was selected as the 2012 Ruth McCorkle Award Lecturer by the Puget Sound Oncology Nursing Society (ONS) chapter. The lectureship was started in 1987 as a special tribute to Ruth McCorkle, PhD, RN, FAAN, who was a member of the chapter. Chapter members are nominated by peers in recognition of their contribution to oncology nursing and to ONS, both locally and nationally. The timing of the award prompted me to reflect on my nursing values and the steps that led me to where I am today.

The thing I pondered right off the bat was why I became a nurse in the first place. I was not one of those little girls who always wanted to be a nurse; in fact, I didn't actually know any nurses when I was growing up. I probably assumed that, like my parents, I'd end up being a teacher. This didn't change until my teenage desire to be different asserted itself and I decided to become a nurse. Ironically, my favorite part of nursing has always been teaching. When I realized that teaching is my gift, I also learned that we must all embrace who we are.

We each bring our own personality, talents, and experiences to nursing practice and, rather than fight it, as I initially did, I now believe that we ought to embrace the diversity it brings to the profession. In nursing school, we were taught the therapeutic use of self as using not only nursing theory but also our experiential knowledge and self-awareness in a nursing practice. The profession benefits when each of us can bring our authentic selves to a nursing practice.

I considered several other healthcare-related careers, but nursing is the only discipline that truly treats the whole person. I believe that treating each of our patients in every aspect of their lives is one of the greatest joys of the nursing profession.

My first nursing job was in a hospital in an Arizona retirement community where I simultaneously learned both nursing and gerontology. I observed how this older adult patient group, with a lifetime of experiences, coped with their cancer diagnoses. Some had learned well from their life experiences and had acquired wisdom, courage, and inspiring life philosophies, while others tended to be angry, bitter, and lonely. As we age, our personality characteristics tend to become accentuated and shaped by our response to life experiences. My older adult patients taught me to “work on becoming the old person that I want to be.” Whether we become bitter and angry or wise and courageous largely depends on how we respond to the events of our daily life challenges.

My introduction to oncology nursing started when I was offered hospice training and an internship as part of my nursing training. Although I was fascinated by the science of oncology, it was the depth and openness of the patient-to-nurse communication in oncology that captured my heart. I loved the conversations I had with my assigned hospice patients as they told me about their life experiences, accomplishments, fears, and regrets. When people are diagnosed with a life-threatening illness, they talk about who they really are and what they truly value. As one family member said, “When the chips are down, what else have you got—it's one human being communicating with another.”

ONS promotes the concept of life-long learning throughout one's career. Embracing this concept has kept me inspired and motivated, enlarged my view of the world, and provided countless new perspectives. It also, subsequently, led me to graduate school where I honed my writing skills and learned critical thinking, systems theory, and the value of

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professional literature. But maybe, more importantly, I learned that community health is the basis of oncology nursing. Community health includes cancer prevention, healthcare policy, access to care, and lifestyle behaviors. Until this point, I had focused my career in a specialized area of cancer treatment but had completely ignored the reasons that had led some people to come to be in our care. I became the community service chair for my local ONS chapter as I came to believe that community involvement can be viewed as essentially nursing our most vulnerable patients before they actually arrive in our clinics.

I shared the chapter presidency with another member around the time I first became involved with ONS, and we enthusiastically attended the ONS Leadership Weekend together. We were amazed and excited by all that ONS had to offer, and by the vision of and for oncology nursing that ONS promoted. As so often

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