



What's next?

Mid-career RNs share their thoughts on what will keep them in nursing. **BY JILL-MARIE BURKE**

When Lisa Christy (right) was in nursing school, she always thought she would work on a medical floor in a hospital someday. But when she graduated in 1994, jobs were scarce, so she accepted an RN position at a long-term care home in Cambridge, her hometown. At first, she was disappointed. But she soon discovered she enjoyed caring for people living with Alzheimer's or palliative care patients. Fourteen years and three sons later, she was still doing shifts at the same place. Life was busy. Christy's husband was working long hours so she was responsible for managing the household, driving the kids to extracurricular activities and making sure homework was finished. While she loved the seniors she cared for, there wasn't an opportunity to move into a different role.

In 2004, Christy briefly glimpsed a more fulfilling career direction. She spent one day a week working as a staff educator and palliative care team coordinator. She organized re-training for CPR, led an elder abuse seminar and presented palliative care education sessions. "I was passionate about it. I love to inspire and motivate people and the job was very much me," she recalls. Unfortunately, when she returned to work after her third maternity leave, the position was no longer available.

The limited opportunities at work weren't her only frustrations. Christy wanted to spend more time with her growing boys, now aged 10, eight and four, but working weekends and holidays made it hard. By November 2008, she knew she needed to take a break from nursing and she



quit her job. She says many of her co-workers empathized with her.

“A lot of the people I worked with were trying to balance out their families, their kids, and trying to stay motivated while dealing with the other stresses of not enough staff, being called in, working Christmas and other holidays. All of that is a struggle for nurses, for sure,” she says.

It’s been a year-and-a-half since Christy quit her job, and she hasn’t worked since. She occasionally wonders if she should just go back to the long-term care home and pick up a few shifts here and there. But then she asks herself: “Do I want to do that for the next 20 years?”

The 37-year old is still passionate about nursing, but is at a crossroads and is unsure of what the next turn should be. She’s confident that her nursing skills will serve her well if she decides to transition into another career. If she stays in nursing, she would like to move into an administrative leadership role, but isn’t sure how to get there without a bachelor’s degree or management experience. She also knows that most of the positions she would be interested in are full-time, and that would make it difficult to juggle her family responsibilities. These days, she volunteers as a grief counsellor for a group of bereaved five to nine year olds and is interested in exploring options in that field, as well.

Given the turmoil of those decisions, it’s no surprise that when Christy read an ad for RNAO’s first-ever Mid-Career Nurse Symposium that asked the question “Do you need a refresh and a re-focus?” her answer was an emphatic “yes.”

“I need a direction,” says Christy, who was one of 140 RNs who attended the day-long conference in February. “I know I need some further education and I need to figure out where that is, what that is, and if I’m going to be able to do it.”

According to the College of Nurses of Ontario (CNO), 50,000 RNs in the province are halfway through their careers. While the number may sound significant, there should be more. In the past 10 years, the share of RNs between the ages of 35 and 54 in the workforce has dropped from 66 per cent in 1999 to just 54 per cent today. According to RNAO’s recently released political platform, *Creating Vibrant Communities: RNAO’s Challenge to Political Parties*, nurses in this demographic have the education, knowledge and experience employers and patients require, and younger nurses who need mentors depend on. But feeling overwhelmed by demanding work lives, insufficient support, displacement and patients who are increasingly complex leaves many seriously considering leaving their jobs, even the profession.

To reverse this troublesome trend, some RNs say they need more support from their workplaces and colleagues to try out new ways to keep their passion for their careers alive. That’s why RNAO has called on the province to develop a strategy targeted specifically at this group to retain them in the workforce as thriving members of the profession. RNAO President-Elect David McNeil, who’s been a nurse for 22 years, is a member of a provincial committee that’s exploring ways to enhance the work lives of mid-career nurses.

“This group is the core of our profession,” he explains. “They really represent the future of nursing in terms of both formal and informal leadership. To keep the profession strong, we need to make sure we pay attention to this group. If we don’t, we’re affecting nursing today, and into the future.”

Mary Wheeler, one of the speakers at the symposium, has spent the last 20 years helping nurses like Christy take stock of their careers. She says it’s perfectly natural and healthy for nurses at this

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stage of life to wonder if they should go back to school, take on a leadership role, go on a leave of absence, or just leave nursing altogether. Wheeler is an RN, a partner in DonnerWheeler, a career consulting firm, and co-author of the book *Taking Control of Your Career: A Handbook for Health Professionals*. She says for nurses in Christy’s demographic “balancing home, work and staying healthy so that you can provide care for clients, family, and yourself becomes a never-ending challenge.”

During her workshop, Wheeler challenged participants who are having trouble figuring out what to do next to ask themselves what they would be doing if they had 20 times the courage they do now. Wheeler says it’s common for nurses to feel anxious about making the wrong choices or losing pensions that they’ve spent years contributing to. All nurses need to determine what’s important in their lives and how much risk they’re comfortable taking. No matter what your dream is, she believes it’s important to surround yourself with people who will support you on the journey.

Researcher Linda McGillis-Hall says if organizations want to keep these RNs from even entertaining thoughts of leaving their jobs in the first place, they need to make work a place where the rewards go beyond the paycheck. “Relationships with mentors, colleagues and physicians are of central importance to these nurses,” she explains.

McGillis-Hall is a professor at the University of Toronto’s Lawrence S. Bloomberg Faculty of Nursing and a co-investigator with the Nursing Health Services Research Unit. She recently conducted a



Suman Iqbal says a supportive mentor helped her re-invent her career.

study that looked at the unique work environment needs of mid-career RNs and RPNs in Ontario. She's still analyzing the data, but according to preliminary findings she shared at the conference, when the nurses surveyed were asked why they've stayed in their current positions, they listed factors such as good mentors and colleagues, management listening to nurses, positive relationships with physicians, and flexible scheduling as the top reasons. The nurses said organizations that want to retain and recruit mid-career nurses should provide opportunities for them to be preceptors, apply for internships and scholarships, and learn new skills on the job.

Debra Bournes believes that when it comes to RNs who are in the midst of their careers, professional development must be a key part of any strategy. Bournes is the Director of Nursing, New Knowledge and Innovation at University Health Network (UHN) in Toronto. Five years ago, the hospital found a way to keep mid-career nurses passionate about the profession and their daily work when it began funding the annual Nursing Research Challenge that gives staff nurses a chance to conduct research projects on their units.

"Mid-career nurses love the projects and they are so proud of their work," she says. "Some of them will tell you 'I'll stay at the bedside my whole life if I can be involved in these kinds of projects.'"

Last year, RN Karen Thomas was part of a team on the Pre-Operative Care Unit (POCU) that set out to understand what UHN patients experience when their surgeries are cancelled. Thomas says procedures can be re-scheduled because of a sudden organ transplant or emergency. She and her colleagues always dreaded

telling patients that they would have to come back another day. As part of their research challenge project, she and fellow RN Ross Riggs interviewed 27 patients who vividly described their devastation after learning they had been re-scheduled.

After seeing those results, the hospital changed its protocol for handling cancellations. All patients who are scheduled for surgery receive a letter explaining the possibility that it might be postponed at the last minute. Those who have this experience are given an apology card and every effort is made to give them information on a new date.

The project wasn't just good for patients. Thomas, who is now an Advanced Practice Nurse Educator for POCU, says it also revitalized the nurses, and proved they don't need to get a new job or go back to school to make a difference. "It was very refreshing and truly the essence of what we all want to do – have a positive impact on patient care and on colleagues."

For some nurses, the physical demands of the profession make a career shift necessary, even though they love direct clinical practice. Suman Iqbal worked at the bedside for more than 18 years and never wanted to leave. But caring for the patients in the surgical oncology unit at Sunnybrook started to take a toll on her body. When she started feeling physically tired at work and had to have pinched nerves in her elbows repaired, she knew she needed a new direction. So, 20 years after receiving her nursing diploma in India, she decided to go back to school and earn her baccalaureate degree in nursing. At the same time, she also began exploring different

roles that allowed her to make a meaningful contribution to care. Mary Glavasovich, the patient care manager of her unit, encouraged Iqbal to represent nurses on various hospital committees. She became co-chair of the nursing practice council and was the first staff nurse to chair an accreditation team.

“It makes a huge difference if you have a good mentor. Mary really provided the opportunities for me to develop my leadership skills,” Iqbal says. “She put me in the right place at the right time and told me those projects would be good for me. She said ‘You have the skills. You just need the forum to practise them.’”

Iqbal is now a Unit Director at Baycrest in Toronto and recently became assistant director for long-term care. When she found out about the new appointment, she called Glavasovich. “This is why I was pushing you,” was her mentor’s response to the news.

Iqbal knows not every nurse is lucky enough to have the kind of mentor she did.

“I’ve met a lot of other nurses who haven’t had the support I’ve had and they feel they’re stuck in a rut. They don’t get a forum to step forward and share the limelight, so they have to wait for an opportunity to come along,” she says.

Until Sharon Stephan uncovered her own opportunity last year, she was ready to abandon the profession altogether. She felt stuck working on a hemodialysis unit at St. Joseph’s Healthcare in Hamilton. She expressed an interest in attending conferences or working on projects, but her manager never selected her for those opportunities. Frustrated, she decided to leave the profession.

When she told Anne Moulton, the nurse educator on her unit, about her plan, she suddenly found hope to stay in nursing. Moulton suggested she apply for one of RNAO’s Advanced Clinical/Practice Fellowships (ACPF), which allow nurses to develop clinical, leadership or best practice guideline implementation knowledge and skills with support from mentors, their employer and RNAO.

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For 20 weeks, last year, Stephan immersed herself in self management strategies for patients living with end-stage renal disease. She attended education sessions and weekly nephrology rounds, and shadowed health-care providers who work in outpatient dialysis centres. She also became a master trainer with the Stanford University Chronic Disease Self-Management Program. But she believes her most significant accomplishment was creating a six-week program that helps people with chronic diseases lead healthy, active, full lives. Stephan is so passionate about it that she’s conducted two sessions in her free time and hopes the hospital will eventually fund them.

Since her fellowship, Stephan has been working with patients at St. Joseph’s satellite hemodialysis unit. She’s also spoken at a self-management workshop, and will present a poster about her ACPF at the Canadian Nurses Association

convention in June. She no longer dreams of leaving nursing. “Fifteen years to retirement used to seem like a long, long time,” she says. “Now it isn’t enough time to accomplish all the things I intend to do!”

Lisa Christy is also looking forward to re-discovering the passion Stephan has. After she attended the Mid-Career Nurse Symposium, she wrote down the story of her life and career so she could think about where she’s been, and where she wants to go. She knows she wants to put her heart back into nursing. She’s confident that she will find her niche in a place where she can make the greatest contribution to patient care, and she’s currently searching for a role that will match her energy and interests with her need to balance the demands of her family. “I can’t wait to see what opportunity is next,” she says. **RN**

JILL-MARIE BURKE IS ACTING STAFF WRITER AT RNAO.

TIPS FOR A TOP-NOTCH CAREER

During RNAO’s inaugural Mid-Career Nurse Symposium, experts and panellists offered advice for RNs stuck at a career crossroads. They say there’s some advice that might help any RN:

- Do anything for six months, says Peel Public Health nurse and RNAO board of directors member Claudine Bennett, who spoke at the conference. She encourages nurses who have an opportunity to work on a special project or sit on a committee to go for it – it might lead you down an interesting and rewarding path. She also says nurses should take risks: you have nothing to lose if you take a leave of absence to pursue an

opportunity because you can return to your secure position afterwards. She also says nurses need to speak up – ask your supervisor if you’d like a day off a week to go back to school, for example.

- Mary Geroux, a nurse practitioner who recently applied for a master’s program, also spoke at the conference. She knows that making a change can be overwhelming and scary. She encourages nurses to explore their options and consider going back to school or applying for a new position. “Sometimes you just have to jump in.”

- Suman Iqbal says doing your education online is a great option for busy nurses struggling to juggle job, school and family

commitments. She completed her bachelor’s degree online and kept up with her course work by spending one hour a day and a full day on the weekend on her studies.

- Farah Khan Choudhry is a Toronto RN who funded her master’s degree with bursaries and awards. She suggests investigating scholarships and bursaries offered by your employer, RNAO, the Registered Nurses’ Foundation of Ontario (RNFOO) and the Canadian Nurses Association (CNA).

For more information on RNAO’s career resources, including counselling and tips on writing resumes, cover letters and job interviews, visit www.rnao.org or email cscott@mao.org.