

## The bedside nurse

Kathy was steered toward nursing by her own nurses when she contracted bulbar polio at age 14. After attending a diploma school, her first job was part-time, on a medical/surgical unit. She moved in and out of hospital settings over the next few years, with forays into private duty home care and a nursing home, but she returned to a hospital after moving to Rutland.



She began doing orientation for the ICU but didn't feel ready for this. She worked on orthopedic and medical/surgical units and then went back to the ICU, where she enjoyed the challenge, direct care, and collaborative practice. Her first love was bedside nursing, and the ICU provided her the opportunity to learn and grow and to work with a wide variety of patients.



She earned her B.S. degree and followed another love – teaching – to the hospital's nursing education department. But after 5½ years, she missed direct patient care and moved on to the PACU.

She finished her master's degree and became an assistant professor at an associate-degree college, where she worked full-time for 10 years, the last five as division chair. She stayed at the college part time for three years, remaining on call in the PACU, where she continues after 47 years in the field. Kathy values her additional education, as it broadened her choices.

## The second-career nurse

Looking for job satisfaction and flexibility, Roy turned to nursing as he was getting ready to retire after 25 years in the Navy. He volunteered in a burn/urology unit to see if it was a career that he might like and was impressed by the way the nursing staff worked together and interacted with their patients.

His first nursing job was as a staff nurse in a nursing home. He advanced to supervisor and charge nurse for the sub-acute unit. After seven years at the nursing home, he saw greater opportunity for learning and

## The nurse/educator

Lorri worked as a nurses' aide at a children's hospital in high school. After completing a diploma program, her first job, as a hospital psychiatric nurse, was on a national demonstration unit for a day treatment program for acutely ill patients. She found it exciting to be an integral part of the unit team. She joined the Air National Guard and became a flight nurse.



While back in school to complete her bachelor's degree, she worked for the New York State Registry, caring for acutely ill patients. After graduation she took a job in an ICU, becoming a clinical nurse supervisor (a new role at the time) dealing with quality assurance. She returned to the Registry while she finished her master's degree.



Her next role was as a nurse researcher. At the end of the three-year study, she moved with her family to a new area, took a part-time hospital job in neurology, and became an instructor in an associate-degree nursing program. When she retired from this teaching position 31 years later (16 of those as program chair), she took a two-year post with the state as a project director.

She retired, volunteering for a nursing association, then became a per diem hospice nurse, her current job.

Lorri, who holds a doctorate, says her education gave her a broader range of career options. She hopes to continue in nursing as long as she can.



advancement, and moved to a teaching hospital to become a staff nurse on an orthopedics/neurology unit. Two years later, he was asked to serve as the assistant nurse manager. In this role he relishes the enthusiasm of new nurses, watching as they develop skills and progress in their careers.

**“MY MENTOR** was always there to help. When I didn't think I was capable or good enough, it was wonderful to hear how special I was and what a difference I could make.”



## Role models

Each of the nurses profiled here found support from professionals who served as mentors to them. While some found mentors outside nursing (and at least one lamented that she had not had more mentors) as a group they found that it was their mentors who helped them through difficult stages, directed them onto a particular career path, convinced them to go into nursing, and in some cases shaped the approach and priorities they would follow throughout their careers.

These nurses found support and inspiration from teachers, fellow students, colleagues, supervisors, and, in Roy's case, his wife and mother. All have become role models for continuing in nursing – even after the typical retirement age.

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A LIFELONG CAREER  
in **NURSING**

**“I BELIEVE** the greatest achievement for any human being is to help other human beings. ... The truly most rewarding thing about nursing is the capacity to love.”

How 5 experienced nurses found challenge, support, and mentors throughout their careers

**A NURSING CAREER PROVIDES A LIFE-TIME OF OPTIONS.** The five nurses profiled on these pages have had years of experience and a rich variety of jobs. They have offered their stories as examples to other nurses in Vermont who might wonder what challenges and rewards nursing might still hold for them. Just as their mentors shone a light on new paths, these experienced nurses hope that this look at their long and varied careers provides ideas and inspiration for others.

### The hospital nurse

Joyce became a nurse in the 1950s, when “the only options for a career were either to become a nurse or a secretary.” Her first job was as a charge nurse on the maternity ward at a hospital, where she relished “being part of new life and new love.” Once she became a mother herself, she worked part-time at various nursing homes and hospitals, including as director of nursing in a small nursing home. There she found

satisfaction in her ability to give “love, courage, understanding, and caring.”

After a few years, she went to work as a charge nurse at a large hospital. But she missed the warmth of the small hospitals she had started in, and after six years moved to a community hospital, where she worked her way up to a supervisory role.

After 20 years, she again cut back to part-time, working as a pre-op teacher and eventually as the LNA educator, her current position, which she says has “fulfilled her life.” She has loved not only caring for patients but also the close relationships she has forged with her colleagues. “I honestly can’t imagine giving it up.”



“MY PERSONAL LIFE has kept me employed in nursing. There has always been a match between my needs and the choices in the positions I have taken.”

“THE GOOD THING ABOUT CHANGING POSITIONS is that your skills are transferable.”



### The nurse/manager

Gladys was drawn to nursing by her desire to help people get through illnesses safely and with compassion, which was heightened at the age of 10 by a friend who died of leukemia. After completing a three-year diploma program, she started as a staff nurse at a small hospital in Hawaii. There, her job included tasks that interns and residents would normally perform, and her work with critically ill patients taught her about dying with dignity.

She moved to a Long Island hospital, where she quickly became the head nurse in the locked psychiatric unit, a role she loved. Her personal life required another move, after which she took a job as an ER and intensive care nurse at a teaching hospital. After a break to have a child, she became a maternal child health nurse at the VNA, a childbirth and parent educator and a hospice nurse, jobs that offered variety and provided flexibility as her family grew. During her 17 years at the VNA, she opened a part-time private duty registry that provided nursing and consulting services for families with sick and well infants in their homes.

Changes in her life led to a job as medical coordinator at a residential center for pregnant teens. During this period she returned to school for a B.A. in management, which allowed her to move into administration, first as director of a managed care health center and eventually as CEO of an inpatient substance abuse program. She also earned an M.S.A. in management. She stepped down upon becoming a grandmother and soon took a job as an outpatient rehab practice supervisor, a position that mixes clinical and administrative roles.

She is now contemplating how she can fit nursing into her life once she retires.