

From Bedside to Boss: *Humility Matters*

Ashley Blatchley, MSN, RN, CNML



THE START

I began my career as a CNA in an ICU as part of the Bridge to Practice program. This program was a partnership between the nursing school and the hospital that allowed students to gain experience and practice basic nursing skills. This was a really great way to get immersed in a specialty area of nursing and find out whether this was the type of nursing I wanted to pursue after graduation.

The idea was that students would work as a CNA during their last year of nursing school and then be hired onto that unit as a registered nurse (RN). I fell in love with everything about caring for critically ill patients and working with critical care nurses. The teamwork and knowledge of the nurses

When I started as a certified nursing assistant (CNA) in the intensive care unit (ICU), I never imagined that I would be the manager of that unit 6 years later. It was an intense path of personal and professional growth. What I originally lacked in clinical and leadership skills, I made up for in humility. This is a story of my transition from bedside to boss and what I learned along the way.

was amazing! With the steep learning curve and acuity needed in the ICU, it was not expected that a new graduate would go directly into the ICU.

Knowing this, I was willing to begin my nursing career in telemetry to gain the necessary skills. Yet, I knew that my ultimate goal would be to work in the ICU. I was a sponge: I showed enthusiasm and a thirst for knowledge, and the nurses were very generous with teaching and sharing experiences with me. My intention was never to be a manager. My goal was to become a competent critical care nurse and a valuable teammate to the nurses from whom I had learned so much as a CNA.

I believe the experience I gained working as a CNA is what set me up for success as an RN. I met people and learned a lot about nursing, specifically critical care. I learned where to find things and identified the right questions to ask of the appropriate people. I gave my first bed bath and learned how to ambulate patients. I saw a patient die for the first time and performed my first round of chest compressions. I learned what professional nursing looked like. I saw who I wanted to be: a great bedside nurse. I listened to everything the nurses told me and watched every move they made. I was careful and conscientious. I asked questions and wrote things down. I spent time at home looking up diagnoses and terms when I was embarrassed to ask what they meant. I did everything asked, and there was no job too small. I was humble and thankful. In return, the nurses taught me everything possible. I had no idea then that I would be their leader. I owe my career to them.

FINALLY A NURSE

It was a dream come true when I was hired into the ICU directly out of nursing school. Beginning orientation was overwhelming, but at least I knew who people were and where to find things. Thanks to my previous experience, those challenges were not part of my orientation. For the first few weeks, I did have to remind people of my new role as they were so used to paging me as the unit's CNA and asking me for my assistance.

Practicing as an RN was much different than as a CNA. As a CNA, I learned how to provide basic care to patients, gained a lot of knowledge, and experienced the flow and culture of the unit. As a nurse, I built on those skills. I had my preceptor, but I was learning to direct care, identify changes in a patient's condition, and anticipate needs and treatments. I was now responsible for the patient and carrying out the plan of care. I experienced something new every day, asked questions, and absorbed everything the nurses impressed upon me.

As I gained my independence, developed a routine, and acquired some time management skills, I learned to become a team member. I became more aware of what was going on around me and could recognize when someone else needed help. Building on that, eventually I could figure out what to do to help other nurses without being asked or directed. I started out taking "stable," 2-patient assignments. Like the rest of my career so far, there was no easing into it! When I finished orientation, some of the patients I cared for were very unstable. I worked hard, learned on my feet, and gave 150% every day. Again, I was polite, humble, and did everything that was asked of me. I found a balance between confidence and independence, safety and cautiousness.

During the next couple of years, I went through additional training and began learning advanced skills such as recovering post-operative cardiothoracic surgery patients, running continuous renal replacement therapy, and monitoring intra-aortic balloon pumps. I was proud to be the clinical nurse that I always wanted to be.

LEADERSHIP OPPORTUNITY

My first leadership opportunity came after 3 years of clinical practice as an RN. A charge nurse position became available. I was hesitant to apply because I was the youngest nurse on the unit, but I did and I was offered the position. I was excited, but extremely humbled and nervous. This role really helped me identify my leadership strengths and weaknesses. I learned a lot about myself and my colleagues. I got to see a different side of people; suddenly, I was not their peer during the shifts in which I was in charge. They saw me work hard and grow from what they had taught me. Although I had proven to them that I could take care of critically ill patients, I now had to earn the nurses' respect as a leader.

I listened to and observed the other charge nurses. I learned strategies and skills from each one and developed my own leadership style. I was learning a new skill set, and it took time and practice. In this position, I gained a basic understanding of staffing and productivity. I learned that staffing requires a complex approach to match the needs and

acuties of the patients to the skill sets, and even the personalities, of the nurses. This is a very dynamic process that can change multiple times throughout the shift as patients are admitted, discharged, or have changes in acuity. Staffing goes beyond simple nurse-to-patient ratios and requires keeping an eye on the budget staffing matrix.

Eventually, I became more confident in my decision making and clearer in my communication. I held myself and others accountable, my coworkers for providing excellent care, and myself for maintaining high standards and having crucial conversations as needed. Although it gave me angst every time I had to confront a coworker or have a difficult conversation, I did it. It was not always comfortable, but I knew it was my responsibility. To this day, I struggle with this at times, but I committed myself to doing it, and I learn from each situation. I also felt really committed to being a strong advocate for the nurses and the patients. As a leader, I felt it was important to make sure the nurses had the support they needed to be successful and provide the best care possible for their patients.

FIRST YEAR AS MANAGER

After 6 years at the bedside, I became the interim manager of the unit. My nurse manager was promoted to the nurse executive at another facility. I was not part of the succession plan. We had a strong clinical supervisor who stepped into the vacated role, but she had to take an unexpected leave shortly thereafter. I had begun to think about progressing into a leadership role eventually and had recently enrolled in a master of nursing program for health system leadership. I was a charge nurse and involved in multiple projects, but I had no preparation or expectations to become a manager so quickly.

I was selected for the interim manager role with the support of the nurses, my supervisor, and the hospital's nurse executive. It was very overwhelming. Not only did I not have management experience, there was no time for formal training. Other managers were very gracious to me and provided excellent mentorship, but I had to figure out most things on my own.

What I lacked in leadership skills, I made up for in humility. I think this is the most important trait for a new leader. One gets so much further by being appreciative and collaborative. One will need the help of others to succeed, and if one appears overconfident, people are much less likely to offer support or guidance. That first year, I spent my time observing, learning, and trying not to drown. I worked long hours and tried to solve every problem that the nurses brought to me. Eventually, I learned to motivate them and provide the resources for them to come up with their own solutions.

As I became more experienced, I needed to make fewer phone calls to figure things out and began to develop my own style of leadership. I like to think of myself as approachable and supportive while also holding people accountable.

NEW CONFIDENCE

Now in my second year as a manager, I feel like I finally have my head up, and I am able to look around and be more strategic. I am becoming more confident. I spent the first year

Download English Version:

<https://daneshyari.com/en/article/2670406>

Download Persian Version:

<https://daneshyari.com/article/2670406>

[Daneshyari.com](https://daneshyari.com)