



Staying Focused With a Changing Career Focus

Colleen L. Corish, RN, MN, OCN®

Do you have questions on how to improve your leadership skills? Do you have a management or administrative problem that stumps you? Have you developed unique insights that helped you improve your leadership skills? If so, consider writing for this column dedicated to improvement of leadership skills at all levels. For more information, e-mail Associate Editor Colleen L. Corish, RN, MN, OCN®, at corishcl@musc.edu.

The practice of nursing affords nurses the privilege of entering the world of strangers who are ill, frightened, or broken in spirit and connecting with them to find healing. Nurses accept that privilege by bringing exquisite knowledge, skill, and caring practices and making a profound difference in patients' lives. There can be no better example of leadership than that found in the story of an excellent nurse (Cathcart, 2003, p. 443).

Excellence in nursing is about focusing on the "right" things as a nurse leader. The first "right" of all nurses is ensuring that excellence in patient care is the central focus. As I write this inaugural column, I find myself examining my focus and the nursing role changes I have experienced during my career.

I became an oncology nurse in 1986 during the explosion of the AIDS crisis. During the following years, I focused on becoming more clinically proficient (think Benner's model) in my role performing direct patient care for patients with cancer or AIDS and recipients of bone marrow transplants. As I entered graduate school in 1990, my focus in nursing also was changing. I was becoming a more expert clinical bedside nurse and advancing in the clinical ladder at my institution. With this advancement came expectations and activities that actually moved me away from the bedside. These activities included teaching classes, participating on committees, and being the charge nurse more often.

In 1993, I became a front-line manager on various oncology and bone marrow transplant units and relocated several times while continuing in that role during the next eight years, with brief sabbaticals in bedside nursing and as a bone marrow transplant coordinator. In those positions, I became more involved in institutional committees and projects, and my role evolved from clinical expert at the bedside to more of an administrator type of nurse. About three years ago, I was offered the opportunity to further expand my responsibilities with a position in which front-line managers in many different roles and clinical areas (including inpatient and outpatient oncology) would report to me. My career focus in nursing changed again.

Cathcart (2003) noted that

Nurses who are recognized as leaders by peers and colleagues are those who have evolved from mastering the tasks of patient care to living out the highly skilled know-how that is the essence of excellent nursing practice (p. 441).

Over time, my career focus has changed from direct care of patients to facilitating excellence in patient care. However, during all of the evolutions, one key aspect of my focus has not changed—patients. My role may have changed, and my knowledge base has evolved. But the focus when I first started my career has not been altered. My internal organizational chart has patients at the peak. As director, I am positioned somewhere below the managers, advanced

clinical experts, and bedside nursing staff who care directly for patients. Middaugh and Robertson (2004) stated it well: "Effective managers are effective leaders who influence others to work together in a productive, satisfying manner" (p. 67). This skill is something I have been developing over the years, and it continues to evolve. Again, the focus on patients has not changed. If nurse managers are struggling with the needs of staff, that probably is because nursing staff are struggling with their roles in nursing. Focusing on patients is difficult if nurses are unhappy or dissatisfied with their jobs. The clinical leaders focus on patients, and the administrative leaders focus on the needs of the clinical leaders so that they can focus on patients. It sounds redundant, but, in the case of ensuring excellence in patient care, redundancy is important.

I am looking forward to writing and collecting subsequent submissions for the Leadership Corner. Demonstrating leadership in nursing or any field often means taking risks and moving outside of your comfort zone. Developing a column every other month is a new challenge, but one that I am embracing with great enthusiasm, energy, and, of course, focus.

References

- Cathcart, E.B. (2003). Clinical leadership in action: Lionel's story. *Journal of Pediatric Nursing, 18*, 441–443.
- Middaugh, D.J., & Robertson, M.G. (2004). Earthquakes in management. *MedSurg Nursing, 13*, 66–67.

Colleen L. Corish, RN, MN, OCN®, is the clinical director for oncology and medical surgical services at the Medical University of South Carolina and Hollings Cancer Center in Charleston.

Digital Object Identifier: 10.1188/05.CJON.235