QUESTION

Can a recent nurse graduate thrive in the oncology setting?

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My personal experience with nursing school can be best described as floating in the middle of the ocean with a life vest while kicking and paddling to keep my head above the water. I spent countless hours studying for examinations, rewriting care plans, and practicing skills. In addition to my own efforts to survive, I also had my life vest in the form of my instructors, preceptors, and fellow classmates, who I give credit for my success.

When nursing school came to an end, I was afraid that my vest would be ripped away and I would be left to tread through this new profession on my own. I was concerned that I would fail at this career path; after all, turnover for first-year RNs account for almost 30% of overall RN separations (Nursing Solutions, Inc., 2016). However, nursing was the career I wanted to pursue and I was not about to quit before I started. So, after passing my NCLEX (National Council Licensure Examination), I interviewed for many nurse graduate programs, which are programs designed to transition individuals from student nurse to nurse

During the interview process, I job shadowed on units in various settings, including large hospitals and small community hospitals. Initially, I thought I wanted to work for a large hospital because that is where I believed I would gain the most valuable experience. However, I ultimately decided on an oncology unit in a small community hospital. My decision was largely based on my impression that the hospital invested in its greatest asset-its employees, or what it refers to as "care partners."

As it turns out, my initial impression has been accurate. When I began my nurse residency program at Parrish Medical Center in Titusville, Florida, I felt like I had people in my corner. I quickly realized I am not just another number in the organization, but more of a partner.

My clinical educators and nurse managers regularly check on my progress, placing more of an emphasis on what they can do to help me improve instead of what I need to do on my own to improve. For instance, if I find myself needing more mentoring after my nurse graduate program, that option is available to me. Accommodations were made to ensure my success, not to push for another nurse on the floor.

In addition, I had a preceptor who was carefully selected to help take what I learned in class and apply it to real-world nursing. There were days on the floor when I was on pointmedications were administered on time, I started IV access on the first try, and my charting was done before shift change. Unfortunately, there were also days when I felt like I was the most incompetent person in the profession of nursing. I forgot to hook up a patient to her IV fluids, I charted on the wrong patient, or I did not have the right answer to a patient's question. However, my preceptor was extremely patient and continued to provide me guidance and a lot of encouragement. She emphasized what was most important and that I was doing the right thing for the patient.

Although I am still very much a new nurse and have a lot to learn, I am optimistic that I can thrive in this new role as a nurse

> in oncology. I have personally heard experiences from my fellow classmates in which their nursing journey began with a baptism by fire approach. I am so thankful that I do not have that same experience. I am so thankful that even after graduating nursing school, I will never feel like I am treading the waters of nursing alone. I will always have my life vest, but now it is in the form of my organization.

RESOURCES

Educating Nurses

Offers a video series with examples of excellent teaching https://bit.ly/35lj4yd

Offers an eight-part series on oncology nurse career guidance https://bit.ly/3fvLk7y

Nursing Solutions, Inc.

Provides industry insight to help benchmark performance, identify best practices, and understand emerging https://bit.ly/38mSvw3

REFERENCE

oncology; new graduate; care partners; staffing

Nursing Solutions, Inc. (2016). 2016 national healthcare

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