


How to Survive
and
Maybe Even Love
YOUR LIFE
AS A NURSE



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Philadelphia

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Introduction

Whether the ink is still wet on your license, or you've had the "RN" after name for decades, we want to start out by saying "congratulations" for all your success so far. You've probably had to overcome obstacles in your journey (if not, write and let us know how you managed this!) and yet, here you are. You're not only a nurse; we're guessing if you're taking the time to read this book you're also a proactive person, interested in making your nursing career and your life as a nurse the best that it can be.

We believe this book can help. Not because we're scholarly experts with multiple doctorate degrees in nursing philosophy and theory but because we talked with the real experts in making a success of a nursing, working RNs. We contacted hundreds of nurses (through nursing listservs and personal networks) and surveyed (okay, some might say "bugged") them about their experiences. Their advice is the substance of the majority of this book, although our experiences certainly informed the discussion and helped us frame the questions.

And without sounding too sentimental, we were gratified by the response. Nurses were eager to share their knowledge and we found that many of them, in fact, did love their lives as nurses.

Who Are We and Why Are We Writing This Book?

You undoubtedly know by now that we are the authors of this book, Kelli Dunham and Staci Smith. We're Philadelphia-based nurses with a passionate belief in the inherent capacity of each nurse to excel in today's challenging nursing environment.

Staci: Let me tell you about my co-author Kelli. Kelli is 36 years old. Before starting her formal nursing education, Kelli traveled the world attempting to satisfy a lifelong goal of helping those in need. Kelli graduated from Hahnemann University in 1998. When she graduated, she worked at a nurse-managed health center and now works with the Nurse-Family Partnership of Drexel University doing community outreach with first-time, high-risk moms. Kelli is also the proud mom of *How to Survive and Maybe Even Love Nursing School*, the prequel to this book. Along with her full-time public health nursing job, Kelli also manages to work as a stand-up comedian, playing gigs throughout the country.

Kelli: Staci is a 20-year veteran of nursing. An RN at 19, she has worked in a number of different settings, including psych, labor and

delivery, psychiatric managed care, in the SICU, MIC, telemetry, prison, and now in the ED. Staci has a unique, compassionate spirit and combines her professionalism and compassion in a nursing life that I believe is exemplary. Staci is also an accomplished writer and has a well-honed sense of humor. When it became obvious that I would want a nurse with extensive hospital experience to write this book with me, Staci was an obvious choice. In addition to her nursing career, Staci makes time for lots of involvement in community and women's concerns and is an accessible mom to her two teenage daughters.

Note, if you will, that we've called this book *How to Survive and Maybe Even Love Your Life as a Nurse* and those words were carefully chosen. To be a truly fulfilled person, it's not enough to love your work, although that's a good start. We believe it's important to have the skills to make your career enhance your life and your life enhance your career.

So how does one develop these skills? Well, experience, as the old saying goes, is the best teacher and many of the things in nursing (as in life) we just have to learn on our own. But life being as short as it is, it never hurts to benefit from other folks' experiences, which is what we are presenting in this book.

Since we know that readers may be coming at this subject with extensive experience, some experience, or none at all, we've tried to include information that will be helpful and interesting to nurses at all points in their careers. And because some people will undoubtedly need more information than we have room for, we've included comprehensive lists of resources to point you in a right direction to get this information.

It is our hope that different parts of this book will be helpful to you at different points in your career. We tried very hard to talk about the entire lifespan of a nursing career. Since increasing retention is one of the most important factors in decreasing the nursing shortage, we especially wanted to talk with nurses who have spent a lifetime as nurses and find out what their secrets are, and just as importantly, what they wish they had done differently.

We have both discovered that nursing is much more than a job; it becomes rather a part of your identity, and is reflected in the way you think and the way people think about you. We hope that this book will assist you as you grow into this role and accept both its negative and positive ramifications and to take your own place in the community of nursing.

So as you take your first peruse through this book, please (as the 12-steppers say) take what you want and leave the rest. Hopefully the irreverence of this book will be useful for some comic relief as well.

Thanks for taking this trip with us, and we hope that you can absorb some of the (to quote the 12-steppers again) experience, strength, and hope from your fellow nurses, and that this will help guide you through both the difficult and the great times ahead.



Acknowledgments

First of all, we'd like to heartily thank the many, many nurses who agreed to be interviewed for this book and who filled out our (extremely long) survey. Their patience and helpfulness showed real generosity toward their fellow nurses and proved, once again, that nurses do care about one another.

Especially helpful were the folks from Graduate Hospital and the 11th Street Family Health of Drexel University who permitted us to distribute the survey, as well as the very supportive Sally Dillon, nurse manager of the Graduate ED.

We'd also like to thank the amazing accountant Wally Moyer (www.thebottomlineinc.net) for allowing us to interview him for the financial planning part of Chapter 9.

In addition, Virginia Lindler (a great nurse as well as a meticulous fact checker) was instrumental in developing the Resources sections of each chapter.

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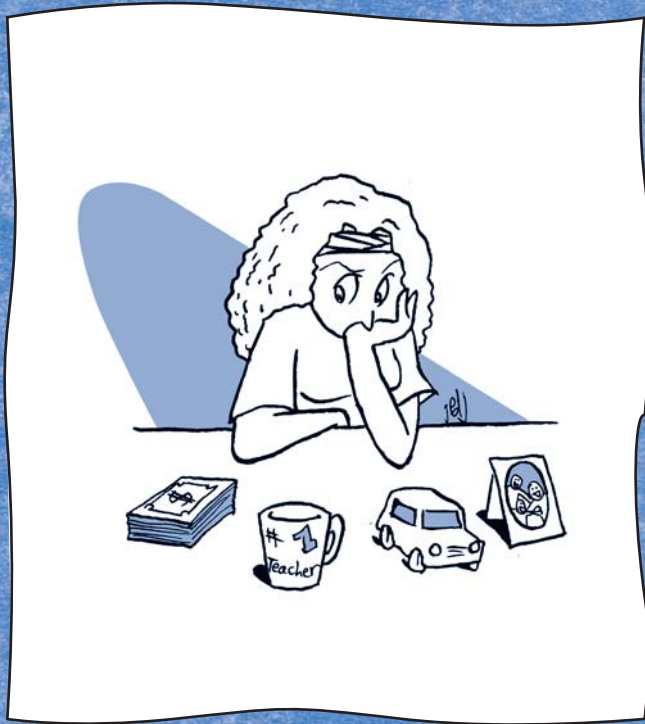
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What's in It for Me: Considering Opportunities

A Nurse Speaks

"The salary was not [what made me decide my current job was right for me]. There are a lot of higher paying positions I could have taken. The location is great, it's a 15 minute drive. I had worked there for a while as a tech so knew the people I'd be working with and I liked them. I also knew what I'd be getting into when I took the job. Basically, I love what I do. If I were looking for benefits or pay I'd find another job."

BL, RN, Newborn nursery grad 2002

You are fully in the thick of the job search jungle now. You've located some potential employers, done your research, and had a few interviews. In Chapter 1, we talked about making an initial assessment of what you want in a job (perhaps your number-one priority), but now that you have lots more information (and undoubtedly some actual job offers) it's time for real decision making.

You have to make one big decision (which job to take), but it may be helpful to think of it as a series of smaller decisions about your priorities. For example, is it important to you to work at a teaching institution? Do your outside commitments (e.g., family) necessitate that you work a certain shift? Do you want to be within walking/cycling distance of your job? Do you need immediate cash to pay back Oscar, your friendly neighborhood loan shark? In this chapter, we'll examine some of the many different factors nurses weigh when considering job offers.



Institutional Variations

Of course, the first institutional variation question is, do you want to work in an institution? This book draws heavily from the experience of hospital nurses, since hospitals are the biggest employers of nurses. However, we would be remiss if we didn't mention there are tons of jobs nurses can do outside the hospital, from patient care coordinator at a primary care clinic to staff nurse on a movie set (providing first aid to Brad Pitt might be one nurse's dream and another nurse's nightmare!). Regardless of the type of facility or job you are considering, some of the questions below may be ones for you to consider:

How important to you is the issue of working in a nonprofit versus for-profit facility? Almost all of the nurses we talked with for this book reported that their facilities were actively engaged in cost-cutting measures, whether they were for-profit or not. The difference, nurses noted, is really about why these cost-containment measures are in place. "I work for a nonprofit community hospital in a rural area," said one 22-year veteran, "and we recently went to a really crummy benefit system to save money. If I worked for one of those monolithic for-profit hospital chains I would have been furious. I'm not saying I like it, but I know [the administration] is cutting costs so we can stay open. We're the only hospital for, literally, miles. The whole community comes here for care. I don't want it on my conscience that my next door neighbor died of an MI on the way to a distant hospital because I didn't want to pay a ten-dollar co-pay for my prescriptions."

Do you want to work at a teaching facility? Most nurses we spoke with agreed that there are many positive aspects to working in a teaching facility. For example, the attending docs in a teaching facility are almost always going to be up to date with the latest information and research, which makes it easier for the nurse to be as well. In addition, many nurses said they felt good about working in a teaching facility because they believe patients benefit from the extra time and attention a teaching facility afforded the patients, although it sometimes means patients have to "tell their story" a number of times.

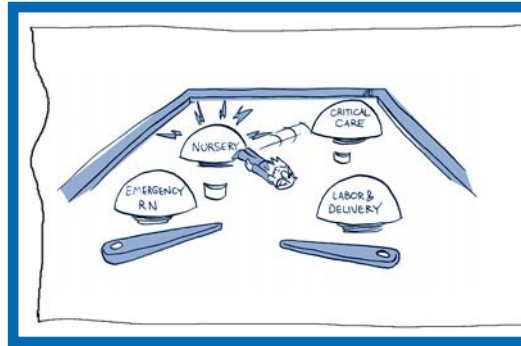
In addition, some of the nurses who work in teaching hospitals said that knowing there were students/learners of all types around helps them be especially mindful of the care they give. One traveling nurse said, "When I am rotating through a teaching hospital, I always feel—how does that song go '...like somebody's watching me.' It's true. There are always eyes on you, observing, watching how you do things. I try harder to do them the right way, instead of the almost right way."

Of course, all these “eyes” hanging out means nurses do plenty of teaching, too. You will be a part of the process of educating students/interns/residents about everything from where the bathroom is to how to start an IV. Some nurses find this invigorating (or at least fun) while other nurses quickly become weary with the whole scene. Nurses also noted that in a teaching facility many processes (especially the admission process) can be longer because more people have to have their hands in it.

Is it important to you to work in a hospital with a nurses' union? Although being a part of a union doesn't guarantee anything approaching blissful working conditions (particularly if the union is weak and/or has ineffective leadership), the union will give the individual nurse (theoretically at least) backing in disputes, disagreements about appropriate nurse-to-patient ratios, and backing at contract negotiation time. Ideally, through collective bargaining, unionized nurses can ensure that the concerns of nurses and not just the concern of the shareholders or the bottom line are taken

into account when administrative decisions are made. Unions sometimes provide additional benefits such as assistance with educational costs or direct training. In addition, many nurses involved in a union report that it helps them feel—pardon the cliché here—empowered. Their thoughts were similar to those of Sara Wendroff, who has been working as an RN in California for 15 years, “It's a shame nurses have to unionize, but we do. Nurses are extremely important to the health care system but we're just now demanding that level of professional power. Unions are an important part of our standing up for ourselves as professionals.”

Do you want to work in a level one trauma center? Working at a level one trauma center practically guarantees that you will see patients with certain types of injuries, including those from gunshot wounds, severe motor vehicle accidents, stabbings, assaults, and rape. Even at the less acute stage, these type of injuries can be particularly challenging to your nursing skills, and can be extremely draining emotionally as well. Many nurses thrive on this challenge. As one nurse said, “They call me ‘Exit Wound Ed’ around the ED because I'm great at figuring out where the bullet came out, a lot better than even the docs that have been around a long time. I have to admit, I get an adrenaline rush



when I hear “GSW” on our radio and we know someone is on their way.”

Awaiting a gun shot victim might sound like Dante’s fifth circle of hell to many nurses, for “Exit Wound Ed” it was a welcome challenge. If you find yourself relating to Exit Wound Ed, a level one trauma center might well be your proverbial cup-o-tea, although you needn’t be as enthusiastic as Ed to consider the possibility. This is definitely one of those cases where “nurse, know thyself” is especially relevant advice.

Do you want to work for just one facility or would agency work better meet your needs? For the new grad, agency work can be extremely tough but with a good orientation and the right support it’s certainly possible. The advantage of agency work is that there is usually a lot of flexibility and a higher rate of pay, although most often with decreased (or no) benefits. Another one of the advantages of working for an agency is that it can be very intensive experientially; you get to see many different types of patients and facilities in a short time. Of course, for a new nurse struggling to get oriented in a new profession, having to be oriented at a new facility every week might be an additional (and unwanted) challenge.

If you are thinking about agency nursing, you may want to consider how important it is for you to feel part of a team. The temporary nature of agency assignments (even long-term assignments, which hospitals try to avoid because of the cost) may mean you will not have the “team” experience and you may also miss out on the long-term friendships that often develop in the workplace.

Another question to consider is, *do you want to work in a small town, urban area, rural area, or something in between?* Of course, this may be a ready-made decision for you, based on where you live and how willing you are to commute. If you own a home in the isolated area surrounding Podamaquassy, Nebraska, aren’t interested in moving, and don’t want a long commute, then congrats ... Podamaquassy Community Hospital probably has just the nursing position for you.

However, if your situation is such that you can be a bit more flexible, you may want to consider some geographical factors when investigating jobs.

Some nurses find that they enjoy the diversity of the patient (and staff!) populations and more intense nature of the work in an urban hospital. Others like the intimate feel of their small town’s own community hospital. We were interested to find, however, that many nurses who like community hospital nursing don’t like to do it in their own town. “If my next door neighbor had a mastectomy, I only want to know because she wants to share with me, not because I’ve emptied her Foley bag post-op,” explained a nurse from rural Wyoming, who finds that it’s

worth her 60-mile round trip commute to a hospital in a neighboring town where the patients are not all her neighbors.

Of course, this brings us to the topic of the commute and how long is too long, which is, of course, a matter not only of personal preference but also energy level. If you consider your commute part of your work day and you are going to be doing 12-hour shifts, a 45 minute commute means each working day will be no less than 14 hours. The costs of this, physically and emotionally, are going to be pretty substantial, especially if you are a recent grad suffering from those low-down-I-have-so-much-to-learn-that-they-didn't-teach-me-in-nursing-school blues, a.k.a. "new profession exhaustion." Craig Sanders, a PICU nurse from New York state cautioned, "Don't think that just because you commuted 2 hours a day in your pre-nursing school days that you will be happy with that kind of commute with a nursing job. Especially your first year out, take it easy on yourself, work as close as possible to your home."

If you choose to (or have to) commute, there are a number of ways you can make your commuting time more productive or at least more pleasant. This may involve listening to books on CD while driving, consciously using the time to decompress from your day, or as Staci sometimes does, picking a more picturesque driving route, even if it takes you a little out of your way.

Also, even if you have a car, look into your public transit options. Depending on the parking at your workplace, schedules, traffic, and availability of employer-provided assistance with public transportation costs, public transit may actually be cheaper and more convenient than driving. In addition, if you're taking public transit you can read, start on the historical young adult novel you've always wanted to write, and even catch a few zzz's, although probably not all at the same time.



Earning While You Learn: Preceptorship and Orientation Parameters

"A good orientation is every bit as much of a benefit as a great health insurance plan or a generous sign-on bonus," said Lyle Preston, who graduated from nursing school 2 years ago and is working in the NICU of a large urban hospital in Texas, "except for, as a new grad, I think a good orientation is more essential."

Most of the nurses we talked with agreed that not only is a good orientation program and a reliable, competent, preceptor important from a practical standpoint, but also from a symbolic one. "If hospitals care about nurses—and if they care about patients—they will take the

time and trouble to design an orientation period and program that works,” said RT, a 17-year veteran, “even as I’ve gotten farther along in my career and changed jobs, I’ve always chosen to work places that do a lot more than throw a couple of manuals at you and say ‘holler if you have any questions.’ “

What then, does a “good” orientation consist of? The answer to this question, like many in this book, is “it depends.” An orientation should—in the words of one nurse—“keep you from feeling like you are being fed to sharks.” Or at least, we might add, keep you from feeling like you’re being fed to the sharks your very first day.

For new grads and nurses transitioning to a more complex or new area of practice, in order to not feel like shark food, they might need an orientation period that includes classroom training and instruction for needed certifications, and a series of clinical experiences with a preceptor and the new nurse working together, with the new nurse taking more and more responsibility as time goes on. In addition, many institutions include a series of return demonstrations or hands-on testing in needed hospital-based and unit-based competencies, and ask both experienced and new nurses to complete them. Orientation periods usually last from 4 to 12 weeks.

For the new grad taking a job where they have worked, for example, as a patient care tech the entire time they were in school, this may seem excessive, but many new grads told us the extensive process increased their confidence in themselves and their new role, and as an added bonus, increased their coworkers’ confidence in them. “When my little initials on my name tag went from CNA to GN to RN I was afraid that people would never stop seeing me as ‘the tech,” said Jane Good, a new grad from California who took a job as an RN on the unit she had been on all through school, “so I was glad that I had to demonstrate all my skills to my preceptor. When I ‘graduated’ from orientation, I got almost as much satisfaction as when I graduated from nursing school. I really know I am an equal, if inexperienced, part of the RN workforce here.”

As important as how much and what kind of orientation you will have is the quality of your preceptor. It’s perfectly reasonable to ask the nurse recruiter plenty of questions about how preceptors are chosen and trained. It’s also relevant to ask if your preceptor has a reduced case load in the early stages of working with you, because, if not, you may have only a theoretical preceptor! Even a good intentioned and well-trained preceptor can’t help double-check a vent setting if she is so overwhelmed with her patient load she barely has time to breathe herself.

In addition, you will want to know if you will be with the same preceptor for your entire orientation or if you will have a number of different preceptors. Having a few different preceptors not only makes scheduling easier but can also increase your knowledge as you get to see different ways things can be done, as well as how each nurse organizes his or her day. However, be wary of hospitals that offer only a “preceptor du jour” approach; that’s when whichever nurse draws the “short straw” (or its non-metaphorical equivalent) gets to be your preceptor that shift.



How Not to Take the Nursing Shortage Personally

In this nursing shortage-stricken age, hospitals often try to deal with the decreased number of available nurses by mandating overtime, using more unlicensed assistive personnel (UAP), increasing the number of patients each nurse must take care of, and requiring nurses to float to unfamiliar units. We have seen this compared, in nursing career journals and nursing listservs and such, to “rearranging the deck chairs on the Titanic.”

This is not an accurate metaphor. Studies have consistently shown that nurses leave nursing when they are forced to work mandatory overtimes, float to where they are not trained, and take care of a “nigh unto ridiculous” number of patients. So expecting these same measures to somehow relieve the nursing shortage is not like rearranging deck chairs on the Titanic, it’s more like expecting the iceberg that caused the damage to the ship to magically turn into a Coast Guard cutter and ferry all the passengers to safety! It’s more than futile, it’s actually the anti-solution.

As a nurse—and therefore a highly sought after professional—asking about these type of issues in your initial investigation of a workplace sends a clear signal that you’re interested in working in a facility committed to providing appropriate working conditions for RNs.

Use of Unlicensed Assistive Personnel

Every nurse who has been in the profession for more than a few years has an unlicensed assistive personnel horror story. These stories involve UAPs making all kinds of mistakes, from discounting a low blood sugar because the patient “seemed to be sleeping fine,” to missing signs of skin breakdown, to various mishaps with feeding tubes.

It might be great to get a gig at a facility that employs an all-RN (or all-licensed) care staff, although, frankly, this also means that unless you can justify a visit from environmental services, you are almost always on your own for such fun activities as dealing with body fluids, making beds, etc. Health care economic realities being what they are, however, this situation is very rare.

Therefore, chances are you will be working with UAPs, which is not a disaster because well-trained and experienced UAPs can certainly be a valuable asset to the health-care team. The trick, then, is to get a job in a facility that makes appropriate use of UAPs. Of course, then the next challenge becomes defining what is “appropriate use” and getting accurate information from the facility about how its use compares with this definition.

The first thing you might want to do is take a gander at the American Nurses’ Association statement on use of UAPs (available on their Website at nursingworld.org). The ANA statement contains some general guidelines about what types of activities may appropriately be delegated to UAPs, and also mentions some tasks that should never be delegated to UAPs, specifically anything requiring sterile technique or an invasive line. With these guidelines in mind, plan to pose some queries about the facility’s use of UAPs in your initial interview. Possible ways to phrase these questions can be found in Questions to Ask About a Facility’s Use of UAPs. Don’t feel shy about asking! As Craig Pointer, a Pennsylvania med/surg nurse told us, “You can’t go wrong bugging the nurse recruiter to provide accurate, specific information about what the people you will be supervising will be allowed to do. At worst it’s your license on the line, and at the very least it will greatly affect how comfortable you feel on a day-to-day basis at work.”



Questions to Ask About a Facility’s Use of UAPs

- What type of UAPs does this facility employ?
- How are the UAPs involved in patient care (i.e., what specific tasks are they asked to complete)?
- What qualifications are required for UAPs and training are they given?
- How long has the average UAP been working in this facility?
- How are UAPs distinguished from RNs on the unit (i.e., different color scrubs, clear designation on their ID)?

Pulling and Floating

Floating (also known as pulling, although the latter implies a slightly less voluntary nature) is not new. For example, labor and delivery nurses have been pulled to work in the new baby nursery for ages. What is relatively new is floating without cross training.

When you ask about floating practices in your interview, ask not only about the facility's policy but also about how floaters are trained and chosen (often lack of seniority is what sends you floating) and what kind of supervision and guidance is provided for you when you leave your home unit. If you are going to be floating in your orientation, ask if you get to take a preceptor along or if one will be provided at your target unit.

Mandatory Overtime

We were a little surprised (and a little scared) to read that nearly half of the nurses who responded to a 2001 ANA staffing survey, reported mandatory overtime being used to cover staffing shortages (ANA Staffing Survey, 2001). So obviously, ask if the facility requires mandatory overtime, how much notice is given if you have to work overtime, and how often (on average) this happens. It's also helpful to ask about how much voluntary overtime the average nurse at the facility works. If you are the only one on the unit not routinely working doubles so the hospital doesn't have to pay for agency nurses, that "voluntary" overtime is going to feel compulsory in no time at all.

Nurse-to-Patient Ratios

One effort being undertaken to decrease the use of the iceberg "solutions" to the Titanic problem of the nursing shortage, is mandating nurse-to-patient ratios. Most nurses we talked with thought that enacting this kind of legislation would be a positive step. However, many were skeptical about the will of hospital administrators to comply; one nurse even said, "All the mandated staffing guidelines have an 'except for public health emergencies' kind of clause. If they passed mandating staffing ratios in my state, the next day the administrators of the hospital where I work would be on the state capital steps, lobbying to have every day declared a 'public health emergency.'" "

The pressure is on to pass such legislation, and a few states (led by California) have passed laws mandating either a specific ratio or that hospitals simply maintain a "safe" ratio. Of course, if acuity considera-

tions are not written into the law and there is not some real threat of negative consequences (i.e., large fines or legal action), these laws are largely symbolic.

Hopefully, the nurse recruiter will bring up the nurse-patient ratio in your initial interview, but make sure to also ask about acuity levels and what non-RN staff would be assisting you in caring for your patients. Never, ever, ever, ever (did we mention never) be swayed or “guilted” into thinking that a desire for a reasonable nurse-patient ratio is at all related to laziness on your part. You’ve probably already heard about the University of Pennsylvania School of Nursing study (Aiken, 2002) that found that the odds of patient mortality in the hospital setting increased by 7% for every additional patient that a nurse is asked to care for. This is not about self-actualization, appropriate nurse-patient ratios are on the bottom of Maslow’s Hierarchy of Needs, right smack dab in the middle of “safety.”



Show Me the Money: Salary and Benefit Packages

Conventional job-search wisdom maintains that it is unseemly or unprofessional for job seekers to discuss salary and benefits during the initial interview. This strikes us as an antiquated and inefficient formality. As the potential employee, unless you are living at home with mom and dad paying all the bills, you know there is a certain amount of money you have to make. The potential employer also knows there is a specific dollar amount they can afford to pay. If those amounts aren’t in the same ballpark, the nurse is going to have to look elsewhere. So while it may be considered “unprofessional” to mention salary in your initial interview, you increase the efficiency of the process by doing research beforehand about salary ranges in your geographical and specialty area. Talking with RN friends who have recently been scouting for jobs is a good place to start, and you can also get information about salary ranges from employment Websites (like salary.com, salaryexpert.com or payscale.com) or the U.S. Department of Labor Statistics. Of course, if you are relocating, you’ll need to take into account cost of living differences when figuring out how much you need to make. The larger Web employment portals (e.g., Monster.com) offer tools for making these calculations.

When the time comes for you to ask about what kind of cold, hard, cash is available (usually in a follow-up interview, or any time after you are actually offered the job), you’ll also want to ask questions about health, retirement, and education benefits. What you need or want most in a benefit package is a highly individual choice. And as you probably

know from other jobs you've had, a truly exceptional benefits package can offset a low hourly wage, while a benefit package that doesn't meet your needs can be a deal breaker, no matter what kind of wads of cash the facility is offering.

Speaking of wads of cash (clever transition, ay?) let's chat a bit about sign-on bonuses. We're all adults here, we know that the bigger the sign-on bonus, the more desperate the facility is for nurses. This doesn't mean necessarily that it's a horrible place to work, only that they have, um, have a really hard time getting people to work there.

Of course, if you're a new grad and you've been eating Oodles of Noodles three times a day and buying your shoes from thrift stores for as long as you can remember, you're going to be tempted by the offer of cold, hard cash. Even those who have been working in the field awhile may be captivated by the idea of a sign-on bonus, as virtually any normal human being might. But, as Alice Grillo, a 27-year veteran of nursing told us, "Nothing comes without a price."

So if you decide to take the sign-on bonus and pay the price, it's important to know what you are committing yourself to. Inquire carefully about the terms of agreement and read the small print. What term of service are you required to complete in order to get the bonus? What happens if you are unable to complete your service or you become temporarily disabled? If you leave the job, do you have to pay the entire bonus back? Remember, in all but a very few cases, a sign-on bonus is taxable income, so your actual take-home money will be only two-thirds of the bonus amount. If you are eligible for a sign-on bonus at a place you really want to work, let us be the first to say "hooray" and invite ourselves over to your house for a lobster dinner. As Bruce Jones, a 12-year veteran nurse who now works in a pain clinic in Atlanta, Georgia, told us, "A sign-on bonus is great, as long as it's at a place a nurse is wanting to work anyway. That's what makes it a bonus, the fact that you want to work there and the extra money is the bonus." Thanks, Bruce, we couldn't have said it better ourselves.

Another factor to consider when contemplating and comparing compensation packages (how's that for alliteration!) is your eligibility for programs that assist with repayment of school loans. Some facilities offer help with loan payments in lieu of a sign-on bonus, others actually recruit students with promises of substantial payments on school loans. In addition, ask if the institution where you are applying for a job has been designated a critical shortage facility (all U.S. hospitals are now considered critical shortage facilities). If it is, the U.S. Department of Health and Human Services is now offering a program called the Nursing Education Loan Repayment Program (NELRP) just for you! If you work 2 years (at least 32 hours a week) at a participating facility, the NELRP will pay for 60% of your total loan balance, and if you work for

another year, the NELRP will pay another 25% of the original loan balance. Yipee! Although not every loan is eligible for this repayment program (check out the NELRP Website at bhpr.hrsa.gov//nursing/loan-repay.htm for more details), this is a unique opportunity in that any nurse working in a critical shortage facility can apply; many hospital-based loan repayment programs are reserved for new grads.



Making a Choice

Alrighty then; you had multiple interviews at Hospital A, seen the unit, met the nurse manager, investigated the facility through all human (googling them on the Web, reading their annual report) and some superhuman (calling your aunt's cousin's best friend Charlie, who once worked there) efforts. What now? Well, of course, you start all over again, completing the process with Hospitals B, C, D, and maybe even E, F, and G so you can compare and contrast their respective offers. What, you say, you've been doing that all along? Excellent. So now you're ready for the easy part of choosing which job to take.

Perhaps this is not the easy part as in "not stressful" but rather "very stressful and yet exciting." All the same, having multiple job offers to pick from is, as they say, a good thing. It may be that after your multiple tours and interviews, your choice is an obvious one. If not, you can use our handy dandy Worksheet for Comparing Job Offers to help you look at the all the various positive and negative factors for up to three jobs/facilities at once.

If you find that your decision is close, feel free to approach the recruiters at both locations to see if they have any flexibility that allows them to sweeten the deal, for example, by offering a better schedule (maybe every third weekend instead of every other), or even something small like a 1-month parking voucher.

Finally, once you've made your decision, don't forget to let the runner-up (or runners-up) know you won't be taking their job but thank you very much. And then go celebrate! You have a new job as a nurse!



References

- Aiken, L. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association*, October 23/30.
- American Nurses Association. (2001). Analysis of American nurses staffing survey. Washington, DC: American Nurses' Association.



Worksheet for Comparing Job Offers

FACTOR	CONSIDERATIONS	HOW IMPORTANT IS THIS TO ME?		
		FACILITY NO.1	FACILITY NO. 2	FACILITY NO. 3
Institutional variation compatible with your preference?	Nonprofit vs profit? Teaching? Level one trauma center? Agency versus single facility?			
Initial orientation and preceptorship	How long is the orientation process? How are preceptors chosen and trained?			
Facility's commitment to appropriate RN working conditions	Use of UAPs? Floating? Mandatory overtime? Nurse/patient ratios?			
Salary	Is there a weekend or shift differential offered? How are raises and cost of living increases awarded?			
Sign-on bonus	How long are employees required to stay with facility after receiving the bonus? Are there any other terms or conditions?			

(continued)



Worksheet for Comparing Job Offers *(continued)*

FACTOR	CONSIDERATIONS	HOW IMPORTANT IS THIS TO ME?		
		FACILITY NO.1	FACILITY NO. 2	FACILITY NO. 3
Educational benefits	Is continuing education provided? Tuition reimbursement? How much tuition reimbursement and over what period of time?			
Health-care benefits	Is there a waiting period before eligibility? Do employees have to pay in? How much? Are spouses, children and/or domestic partners eligible? Are dental and vision coverage also available? How comprehensive is the prescription plan?			
Sick/vacation time	How much time is provided? When does it begin to accrue? Do employees have to use time before a certain date or lose it? What are the provisions made for short-term disability?			
Specialty area	Compatible with desired specialty area?			

(continued)

FACTOR	CONSIDERATIONS	HOW IMPORTANT IS THIS TO ME?	FACILITY NO.1	FACILITY NO. 2	FACILITY NO. 3
Geographical location	Geographical location compatible with desired location?				
Commute	<p>How long a commute? What are the commute conditions like?</p> <p>Is free or reduced-cost parking available?</p> <p>Is the facility also accessible by public transportation?</p>				
General (subjective) feel of unit	<p>Do staff seem relatively happy, calm, displaying effective individual coping skills?</p> <p>What is the state of management/RN relations?</p>				
Schedule	<p>Compatible with other responsibilities?</p> <p>Desired shift available?</p> <p>If desired shift is not available, how soon might you be able to change? How are weekends and holidays scheduled? Is there any flexibility in scheduling?</p>				

(continued)



Worksheet for Comparing Job Offers *(continued)*

FACTOR	CONSIDERATIONS	HOW IMPORTANT IS THIS TO ME?	FACILITY NO.1	FACILITY NO. 2	FACILITY NO. 3
Retirement	<p>What type of plans are offered?</p> <p>How much saving will the facility match?</p> <p>Is there a minimum or maximum employee contribution?</p>				
Management/ Leadership	<p>Does this facility help train staff nurses for management?</p> <p>What kinds of opportunities for advancement are available? Is the leadership style of your prospective nurse manager compatible with your personality?</p>				



websites

About My Job

www.aboutmyjob.com

An interesting site that includes a searchable collection of job stories that details how people feel about their career and specific job choices. Fascinating and somewhat reassuring reading when you are making hard choices yourself.

All Nurses

www.allnurses.com

In lesser hands, the motto “it’s how nurses surf the Web” might sound grandiose, but in this case, it’s completely true. If you want real answers from real nurses to real questions you have about picking a place to work, hit this site early and often. Includes innumerable and well-organized threaded discussion boards. Recent topics included everything from are dialysis nurses paid less, to getting one’s first ICU job, to what shoes to wear on a 12-hour shift. Includes posts from nurses in the United States, Canada, and a number of other countries. Also don’t miss the humor section, especially the ER Math Quiz.

Center for Nursing Advocacy

www.nursingadvocacy.org

If you’re interested in seeking employment at a magnet hospital, read the Center for Nursing Advocacy’s section on this topic. While you’re there, you can peruse the latest statistics about the nursing shortage, and read about recent issues in the media’s presentation of nursing.

The Nurse Friendly

www.nursefriendly.com

This site can link the reader to anywhere on the Web it seems. Created by nurses, it contains 150,000 links in 4500 directory pages and is not restricted to solely nursing links. When looking for something particular you are able to search alphabetically, or you can browse to your heart’s content and you will probably find just about anything. If you can’t find the job-search information you’re looking for at smaller, more specific sites, this site might come in handy.

The Nurse Village

www.nursevillage.com

If it takes a village to raise a child, it must take at least that to grow a nurse. Perhaps in that spirit, The Nurse Village offers tons of resources that can help the new grad make a decision about who should be their next employer. There is quite a bit of relocation information, including extensive articles on all aspects of major cities that are common draws for new nursing grads. Plus, you can get breaking clinical news, and send a nursing-based ecard!