

# Outside the Box Nursing



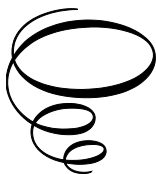
# Outside the Box Nursing:

*How to Choose a Nursing Job  
to Fit Your Lifestyle in Every  
Season of Life*

By

Jean Cherry

**Cambridge  
Scholars  
Publishing**



Outside the Box Nursing: How to Choose a Nursing Job to Fit Your Lifestyle in Every Season of Life

By Jean Cherry

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This book is dedicated to Tim and Terry Bumgarner, who have been my biggest encouragers and supporters in my career and life in general. Terry passed away from pancreatic cancer during the writing of this book.

I hope you will find this resource helpful in your search for an “Outside the Box” nursing career. Over several years, I spent hundreds of hours researching all sorts of nursing careers and the possible incomes they would offer. I have attempted to put them all in one place for you to consider. Happy Hunting!



# TABLE OF CONTENTS

Preface .....	ix
1. Introduction: What is a Nurse? Positives and Misconceptions .....	1
2. Hospital Nursing and Lessons Learned.....	8
3. Follow the Money: How Healthcare and Nurses Get Paid .....	14
4. Fit for your Lifestyle: Education, Motherhood, Activities, Self-care and Semi-retirement.....	17
5. Research Nursing .....	21
6. Nurse Case Management .....	28
7. Travel Nursing .....	35
8. Retail Nursing .....	44
9. Legal Consultant Nursing .....	50
10. Healthcare Patient Advocate .....	54
11. Nurse Informatics Specialist .....	60
12. Fertility Nurse .....	67
13. Nurse Writer .....	76
14. Nurse Pharmaceutical or Medical Device Sales Representative .....	83
15. Forensic Nursing .....	92
16. Cruise Nurse .....	99
17. Nurse Educator .....	105
18. Telehealth Nursing.....	113
19. Sports Medicine Nurse.....	121

20. Flight Nurse or Military Flight Nurse .....	127
21. Public Health Nurse .....	134
22. Home Health Nurse .....	140
23. Movie Set, Theater, Disney Nurse, or Medical Script Consultant ....	147
24. Nurse Advice Line or Telephone Triage Nurse .....	154
25. Utilization Review Nurse.....	160
26. Nurse Midwife .....	169
27. Occupational or Industrial Nurse .....	176
28. Community Mental Health Nurse .....	184
29. Hospice Nurse or Palliative Care Nurse.....	191
30. Clinical Quality Nurse or Quality Assurance Nurse .....	200
31. Aerospace Medicine Nurse .....	209
32. Elevating the Nursing Profession: What Qualities Do Excellent Nurses Possess? .....	217
33. Ready, Set, Go! Wrapping it Up.....	223
Bibliography .....	226

## PREFACE

Nursing is a unique profession. There are so many areas of medicine in which to specialize. If you tire of one hospital area, you can move to another. These are lateral moves when you take on new responsibilities and explore different medical specialties. These lateral moves can provide fresh learning opportunities, even if they do not necessarily come with increased responsibilities or higher salaries. These jobs offer the potential for personal growth and fulfillment as you discover new aspects of your profession and find new ways to make a difference in people's lives.

If a nurse aspires to climb the career ladder, the vertical advancement opportunities for hospital nursing jobs are limited. You can become a unit manager and even attain a Director of Nursing position, but only one Director of Nursing exists for an entire facility. As a staff nurse, I was not interested in being a nurse manager. They seemed to spend much time trying to staff the hospital unit, which was not appealing. I know there is much more to it than that; however, that was my perception. While working in the hospital, I broadened my skills working on a general nursing unit, a surgical floor, a burn unit, and a telemetry unit, which kept me engaged for almost a decade.

During that time, I recall evaluations telling me what I did well or needed to improve, but I do not remember discussing career growth or advancement. There were no mentors for nurses other than those who came alongside newer nurses for the initial training when onboarding to the hospital unit. This lack of support and guidance in career growth was a challenge I faced. Career planning concepts are more popular these days than they were decades ago, but I believe many nurses still face these same challenges today.

Like many nurses, career development was not on my mind. Life changes happen, and our priorities shift. Out of nursing school, I worked full-time. Later, I worked part-time when my children were babies, and after a divorce with two young children to support, nursing became a full-time career.

While caring for children, my schedule and salary became a higher priority. As a single mother going from part-time to full-time, it seemed formidable

to depend on only one paycheck. As time passed, my career became more than a paycheck. It was a passion. My perception changed, and I realized my nursing career was more fulfilling than I thought possible. I liked my work and felt like my professional life made a difference in people's lives.

Thank God I had my nursing degree to support me during those trying times. As nursing became a career, I wanted to advance and improve my skills, but found no career development resources in the small clinic where I worked. They could not offer me more than part-time work. It was time to move on to another nursing job. Can you relate to this situation? When your life circumstances change, you need your nursing job to change with it. Our nursing careers are an ever-winding journey over a lifetime. It is important to remember that our personal circumstances often influence our career decisions, and that is perfectly okay.

This is when I started searching for an "Outside the Box" nursing job, or as the internet calls it, "non-bedside" nursing. I searched online for options. It was tricky, as many positions did not say "Nurse" in the job title. My first "Outside the Box" nursing job was a clinical research nurse position. Coordinating research studies for drug companies was interesting. Each study was different, and the variety of work was stimulating. Being a part of advancing cutting-edge technologies and medications was very fulfilling.

After a decade of research, I got the itch to try something else. I became savvy with my next move. Working for a drug company in sales was an option. After scouting around, I found a position with a large insurance company. The growth and learning here were tremendous. I worked long and hard. I remember having my desk and files in an office felt unusual. There was no desk in the hospital, and it was a shared desk at the research clinic. When I started in the insurance company setting, there was another adjustment with rooms and rooms filled with a maze of cube offices. Nonetheless, the setting was not as crucial as being energized when I saw how insurance worked from the inside.

Side note: After my divorce, relying on my health insurance was frightening because I did not quite know how it all worked. As a nurse working for an insurance company, I learned many lessons that also applied to my life.

It was not until my late 40s that anyone discussed career development with me. My supervisor told me I needed an MBA to advance my career. What??? Was I too old? Would I do well with testing, and what about math? It had only been 35 years since I graduated from the University. I debated

whether to get a Master's in Health Administration or take the business route with an MBA. I am indebted to this supervisor for advancing my career. It just shows you that you are never too old to learn! That supervisor would hire me at a retail pharmacy chain headquarters seven years later.

Career development planning was a part of my MBA program. They offered professional job coaching sessions, and we were also asked to choose a mentor.

- The job coach gave me stimulating and revealing insights over the six months we met. We discussed my goals and what was hindering me. She helped me increase my confidence level
- The mentor I chose was insightful and invaluable. She was intelligent, held a high position at our facility, and dressed professionally. Before I chose my mentor, she intimidated me. I decided I was not going to let that stop me in my learning journey

I graduated the year I turned 50. I am grateful to the insurance company for investing in me and paying half of my MBA tuition over several years. In return, as was the policy, I continued to work for them for another two years.

My next career move was to a hospital equipment rental company. I thought that a smaller company would provide more opportunities for advancement. Unfortunately, this was not the case for me. The company had a challenging year and laid off several executives. I was also a casualty and experienced my first layoff. What "Outside the Box" job could I find now?

I searched the internet and networked with former colleagues, applying to 100 job opportunities. Finally, I connected with my former supervisor, who had made a move from the insurance company to Walgreens Headquarters in Chicago. The interview went well; she asked me to join her working one week at home and one week in Chicago. Working for a retail pharmacy as a nurse, rather than a pharmacist, offered invaluable experience assessing clinical quality in products and services, technology, and retail clinical procedures. This is also where I gained experience in medical writing. I often wrote 10-page reports for executives, which later spurred me on to write this book.

This book is about finding the right job to fit your lifestyle as you explore "Outside the Box" nursing opportunities. It is about shaping our society's perceptions of nurses to be up-to-date with current times and to change misconceptions about nursing practice. The book will hopefully help realign

how nurses see themselves and change society's perceptions of our profession as it evolves. Nurses do not wear white hats and white uniforms and only work in hospitals, but this picture still comes to mind for many people. We need to elevate the nursing profession at all levels.

My nursing career journey has led me on many adventures. I have taken risks when starting in multiple areas of the industry, from the hospital to research, then insurance, and retail nursing. My career has taken me to heights I would never have known without getting out of my comfort zone.

Here are some tips that have helped me along the way:

1. Do not go it alone. Find a mentor who is in a position you want to attain
2. Never stop learning, no matter how young or old you are!
3. Take risks, take on new responsibilities, and try new areas of the healthcare industry
4. Do not job-hop. Get comfortable with an area of nursing. But do not get stuck; get out of your “comfort zone”
5. Remember that each job experience will build on the previous role to enrich your career journey

I hope this book stimulates your thoughts on taking advantage of the various career options for nurses.

Acknowledgments: Janet Guidry (my personal editor) worked with me for many hours to get the wording right. My nurse friends, Susan Toms, my medical editor, Kim Copeland, a lifelong nurse friend, Nancy Kupka, a quality nurse colleague, and Ann Scalia, who is an excellent fertility nurse and editor of the fertility nurse chapter. Chet Robson, my former Medical Director at Walgreens, helped me be a better writer and suggested my publisher. Karen Nichols, D.O., helped me in the early stages of the book. Molly Cherry gave me the perspective of nurses early in their careers, and many other nurses I interviewed shared their personal nursing experiences.

I am grateful for my parents, John and Margaret Page, who taught me the value of hard work. I also appreciate my son, Martin, who dreams big and makes it happen, my daughter, Heather, who inspires me with her courage, and my husband, Rick Cherry, who is my best friend and has provided endless support for my life and career aspirations.

# CHAPTER 1

## INTRODUCTION: WHAT IS A NURSE? POSITIVES AND MISCONCEPTIONS

I had an “Aha!” moment after being asked a simple question during a group mentoring session I was leading: “What do people perceive about you that is different from what you are?” I realized for the first time that I am a nurse, but not a typical nurse, at least not in the sense that most people think.

What do you think of when someone says they are a nurse? Does your stereotypical nurse work in a hospital and wear a white hat and uniform? Unfortunately, the image of nurses has not changed much in the last 40 years. My white hat was ditched right after the “White Cap Ceremony” at my graduation over 30 years ago. Today, most hospital nurses do not wear white uniforms at all. It is scrubs or a white coat.

### **The Positive Side of Nursing**

Nurses are vital to the healthcare system. People who have experienced intelligent and skilled nurses are highly grateful for their guidance through a health crisis. A 2023 Gallup Poll found that for the 22nd year in a row, nurses scored 78 percent, the highest among healthcare professionals, for having high or very high honesty and standards of ethics. Physicians scored 56 percent, and Pharmacists scored 55 percent in that poll (Brenan and Jones 2024). People appreciate nurses and their medical knowledge. Ethically, they trust nurses far more than 17 other diverse professions that were rated. Way to go, nurses!

### **Perceptions of Nurses**

I asked various people from many backgrounds what their perceptions of nurses were. I also asked nurses what their patients had told them about the nursing profession. Here are some responses.

## **You are “just” a nurse, or I am “just” a nurse**

Meaning what? You are not a doctor? I have said this myself more than once: I am just a nurse. We try to be humble, but do not give ourselves enough credit for our education and skills. I am a nurse because I wanted to be a nurse, not because I fell short of becoming a doctor. I chose not to commit to the years of education required to become a doctor. That is okay. I am not a second-class citizen because I did not become a doctor. My role is different and honorable in itself.

## **You are a “blue-collar” worker**

First, there is no problem with being a blue-collar worker. I wish more people would go into these fields because we need them. However, why would a nurse be called this? Because they may wear a uniform and may work shifts? Today, nurses may wear scrubs, lab coats, or even business attire instead of white uniforms. Patients in the hospital told nurses that when someone comes into their hospital room, they are confused about who the nurse is. When a nurse no longer wears a white uniform, how do they tell the difference between a nurse, a nursing assistant, a radiology technician, a respiratory therapist, and other healthcare workers in a hospital setting if everyone is wearing scrubs?

A specific uniform should not represent nurses. Our society needs a new, updated image, away from a white dress and white shoes. It was good in Florence Nightingale’s time period when the image was clean and sterile. Today’s nurses wear scrubs, which are more functional, comfortable, easier to clean, and have pockets. Increasingly, men are entering the nursing profession, and scrubs work for them to wear. Should there be a dress code? Does a uniform present a professional image of a nurse? An accountant does not wear a uniform. Why do nurses need a uniform? How will the nursing profession stand out among other hospital staff? These are interesting questions to ponder.

## **You went to four years of college to learn to scoop poop**

This statement was shared with me by someone whose grandfather was dying in the hospital at that moment. Really? I have asked other younger nurses who said they have been told the same thing. It is so disgusting that it makes my hair stand on end.

To become a Nurse, you must study the human body, science, nutrition, and pharmacology. Getting a Bachelor of Science in Nursing requires 300-700 hours of clinical practice (J. Y. Jean 2024). Nurses learn how to assess, diagnose, plan, implement, and evaluate patients quickly and consistently to determine what actions will help them reach their maximum health.

Assessment skills require critical thinking, which involves collecting objective data (vital signs) and subjective data (patient, caregivers, family). Nurses diagnose differently. It is not a medical diagnosis, but instead uses Maslow's Hierarchy of Needs. Nurses ensure that the patient's physiological needs, such as nutrition, breathing, circulation, and elimination, are managed well. Yes, it does include "toileting," but it is only one aspect of care for the entire patient.

Along with these needs, nurses are there to ensure a patient's safety, enhance social interactions with family and support systems, provide guidance on acceptance of their medical situation, and empower patients to reach their maximum potential.

Nurses determine goals for their patients, put plans into action, and execute medical orders. Physicians and Nurses work side by side to determine care plans and reevaluate whether the plans are working or need to be changed (Toney-Butler and Thayer 2023). A nurse spends hundreds of hours learning to care for patients. Given the complex diseases and medical technology used for care, this is no easy task. The last thing nurses need to hear is that their training or profession is belittled to an essential bodily function.

## **Nurses are overweight**

Nurses experiencing fatigue and exhaustion from overwork or burnout may neglect proper body nourishment. It has been said that nurses have such a passion for helping others that they neglect their own welfare.

A 2021 study found that overworked adults with demanding schedules often become emotional eaters and tend to exercise less—the combination of eating more and exercising less leads to weight gain. This can become a pattern when employees feel like they do not have the energy to eat right and exercise consistently. The pattern can form neural pathways in the brain, where behaviors become the norm (Dakanalis, et al. 2023).

Some workplace wellness programs can help nurses. When started earlier, weight management and wellness could reduce healthcare costs in the

future. Workplaces can also address the stress issues that adults, specifically nurses, face on the job (Padilla, et al. 2021).

## **Nurses eat their young**

It is hard to believe this is even “a thing,” but the term has been used for over 30 years and is known by nurses internationally. The idiom is used when newly licensed nurses are bullied by physicians, nursing supervisors, and other nurses, especially in the first three months to three years. A study found that 44.7 percent to 95.6 percent of nursing students had experienced bullying. Bullying behaviors include oppression, spreading rumors, withholding information, intimidation, and tormenting individuals. The consequences can be devastating, such as poor mental health, an inability to communicate effectively, decreased productivity at work, and a low commitment to the nursing job (Rutherford, et al. 2020).

Nurse bullying happens not only to nursing students but in all care units, from the patient floor to the executive suite. A study in 2018 reported that 60 percent of nurse leadership, from managers to executives, had been bullied, with 26 percent considering the bullying severe. The scope has expanded with the digital age to include text messaging, social media, and online chat groups (Edmonson and Zelonka 2019).

It also affects patients. Nurses who are bullied deliver a decreased quality of care, make medication errors, and can even cause a patient’s death. The Joint Commission developed a Sentinel Event Alert requirement for hospitals to create a code of conduct and process to manage bullying. The American Nurses Association conducted a panel regarding workplace violence to try to fix the problem.

Who is doing the bullying? Here are several types of people who instigate the abuse (Edmonson and Zelonka 2019).

- Resentful Nurses- Create drama, hold a grudge
- Super Nurses- Act superior and condescending
- Put-down, gossip, and rumors (PGR) Nurses- Easily offended
- Backstabbing or betrayal Nurses- Use friendly information as a weapon
- Green with envy Nurses- Bitterness toward others they perceive as better than themselves
- Cliquis Nurses- The use of favoring some and ignoring others

There is speculation on why this is happening. One potential answer is that bullying frequently takes place in high-stress settings, in jobs with low autonomy, and in jobs with heavy workloads compared to less stressful jobs. Another answer is the heightened stress of sicker patients, such as the increasingly unhealthy Baby Boomer population. Half are suffering from chronic diseases, and 80 percent of those with chronic illnesses are expected to be hospitalized by 2030 (Edmonson and Zelonka 2019).

A new strategy for combating bullying is working with newly graduated nurses through a group mentoring program. Intermountain Hospital boosted its nurse retention by 97 percent using this program! They started in 2023 with one-on-one mentoring for new graduates. The challenge was finding enough mentors, and new graduates wanted mentors closer to their age. Intermountain Hospital had 75 new graduates in a group with six mentees per mentor. Each year, the program continues to evolve with current content, utilizing an annual literature review process. Mentees learn from their mentors and each other, sharing nursing stories and being supported by nurses with more experience (Donnelly, MSN,RN,NPD-BC 2024) (Taylor 2025).

A third answer is the nursing shortage, which will continue as one-third of all nurses retire in the next 10-15 years. Fewer nurses are graduating because nursing schools are turning away 80,000 potential nursing students yearly due to the lack of nurse educators. The shortage of nurses causes burnout and nurse turnover rates to be higher (Carter 2022).

Add child-rearing, working weekends and holidays, and work injuries to the mix, and these pressures boil up into bullying situations. These reasons do not make it okay, and more work must be done to eradicate this issue from our profession.

All these misconceptions by the general public are difficult to hear and not the image of the nurse we want to portray. Perceptions are not always reality. Let us not define ourselves negatively based on what others think about us.

### **How did I decide to go into the nursing profession?**

When I was deciding on my major, I had no experience with nursing. A good friend who had pursued a nursing degree at the university a few years ahead of me offered an insightful tour of the campus. I loved science and decided this could be a great career. My plan was to have a family someday and this career fit with my plans.

Another influence was reading a series of books called Cherry Ames Nurse Mysteries (similar to Nancy Drew) when I was young. This nurse was amazing as she had jobs in the Army, flight, private duty, cruise, mountaineer, rest home, department store, camp, island, rural, jungle, and ski nurse. Cherry Ames would also solve mysteries and crimes for patients she met during her career. I have not had that many types of jobs in my career, but these books influenced my desire to gain a wide variety of experiences in nursing. Now, the fact that I married a Cherry and have Cherry as my last name is a funny coincidence. Plus, I found out my friend, Nancy, also found inspiration in becoming a nurse from the Cherry Ames Nurse Mystery series.

These books were written in the 1940s, but today, nurses are still needed in healthcare, business, journalism, technology, and many other fields of work. Thus, the title of this book is “Outside the Box Nursing.” Nurses' skills and character remain essential beyond the hospital.

Back to my original mentoring question, “What do people perceive about you that is inaccurate?” I used to say I was a Nurse with an MBA. That confused people. Now, I have changed how I describe myself as “A healthcare professional with experience in many aspects of the healthcare industry. I have an MBA and a nursing background.” With this description, people generally do not think of a hospital or a white uniform.

My main reason for writing this book is to be a voice for nurses whose work is misunderstood. What is a nurse? How many of us are there? What are the types of nursing staff? The U.S. Bureau of Labor Statistics, published in September 2023, breaks down the types of nurses as follows, for a total of almost 5.4 million nurses (Bureau of Labor Statistics 2023).

- Over 1.3 million CNAs (Certified Nursing Assistants)
- Almost 700,000 LPNs/LVNs (Licensed Practical Nurses or Licensed Vocational Nurses)
- 2.9 million RNs (Registered Nurses)
- 61,000 Nurse Educators
- 7,120 Nurse Midwives
- 211,280 Nurse Practitioners
- 42,000 Certified Registered Nurse Anesthetists

The American Association of Colleges of Nursing reports that there are almost 4.2 million registered nurses (RNs) in the United States (Am Assoc of Colleges of Nursing 2024).

My goal is to elevate and change the image of nurses. This starts with each of us defining and projecting professionalism at every level, from students to seasoned nurses.

The second reason for writing this book is to provide a guide on how to navigate a nursing career. Between 2021 and 2031, the U.S. Government predicts that over 200,000 new registered nurse positions will be created every year (Am Assoc of Colleges of Nursing 2024). Think of the opportunities this will bring! When I started my career, I wanted to raise a family and work part-time. After a divorce, I needed to provide for myself and my two children by working full-time. Nursing became my career at that time. I never imagined it would be so fulfilling!

Unfortunately, there were few mentors or people to help me navigate my career moves. Most of what I have learned came from working in different departments and learning about different nursing careers independently. I aim to give you a resource for managing your “outside-the-box ” nursing career and open a new world of options.

If you want to change the image of nurses and increase your career trajectory, this book is for you!

## CHAPTER 2

### HOSPITAL NURSING AND LESSONS LEARNED

Working in a hospital is a great way to learn how the healthcare system works. It provides a grounding experience you can build upon as an “outside-the-box” nurse. Surprisingly, only about 50 percent of Registered Nurses work in hospitals or long-term care facilities (Am Assoc of Colleges of Nursing 2024). That means the other 50 percent work in “outside-the-box” jobs.

I was in nursing school for one year, then got a job as a nurse aide in a rural hospital. One day, my father came into the ER and needed a tetanus shot. The staff asked if he wanted his daughter to give it to him, but he declined. During my work at the hospital, the father of one of my classmates came into the Intensive Care Unit, which consisted of two beds. He had a myocardial infarction and was shocked back to life several times. These events left an impression on me when I was preparing to be an RN. The following years of nursing school went much better when I had a context for my learning.

#### **The hospital experience builds organizational skills, flexibility, and resilience**

The hospital setting offers nurses the opportunity to manage an impressive workload. When I started as a young nurse at the hospital, we were assigned ten patients for the shift. You could have a plan for the day, but patients were unpredictable. If someone was not doing well and required more attention, the other nine patients received less of my time. Later, as I cared for more complex patients, fewer patients were assigned. Many nurses, including me, stayed late to ensure that everything you had done was documented (or it was not considered done).

The hospital was often short-staffed, and I usually got calls on my day off asking if I would come in extra. It was hard for me to say no to these requests, because I did not want to leave my coworkers understaffed. You will be pushed to your physical and mental limits with long 10–12-hour

shifts and managing changing schedules with the demands of your personal life. The pace energizes many nurses. Strong organizational skills and flexibility to handle these demands are a must. Bouncing back after a hard day builds resilience.

An excellent example of nurses' resilience was during the COVID-19 pandemic. Nurses experienced a heavy workload and a lack of knowledge, supplies, and medicine (Firouzkouhi, et al. 2022). They had to be willing to learn new protocols and processes each day as new information about the disease emerged. Thankfully, people recognized that nurses were on the front lines, saving lives and providing compassionate care (Firouzkouhi, et al. 2022).

### **The hospital experience develops teamwork, relationships, and communication skills**

Nurses build trust with the healthcare team and their patients. Typically, physicians make rounds in the morning while the nurses are on the unit caring for patients around the clock. Nurses are the eyes and ears at the bedside, which is vital. The best nurses quickly pick up on signs or symptoms and think critically, knowing whether to alert a physician.

Nurses are the primary patient care providers in hospitals and long-term care facilities. Interestingly, there are three times more RNs than physicians (Am Assoc of Colleges of Nursing 2024). Nurses coordinate a patient's care with other departments, such as X-rays, the lab for blood draws, and various therapies, RT, OT, and PT. It is a balancing act to ensure all patients get the care they need. This requires teamwork and good communication to accomplish the volume of tests, administration of medications, and general care for patients, not to mention a thick skin. During critical situations, emotions can run high, and words said can be taken to heart. Keeping calm in those situations is a gift to all, and nurses need this skill to be great partners on the healthcare team.

A nurse's primary responsibility is to patients; most treat them like family. A good relationship between nurses and their patients can reduce the number of days a patient stays in the hospital. It can also improve the patient's quality of care and the patient's satisfaction with the hospital experience (Molina-Mula and Gallo-Estrada 2020).

No patient is exactly like another, so you need to tailor your care to each individual. A nurse constantly assesses a patient's condition throughout the

day, providing medication and monitoring health information from medical devices while also considering the family's needs. It used to be that patients were passive, and the nurse was the care expert. Nurses may have even labeled patients as "Good" or "Bad," depending on whether they followed a nurse's instructions for their care. That was taking the nursing role too far.

Today, the relationship needs to be more collaborative. If a patient does not want to get out of bed after surgery, the nurse must communicate the benefits of ambulation so patients are more engaged in their care. No one likes being told what to do, even if it is good for them. Case in point: I help care for my elderly mother. She does not like to be told what to do.

Nurses who navigate relationships well between patients and their families are vital to imparting information and allowing the patients and their families autonomy to be involved in decision-making for their care. A nurse is a witness and partner in the healthcare and illness experience (Molina-Mula and Gallo-Estrada 2020).

### **The hospital experience can develop your moral emotions**

Nurses do essential work that matters, and they become emotionally invested in the lives and outcomes of their patients. Nurses need a strong support system to discuss feelings and emotions with friends or family as they process a problematic shift at the hospital or a traumatic case.

Nurses often experience moral emotions when a patient's care conflicts with their own beliefs about what should or should not have been provided, leading to significant anxiety and moral stress (Jimenez-Herrera, et al. 2020). Additional factors influencing nurses' moral emotions are their life experiences, the culture where they live, how they were raised, and their educational background.

Some research on moral emotions divides them into four subcategories: Self-conscious, Condemning, Suffering, and Praising Emotions (Jimenez-Herrera, et al., 2020).

- Self-conscious emotions: Emotions that can cause guilt and shame when nurses cannot do all they deem necessary, especially when there is a lack of teamwork
- Condemning emotion: Emotions that occur when nurses are angry or disgusted when they feel the patient received inhumane care. An example is frustration by a nurse who feels the pain treatment

is not adequately managed, leaving them angry because they cannot do what they think is best for the patient. Another example is when a patient's life is prolonged despite having a do-not-resuscitate order

- Suffering emotion: Emotion that occurs when a nurse agonizes with a family distressed over expensive or unnecessary treatments being completed. Nurses also get frustrated with bureaucracy or institutional structure
- Praising emotion: A positive emotion that nurses show when their nursing care meets their objectives. This gratification motivates them, giving them a feeling of satisfaction and fulfillment in their jobs, knowing they did all they could humanly do to make a patient's life better (Jimenez-Herrera, et al. 2020). There are many times when patients do get better from the nursing care they receive

As a nurse, you will feel both positive and negative emotions. In complex medical situations, nurses may experience an array of feelings such as empathy, guilt, sympathy, shame, contempt, anger, moral distress, joy, disgust, and happiness (Jimenez-Herrera, et al. 2020). These are sometimes called moral emotions and are not easily ignored.

### **A personal example of empathy**

My first recollection of empathy was as a student nurse. I had a rotation at a nursing home and was assigned a younger man in his forties (younger is so relative) who was a quadriplegic. The story was that he was an FBI agent involved in a high-speed chase and was run off the road. He sustained his injury, and sometime later, his wife divorced him. He was depressed and was slow to respond to stimuli. No wonder he was depressed! I felt so sorry for him. I wanted to make his life the best possible, but I could only do so much. The situation was at the top of my mind when I left to go to my comfortable dorm, where I could manage my bodily functions independently. I do not recall having a nursing class on managing moral dilemmas. Caring too much about each patient's challenging situation would be impractical for me as a nurse and would not be sustainable long-term.

### **An example of the loss of compassion**

On the other hand, I know some older nurses who do not seem compassionate anymore. They become callous to their patients' situations

because empathizing deeply with the patients would hurt too much emotionally. For example, nurses experience death more frequently than in most professions outside healthcare. After you experience caring for so many patients who die over the years, you can become immune to it.

### **How does a nurse process a patient's death?**

I remember my first nursing experience in the hospital, watching my patient breathe her last breath, and the body slowly getting cold. The realization was that the person's essence had departed, and an empty body was all that remained. As I processed the patient's death, my feelings as a young nurse were influenced by how old the patient was, whether there was suffering or pain, and how the family was reacting. What if I could have done more or even less so their suffering was decreased? However, supporting patients and families during their last days can be very satisfying. A nurse practitioner friend of mine made a conscious choice to specialize in hospice nursing as she approached the end of her career. She intended to serve as a source of comfort and guidance for individuals nearing the end of their lives. This was fulfilling for her.

Nurses deal with these moral emotions daily. Over time, they can become mentally and emotionally exhausted from prolonged stress. It can cause burnout, which has recently become an official diagnosis. (Gerteis, et al. 2023). Nurses are not alone in experiencing stress from dealing with ill patients. Burnout affects doctors, other healthcare professionals, and pastors, too. Nurses happen to be on the front lines with patients for long hours of a shift, which may make them especially vulnerable.

### **How to manage emotions effectively**

Nevertheless, nurses can manage these emotional situations effectively. Those who seek to become self-aware and learn to self-regulate their emotions develop better moral emotions. Nurses who base their care on scientific evidence rather than their experience or feelings provide more objective care. As they do these practices, they will grow professionally and can improve clinical outcomes for their patients. Their care will be more centered on the patient, and they will have greater job satisfaction and engagement with their work (Molina-Mula and Gallo-Estrada 2020).

## **Satisfaction and gratitude in being a nurse**

An example of gratification in my nursing career was improving clinical outcomes when I cared for the first heart transplant patient at the hospital where I worked in the 1980s. The heart transplant recipient was a young mother with several small children. My heart went out to her, and I wanted to be a part of helping her live and care for her children as long as possible. Back in the early days of heart transplantation, people did not survive as long as they do today. Advances in medicine start with a new therapy, and then we continue to learn and improve the treatment. Just think how far we have come with so many medical innovations in just a few decades!

Hospital nursing can provide a solid background for a highly satisfying career. Once you gain experience, nursing offers many positions to keep you stimulated. A friend said that hospital nursing became like factory work for her; she wanted a different type of nursing job that utilized her mind more and less of her body. Do not get stuck. Make a change. As always, remember, never burn your bridges. You will be amazed at the people you meet along your career journey who may help you in the future.

I have had three primary healthcare industry shifts in my career. I did not job hop to do them; I stayed five to eight years with large hospitals, organizations, and companies. Along the way, I earned an MBA, which was more impactful because of my nursing degree and medical experience.

The following chapter will explore how healthcare gets paid, especially how nurses get paid. Nursing jobs that are “Outside the Box” (hospital) can help nurses increase their earning potential. We will also discuss some resources for career advancement.

## CHAPTER 3

# FOLLOW THE MONEY: HOW HEALTHCARE AND NURSES GET PAID

Healthcare is expensive. Nurses and doctors believe it is their moral obligation to provide optimal patient care (Parsa-Parsi 2022). I have no problem with this statement. Unfortunately, it sometimes means doing all they can to prolong life to the last minute, no matter the cost. I subconsciously thought this way as I cared for patients early in my career. Keep them alive no matter what! Healthcare professionals in the hospital don't know the costs of the procedures, devices, and treatments. Patients get the bills later, many times after they go home or after they have died.

After working in "Outside the Box" nursing jobs and experiencing my high-deductible insurance plan, I believe patients should be given informed choices about the expected outcomes of their care, including how much it will cost. A 2019 study showed that 66 percent of personal bankruptcies are related to medical bills, which should concern patients and medical professionals (Himmelstein, et al. 2019). This is a problem that is not going away and is made worse if a patient's condition is life-threatening. Emotions take over, and costs are not necessarily considered.

### **Money spent on healthcare**

Healthcare is indeed expensive. In 2021, almost 20 percent of our nation's Gross Domestic Product (GDP), or \$4.3 trillion, was spent on national healthcare (Wilson 2023). Nurses contribute to part of the cost. They can also do their jobs well and decrease expenses by preventing hospital or emergency room readmissions, especially for patients with chronic or complex diseases or those on Medicare and Medicaid (Chin and Bisognano 2021). Nursing units at the Cleveland Clinic worked to create efficiencies in managing supplies and cut costs for their organization (Cleveland Clinic 2018). Nurses have provided quality care by decreasing the length of a patient's hospital stay (Raja 2023).

## **Labor vs. revenue-generating cost category**

Doctors and nurses are not seen the same way by hospitals. Because doctors write prescriptions and order procedures, they are seen as revenue-generating. In most hospitals, nurses are categorized as labor expenses. Nursing ratios are actively debated. Some states mandate a minimum nurse-to-patient ratio of one nurse to 4.2 to 7.6 patients. With a nurse load of between four and eight patients, it has been shown that over 1,595 deaths could have been avoided, and a hospital could have saved more than \$117 million (Lasater, et al. 2021).

I have heard patients complain about how expensive their medications were in the hospital. Then I heard that some of the increased cost of a “pill” went to pay the nurses who administered it. In reality, patients are charged a fee for their hospital room. The work of a nurse is lumped together as a part of the cost. The work a nurse does is not considered billable to health insurance. The evolution of how healthcare is reimbursed to a fee-for-service model undervalues nurses' work. It makes it seem like nurses are invisible. Nurses are some of the first staff to be furloughed or laid off when hospitals need to pay attention to their financial performance (Cerullo, et al. 2022).

For nurses to be more highly valued in hospitals and non-bedside positions, they must be seen as revenue generators and champions of quality.

## **Think about the future of healthcare**

How do you decide on the healthcare specialty to practice as a nurse? It can be challenging because there are many areas from which to choose. Most nurses' first instinct is to think of what area in nursing school interests them most. This should not be your only consideration.

Nurses who want to advance in their careers should explore which diseases require the most care and which areas of healthcare are the most expensive. Watch for healthcare trends on the internet. This does not mean that nurses wish to have a high salary at the expense of their patients; it means they position themselves for job security by picking areas that benefit the most patients. Nurses will find incentives and compensation for entering specialties requiring extra training and skill.

For example, diabetes is an epidemic in the U.S., impacting 37.3 million people and affecting 96 million with prediabetes, according to the CDC in

2022. This is an area where nurses are needed, and there is the option of becoming a Certified Diabetes Educator (Centers for Disease Control and Prevention 2024). Nurses work in doctors' offices or may work from home, counseling patients with diabetes by educating them and helping them self-manage their disease. Other examples of higher-paid nursing positions include becoming a Nurse Practitioner or a Nurse Anesthetist. More education is needed, but these positions are in high demand.

Geriatric nursing will continue to grow as baby boomers enter their senior years. In 2021, over 11,000 home health agencies completed about three million Medicare visits, a number that will skyrocket in future years (Centers for Medicare & Medicaid Services 2024). Approximately 85 percent of elderly adults have one chronic disease, and 60 percent have two or more chronic diseases. Nurses of all levels will be needed to manage the projected growth by 2030 when the baby boomer generation reaches 65 (Nurse Journal Staff 2024).

Check out the National Health Spending Almanac 2023 for the list of diseases, healthcare spending in the billions of dollars, distribution of the number of people with the diseases, and the potential growth in the chart at <https://www.chcf.org/wpcontent/uploads/2023/02/NationalHealthSpendingAlmanac2023.pdf>. This can help you pick nursing specialties that are in high demand and that will value your nursing skills.

## **Your impact as a nurse**

You are in charge of your career, and only you can find the job that gives you a feeling of pride, value, and satisfaction in your work. When I was in research, I was making a difference by helping to ensure that drugs brought to market were tested and safe. When I worked for the insurance company, my work would influence and improve many people's lives—some of our decisions affected millions, and they were based on nationally available medical data. Even though health insurance coverage can be challenging, it can provide medical care that most people cannot afford. When I worked at the retail pharmacy headquarters, my research reports helped executives assess if new products, pharmaceuticals, and devices were safe for our customers and functioned effectively as advertised.

I was making a difference for many people managing chronic and complex diseases. My nursing career has been such a blessing to me. I hope this information helps you find areas of nursing where you can feel that same satisfaction.

## CHAPTER 4

# FIT FOR YOUR LIFESTYLE: EDUCATION, MOTHERHOOD, ACTIVITIES, SELF-CARE, AND SEMI-RETIREMENT

### **Paying for your nursing education**

Paying for a nursing education can be expensive. Scholarships or grants can help, but hospitals or some companies may provide tuition reimbursement programs. You can work and attend school with a hybrid model that utilizes online and in-person training with an organization that helps pay tuition. This can be a huge advantage to having little or no debt when you graduate. Some jobs offer student loan repayment. Thinking ahead and taking advantage of these opportunities can boost your financial stability after graduating from nursing school (Nurse Journal Staff 2024).

I am grateful to Optum and UnitedHealthcare for providing tuition reimbursement for three years, which helped me reach my goal of obtaining an MBA while working full-time for them. The two-and-a-half-year hybrid program included online assignments and one evening a week of in-person classes with a cohort of the same students. Nursing clinicals may be required for other nursing degrees, depending on your chosen program.

### **How nursing schedules can fit your life**

Caring for a family or having time for leisure travel can fit with a nursing career. Nurses can work various hospital shifts. Some 10- or 12-hour shifts allow nurses to be off work for up to seven days without taking time off. That time can be used for leisure travel or caring for your family. It can be helpful to be off on weekdays when taking care of your business responsibilities is more accessible than doing it on the weekends. You can get bonuses for working extra shifts when the hospital is understaffed. Shift differentials offer more money when working weekend, holiday, and night shifts. Nurses with young children may require less childcare than a traditional five-day workweek. They may also find per diem work where

nurses can choose shifts one day at a time to fit into their schedule (Nurse Blake 2024).

### **Self-care and physical activity**

Some nurses find self-care difficult. They prioritize others' interests, such as patients or their families, while neglecting themselves. A 2023 systematic study of 158,775 nurses in 83 studies from 29 countries found a 30 percent global prevalence of overweight or obese nurses (Umar, et al. 2023). The U.S. has a prevalence rate of 30-55 percent overweight or obese nurses (Chin, Nam and Lee 2016).

Occupational factors that contribute to obesity for nurses include long work hours, high physical and psychological job demands with patient care, and exposure to critical or hostile work environments. Obesity was higher in nurses working full-time (52 percent) compared to those who work part-time or per diem at 38 percent. There were differences in whether nurses had passive jobs, such as managers or supervisors, whose work was more sedentary. Compared to staff nurses with more physically active tasks on day shifts, those on evening shifts require less regular muscle-strengthening physical activity. Working longer hours could also be a barrier to getting regular physical activity (Chin, Nam and Lee 2016).

### **A career you can do part-time**

PRN or Part-time nursing offers the advantage of having more time to connect with family and loved ones. Nurses have emotionally demanding jobs that can make it take longer to de-stress after a busy day. Working part-time offers extra opportunities to unwind and prepare for the next shift. If two adults work in a relationship, it is helpful when one works part-time and can take on more responsibilities for home management. The relationships and family can be better without the stress of two people being exhausted from work. Work-life balance is a challenge, but part-time work can make it better. There are part-time nursing jobs available that fit your lifestyle. I worked a 3-11 shift every Thursday when my son was a baby. Thankfully, the hospital agreed to this schedule. Working part-time allows time for hobbies, physical exercise, and getting the rest and sleep you need; all of these contribute to better mental health for nurses. When nurses are healthy, they are better able to care for patients.