

# A Student Perspective on Professional Commitment

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As graduation approaches and the world of professional nursing creeps closer, I become overwhelmed by the technicalities of the *job* and find myself disconnected from my original call to the *profession*. I am intimidated by the enormous responsibility of successfully completing each shift—the constant documentation and meticulous organization are stressful for a novice and like many other pseudo-nurses, I become engrossed with learning protocols and managing time.

During my senior year capstone clinical, I have seen how many nurses view their role. I have met nurses who see nursing as a paycheck, a place they have to be 12 hours a day, three days a week, and those who see nursing as a stepping stone to something else they *really* want to do. On rare and special occasions, I have seen nurses who fully commit themselves physically and spiritually to the profession—nurses who view their careers as integral parts of their identities; those instances reaffirm my original call to nursing. I have discovered that although the technical and bureaucratic business of health care may frustrate and overwhelm me, I must remember my journey from novice to expert will evolve from personalizing myself with each patient and proactively seeking fulfillment from every professional encounter.

According to Benner's (1984) model, nurses pass through a series of stages of development: novice, advanced beginner, competent, proficient, and expert. Each stage has specific patterns of behavior, thinking, and performance characteristics. Furthermore, Benner described abstract principles, theoretical knowledge,

and rules to guide behavior, which propose that expert practice requires more than skillful clinical performance, but also mastery of the ethical dimension.

My evolution from novice to expert depends on remaining faithful to my original motivation to pursue nursing. When I was three years old, my mother died from acute myelogenous leukemia (AML). I was raised by my grandmother, who later informed me that other relatives had died from AML and a genetic link was suspected. I was frightened and intrigued simultaneously. I wanted to learn the pathologic processes of hematologic malignancy, familiarize myself with treatment protocols and current research, and be involved with the human aspect of cancer. I wanted to relate my suffering and loss with others and use my experiences to advocate for and empathize with patients with cancer.

When I started nursing school, I knew what I wanted to do and I thought I knew how to get there. As the curriculum progressed and I realized the bureaucratic implications of the nursing role, learning and gaining clinical experience transformed the idea of becoming a graduate nurse into an overwhelming and stressful task. When I was completing a summer internship and clinical capstone course, the abundance of technical information, the introduction to hospital politics, and the disconnect shared among some healthcare profes-

sionals deflated my idealized view of beginning a nursing career.

When I discussed with preceptors and staff nurses my plans to become an oncology and bone marrow transplantation (BMT) nurse, their advice shed doubt on my original plans. Experienced nurses would say, "No, you shouldn't go into oncology first . . . do some general med-surg for a few years, and then decide if oncology is really what you want." Others would say, "Well, if that's what you want to do, great . . . but, do you really want to specialize so narrowly after you graduate? You should do a year or two of cardiology or step down to get a broad education base." Eventually, I began assimilating those ideas. I thought, "Well, I guess I have to start out doing med-surg . . . but I don't like med-surg, I like oncology . . . so, I guess I'll have to be unhappy for a couple of years." This evolution of thought did not inspire my sense of purpose and made learning skills and completing patient care seem like obligations, not desires.

I was quite disheartened until I started job interviewing. I applied to a few medical-surgical floors and to a BMT unit. While interviewing on the medical-surgical floors, I met many inspiring and passionate nurses and managers, but I still knew medical-surgical nursing was not for me. The moment I stepped onto the BMT unit, I experienced a wave of reaffirmation as I once again felt excited, hopeful, and

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