

Bedside Nurses, Value Yourself



(Ferndale View: Diane Dengate, RNC, Orig. [Nurse Together](#), republished with permission, Ferndale 115 News, Aug. 9, 2012)

My sister had a hypertensive crisis. Her blood pressure was sky high, she was short of breath, with congestive heart failure and kidney damage. I was scared. I needed information. I needed answers.

I am a nurse. I am a good nurse. I have been at the bedside for 33 years. I have an extensive history having worked med-surg, adolescent psych, oncology, bone marrow transplant and now, for 24 years, labor and delivery. If you have any OB issue, come to me. I love it. The easy births, the fast ones, the high risk ones, the odd ones – I can handle it. But a hypertensive crisis in a 57 year old? Ok, I know the basics, but not the specifics. Not the intricacies. Not the skills and knowledge you obtain from daily exposure. Seeking the research on a new drug or a treatment regime for your patient increases your level of expertise. Nurses are not interchangeable.

As each nurse entered my sister's room it became obvious if they were just in a job or really in their element. The nurse's comfort level in her knowledge was evident in her teaching and explanations. And I respected that. I needed the information. My sister needed it. With the facts came a  pathway to change, and with the teaching the nurse lit the way. Yes, the nurse practitioner was important in helping to manage the medications with the P.A. and physician. There was a very competent team of health care professionals involved in her care that met with my sister daily; however, it was the bedside nurse who had the greatest impact on the out come of her crisis and the long term life style changes that were needed.

Much of the emphasis in nursing now is advanced practice. Yes, we need the nursing approach in the provider arena. But

staying at the bedside is not less important than another nursing role. Leaving the bedside to get a management position does not mean it is a "better" position. I have my BSN and am fully capable of getting a Master's or Doctorate of Nursing Practice. I have been offered supervision. Yet, I consistently stay at the bedside. I am not stagnant or stuck. I continue to grow and learn. I am certified in high risk OB and am looking to become certified in electronic fetal monitoring. I teach childbirth education. I work on the unit base committee to give staff nurses a greater voice in changes on the unit and in the institution. I am a clinical instructor at two area colleges. I am part of my community program of Community Emergency Response Team (CERT) and I am the head nurse for a totally volunteer free clinic offering primary care to the uninsured in the area. I am not "just" a staff nurse. My days make an impact on a number of lives in any number of ways. As a staff nurse I have found my niche. In nursing there are many areas of practice and ways to provide the nursing approach to your patient. I am proud of our collective role, and my particular part in it.