Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Welcome to Nightintales. This podcast was created during the International Year of the Nurse and Nurse Midwife. What a year that was. This podcast is dedicated to telling stories of nurses from across our profession. Our goal is to introduce you to the seemingly infinite possibilities in nursing and encourage you to find your true passion within this work.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm your host, Jessica Spruit and I'm so glad you're here. Thank you for joining us again today for an episode of Nightintales. Today, we have a special guest with us. Bridget Hubbell is a pediatric registered nurse at Lurie Children's Hospital in Chicago, Illinois. She's joining us today to talk about her role as a pediatric nurse, and also the trajectory that she's taken to get there.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

So, Bridget, thank you so much for spending time to talk to us today and sharing your experiences in nursing with us.

Bridget Hubbell, BSN, RN:

Hi Jess. Thank you. Thanks for having me. I'm really glad to be a part of this.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I appreciate it. I think that you have so much experience in a very short period of time that you can offer. I think that will really resonate with new graduates and fairly new nurses who are maybe still looking for their dream job as you and I have talked about. If you don't mind, why don't you just start by telling us a little bit about your background? Where did you go to school to become a nurse? What was your first RN job?

Bridget Hubbell, BSN, RN:

I graduated from Case Western Reserve University. It's a smaller science and health angled, traditional four year college in Cleveland, Ohio. Like I said, it was a four year program. It was a direct entry BSN. I graduated two years ago. I have not been out in the real world for too long, but like you said, I have had a couple kind of unique and different experiences that got me to where I am.

Bridget Hubbell, BSN, RN:

When I was going through school, I did all the clinicals. I purposely chose a school that offered a lot of different experiences I thought. I made sure to take on internships. I worked as a CNA throughout the program. I thought, "Oh, I'm going to be super set for graduation. Everybody said nursing is so in demand, you'll have your pick of jobs."

Bridget Hubbell, BSN, RN:

I was pretty surprised to find that that was not the case for myself, as well as a lot of my peers that were graduating with me. I think I was pretty open to where I would work geographically. I was pretty sure I wanted pediatrics. But, I realized early on that those types of roles are very, very selective right outside of school without any RN experience. I ended up broadening my search within oncology, which was where I did my specialty area as a CNA. I was familiar with that population and I liked the oncology people.

Bridget Hubbell, BSN, RN:

I ended up applying to gosh, probably over three dozen jobs over the course of my last semester of BSN, all the way through graduation, past graduation. Aa lot of people I was in class with were getting jobs in the hospitals we had worked in, in Cleveland or places that they had worked before. That was pretty intimidating to me, because I knew that I could do that, but I thought I wanted something a little bit different. It was hard to see people getting jobs when I was still waiting.

Bridget Hubbell, BSN, RN:

Ultimately, it did work out for the best. I was not able to get a job right away in pediatrics. But I chose a role on a really high acuity floor in [inaudible 00:04:03]. I knew that there was a lot to learn coming out of school. I figured it couldn't hurt to really hone my critical thinking skills as a practicing RN. Then, be able to carry that forward into a job that I was maybe a little more excited about.

Bridget Hubbell, BSN, RN:

I spent my first year and change. It ended up being like a year and four months, as an RN working here in Chicago at a huge academic hospital. Like I said, I was on the [inaudible 00:04:36] floor. It was very fast paced. We would have four or five patients at a time, lots of blood products, lots of chemotherapy, and going through all the certification courses for that.

Bridget Hubbell, BSN, RN:

It was a crazy year. I learned a lot about myself. It was definitely a sink or swim type start to nursing. Ultimately I gained so much from just being thrown in and what I anticipated with learning that time management and being forced into those critical thinking roles definitely happened. Then I had that much more confidence when I was ready to say, "Okay, now's the time when I'm going to switch over to a role that I'm really, really excited about."

Bridget Hubbell, BSN, RN:

Not to say, I didn't love my oncology job, but it definitely took more for me than I got out of it. I think I was working straight nights, which was a difficult. After a year, I just was not loving that. The work environment, wasn't my favorite. Nursing can be kind of intense with a lot of women working together in especially a high stress environment. Definitely saw some of that.

Bridget Hubbell, BSN, RN:

There were a lot of factors that made it, not my forever home. I do value everything that I gained there. Then, once I passed my year mark, in that role, I was kind of slowly looking for new positions in pediatrics. I was working full time and it was really hard to be able to answer the phone and respond emails and try and set up interviews while also working my three shifts a week overnights.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

I ended up leaving the job without anything lined up. That way I could dedicate my full time to looking for new opportunities and betting on myself. Which was definitely anxiety inducing at times, but I had saved a good financial safety net. I knew that there was stuff out there I just had to really commit to finding it.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

And not do my half in half out, 50% effort search that I had been trying to do. I ended up taking time off while I looked for a new job. I was still, again, kind of disappointed by thinking, "Oh, now I'm a nurse and I have experience. This will be great. I'll have something within a couple weeks." Again, I did not find that to be the case just like when I was coming out school.

Bridget Hubbell, BSN, RN:

I kept pushing. I really focused on networking. I used the time to develop myself professionally, engaging in new areas of nursing. Talking to trusted mentors as well as kind of forging new relationships with people in an effort to learn more about really the breadth of nursing and how much is out there.

Bridget Hubbell, BSN, RN:

I got to go to a conference. I completed a certification. I was busy during that time off, but it was nice to just have a breather and kind of reorient to my priorities professionally.

Bridget Hubbell, BSN, RN:

I ended up interviewing several places. Passing up some opportunities that weren't quite what I wanted. Because, there's definitely a lot out there and you have to kind of sift through. I made the conscious choice to do something that I was going to be really excited about. I had to kind of remind myself of that and stick to my guns.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

Ultimately, I ended up waiting for an offer that I really liked. That came about and ended up being from my last day until the day I accepted my current job was just about two months. Definitely longer than I anticipated, but looking back on it now, I'm really glad I held out for that job. That really, I was excited from my first interview, instead of settling for something that technically met some of my boxes, but I wasn't quite sold.

Bridget Hubbell, BSN, RN:

Now I am working at Children's Hospital of Chicago, as you said. It's actually a really unique role. I feel like, of course I went and got the weirdest job ever. I've never done anything just in a straightforward way. I really love it. It's so unique that I am always happy to tell people about what I do.

Bridget Hubbell, BSN, RN:

In my current role, as a pediatric nurse, I actually work on a floor that provides transitional and respite care for children with medical complexities. It's a really interesting population of pediatrics. It is about 5% of the Peds population, but it actually accounts for almost 50% of Medicare spending in pediatrics and healthcare delivery.

Bridget Hubbell, BSN, RN:

That little niche is growing every day, as more and more technology is being developed that is keeping kids alive and having good outcomes, more and more every year. It really is, I guess, up and coming, as you would say. These children have so many chronic medical issues that it ends up seeping into every other specialty.

Bridget Hubbell, BSN, RN:

What drew me to this position was just the variety that I knew I'd be offered. It was my first job as an RN in pediatrics, obviously. I had pretty extensive clinical experience working in a pediatric float pool. I had gotten a small taste of a lot of different specialty areas. This kind of felt like that again. I knew I'd be exposed to a lot. Then moving forward could say, "Oh, I really like this kind of area or certain diagnoses or age groups or whatever it may be." This place truly has a little bit of everything.

Bridget Hubbell, BSN, RN:

One other thing that I really love, love, love about my job is the opportunity for education. The whole point of the floor is we have kids who come from PICU. They're more stable, but they're not quite ready for home. But the huge focus of their time with us is caregiver training.

Bridget Hubbell, BSN, RN:

These kids, by and large, are depending on technology in some way to survive and to have a quality of life. Obviously that welcomes a lot of training for their caregivers.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

Generally they go home with home nursing care, a lot of specialists and early intervention, all kinds of different disciplines. But at the end of the day, their caregivers, whoever it may be, need to know how to take care of them. To administer medications via different feeding tubes or maintain their ventilator. We have patients right now where just this week I went and I got certified to be able to start and administer peritoneal dialysis. Which is a really unique opportunity. A lot of floor nurses, most places, if you have a patient that's going to get PD, you just send a quick page and somebody shows up and does it for you.

Bridget Hubbell, BSN, RN:

But now through my job, I was able to attend courses. I was able to go and do demonstrations. Then actually in a few days, I'm going to go to the floor that the patient is on and will be transferring from and I'm going to physically set up her PD for the exact patient that I will be doing it on, on our floor. Then, conversely teaching her caregivers how to do it at home if they need to.

Bridget Hubbell, BSN, RN:

Just kind of unique different skills like that all the time. That's what I really love about it. I feel like I'm just adding to my repertoire every week that I'm at work, from maintaining central lines, making our own TPN. You really have to be the nurse. You have to be the respiratory therapist in pandemic times when they're trying to limit, I guess cross-contamination between the floors. I've been the speech therapist. I've been the physical therapist. I've been the child life specialist.

Bridget Hubbell, BSN, RN:

Obviously it's a lot of responsibility, but I really enjoy learning all those new skills. It is just the absolute best feeling when you meet a family for the first time. They're so intimidated by their child's care. Maybe they're on a machine for the first time in their life, or maybe they've never been home in their life. That is kind of coming on the horizon. Then to work with them, day after day, and be able to teach them and empower them to provide for their child and then to send them home, knowing that they're confident and they're ready and they're so excited, is just the absolute best feeling.

Bridget Hubbell, BSN, RN:

It's always a ton of tears and happy celebrations. You really do get those longitudinal relationships. I feel like I'm getting my technical skills every day. I'm learning about treatments, meds, interventions, congenital defects, all just such a huge range of all corners of pediatrics.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm, <affirmative>.

Bridget Hubbell, BSN, RN:

It's really so unique. I feel like, obviously it's long winded to explain what I do. If I'm talking to someone on the street or real quickly, I say, "Oh, I help it's kind of a PICU Step-Down." We do a lot of caregiver education. If I get to brag about it, I always will, because it's so unique.

Bridget Hubbell, BSN, RN:

It's all my favorite parts of nursing, is interacting with the patients, building a relationship with them and their families, getting that education aspect. Then still staying really sharp on my technical skills, to where I feel like I would be very marketable, as I potentially consider moving on to a next role after this one.

Bridget Hubbell, BSN, RN:

That was a very, very long answer, but there were a lot of twists and turns in the past couple years. I am so happy with where I am now. I look back on a year ago and I think like if this pandemic had hit in the job that I was in before, it would've been a huge drag.

Bridget Hubbell, BSN, RN:

Obviously it's difficult to be a nurse during this time. Just having that job satisfaction and reward that I feel now makes a huge difference, no matter the road it takes to get there. It's an ongoing road for me. There's definitely, like you said, days that make you want to tear your hair out a little bit, but knowing that overall it's great and we get to do something really special is what keeps me going back.

Bridget Hubbell, BSN, RN:

You need that. Nursing's not something that you just want to kind of be interested. It'll test you. You really have to like it is what I tell people who are like, "Oh, you know, I'm on the fence about becoming a nurse." I'm like, "Well, that's not where you want to be if you're just starting out."

Bridget Hubbell, BSN, RN:

Get excited and jump all in. Don't be stressed if you feel like where you are right now is not where you want to be. I've been there a lot and sometimes I'm still there. I'm happy now, though.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

That's so good, Bridget. I love hearing... You can hear you perk up as you describe your current role. I can really hear how intentional you were about pursuing a different role. After you did gain, I think you're still acknowledging that you gained really valuable skills on a year of an adult oncology unit, a little over a year.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I can't imagine that those skills will really translate to whatever you end up doing in nursing, because I think time management like that and critical thinking, as you mentioned, administering a lot of medications, monitoring patients really closely. I can imagine how valuable those skills are. I also think when it's not something that, as we say makes you tick every day. I also can imagine that at times it was really difficult to go to work and to continue to do that work.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I love how intentional you were in gaining a certification and attending a conference. Using that time as you kind of regrouped yourself and sought the opportunity that was a better fit for you, how much more marketable you made yourself in that time. I appreciate you sharing that.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm also hearing you describe this longitudinal relationship. I'm hearing you describe the children and families that you care for. It sounds to me like this is very different than what someone might experience in the emergency department, for example. What is it that you like so much about that longitudinal role or more chronic care?

Bridget Hubbell, BSN, RN:

I think probably there's a lot of overlap from what I like about the oncology patient population.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

In my experience I've done internships with surgical patients and more kind of like, I guess this is maybe slang, but like a more revolving door, high turnover type floors. I definitely prefer that kind of longitudinal care. I think that, nowadays in modern medicine, perhaps not as much with children, but people have something going on. They want to quick fix. They want to be pain free and they want to go on with their life.

Bridget Hubbell, BSN, RN:

With some of these more chronic conditions, the patients have kind of let go or the patients or their families rather have let go of that expectation a little bit. I think that it makes them more receptive to care versus like an in-and-out adult surgical patient, maybe. The pro of that is then if you have a rough shift, you don't have to see them the next day.

Bridget Hubbell, BSN, RN:

I think that I really like getting to know people. I went into nursing because I like helping people. I wanted something that combined kind of science with that aspect.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

I think just getting to know people. Obviously you're meeting them at some of the worst times, if not the worst of their life. Being able to be there in that moment. Then in my current job as training and education is such a huge component, it just makes all the difference to have and build a relationship with those caregivers.

Bridget Hubbell, BSN, RN:

They establish a trust in you as you're giving them all this new information, because they see you day after day. They see how committed you are to the care of their child. Conversely, you can build on where they're going, because you know, because you were there.

Bridget Hubbell, BSN, RN:

I think it's also a really unique way to contribute to the interdisciplinary team. Obviously, my floor is a pretty small niche.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm, <affirmative>.

Bridget Hubbell, BSN, RN:

We don't ever have more than like 10 or 12 patients at a time. They end up staying for a long time, because there can be a lot of barriers to discharge. Whether it's their home doesn't have the right electrical set up for their ventilator. Or they need more home nursing because parents are working or because whatever insurance issue. Maybe they're really stable and then they're not as stable. Then there's a new thing cropping up that has to be dealt with and managed.

Bridget Hubbell, BSN, RN:

For whatever reason, our kiddos stick around for a long time. Which is nice because then you really know them and you know their quirks. Then if you're talking with a social worker or a case manager, or one of our providers, you really know the patient. You assess them countless times. You know their quirks.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

Then you can really advocate for, you know, "This just really doesn't seem like her. I think we need to take a closer look." Which obviously with pediatric patients, most of whom are non-verbal, that's a huge component.

Bridget Hubbell, BSN, RN:

I think, I feel like I get to grow as a nurse. I think it helps immensely with the training and just building a trusting rapport with the caregivers and the kids. They get to know you and you get to know them. We look forward to seeing them and seeing them grow and do better and achieve things that you may not have even imagined.

Bridget Hubbell, BSN, RN:

I just think that's really great. It feels very rewarding to me personally, then just quick in and out. Like I said, I've been in a pediatric float pool before. That's a different assignment every single day. That was great too, because then if you had a really crazy day, you're like, "Okay, I get a fresh start tomorrow."

Bridget Hubbell, BSN, RN:

I think generally in pediatrics, there's always going to be those more chronic kids who you will end up seeing again. A little bit of that longer relationship, but ultimately I just feel so much more engaged when you can really see someone day after day. In the context of training you can build on that foundation and just have I think a more positive experience for me as staff and then for the family, hopefully.

Bridget Hubbell, BSN, RN:

Being able to see familiar faces and kind of have a rapport. We had a big birthday party the other day for one of our kids. Her mom brought in a cake just for us, because we've really grown to know her. She's the same age as most of our staff.

Bridget Hubbell, BSN, RN:

Just through training, we've all got to know her really well. She chose to spend her child's birthday, with her child obviously, but with all of us. We had a cake and we had a little toast with coffees to the baby. It was really special. Just adds a little bit more fun and a little more satisfaction to the work day.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Oh definitely. I love those relationships. And when you get to celebrate milestones of families and see them as you are describing, truly go from terrified and just feeling so intimidated by the care that their own child requires to feeling empowered and ready to take them home and ready to learn what their family is going to look like in the setting of the technology that you're describing.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I think pediatric nurses in environments, such as yours, are so critical in helping families make that transition. That's a huge transition. That's a lot of growth. I just love hearing you describe it. I think it's such an important role and it must be so fun.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I was also curious, Bridget, you were describing the technology that these patients are dependent on. I'm imagining the variety of diagnoses. In pediatrics we see so many rare syndromes. More and more, we are seeing premature neonates resuscitated and they're surviving and, and thriving.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Then we see other conditions where there are surgical interventions or we are able to do the work of their organs that are failing, for example, as you described peritoneal dialysis, when you think of the kidneys. I'm just imagining how many diagnoses and conditions you must encounter in your role.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I'm curious, you're not in school anymore, so you're not sitting in a classroom being taught. How do you keep up with learning all of that? What are your resources?

Bridget Hubbell, BSN, RN:

I think we're really fortunate on my floor that our advanced practice providers are very accessible. It's a pretty small department. We all know each other. You know names and faces, which I really think is great as a resource. We have an educator devoted specifically to the department who is a full-time RN master's prepared. So anytime, maybe there's a new admission with a unique diagnosis or we're going to be doing a new intervention.

Bridget Hubbell, BSN, RN:

Then, we have rollouts of policy and procedure, but also demonstrations, getting set up to learn those skills hands on. Then I think just knowing that all of our providers are really accessible and really open to talking through different things. Honestly, whenever I encounter things, I just kind of make a list of words I don't know, or medications I'm unfamiliar with. Then just turn to the trustee internet to see what a chromosome 18 deletion, what is that actually? How does that manifest in a child? Or, this medication or this type of intervention. I would say it happens every single day truly.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Bridget Hubbell, BSN, RN:

That's what drew me to the role is just a huge variety of newborns up to teenagers of acute situations, chronic. Right now, we have a previously completely healthy child who had an injury. Is now expected to make a full recovery, but it is going to be a long road it in the interim and require some special care. All the way to children that are born at 22, 23 weeks that now have a host of long-term medical issues that will probably continue throughout their life.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Mm-hmm <affirmative>.

Bridget Hubbell, BSN, RN:

It's acute and chronic. It's young and old, well old comparatively. It's truly like a little bit of everything. I think that you just have to always be kind of curious. Luckily we're welcomed with so many resources. If there's things too that you want to learn about that maybe you're not seeing consistently, I just will speak up and ask. I've gotten to shadow on other floors. I've shadowed specialty, those various teams of nurses, advanced practice nurses, social workers, whoever it may be that may round in other parts of the hospital and see different things than I can consistently see.

Bridget Hubbell, BSN, RN:

Working in a bigger organization has that perk of, if you are curious about something, you can generally kind of go after it and explore more just to broaden your horizons. I think as nurses, generally, we are the type to kind of keep learning and keep curious. It's definitely not hard to do.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I totally agree with you. I think that spirit of inquiry and desire to understand the care that we are delivering rather than just check boxes is so valuable to the patients and families that we care for in addition to, I think, making our work more satisfying. Right?

Bridget Hubbell, BSN, RN:

Yeah. I definitely agree. I think I have found personally that as you kind of transition across the length of a career, obviously mine has been short so far. I did two jobs that don't really seem that similar. But for example, we have a patient, a very, very itty bitty baby who has a very, very itty bitty pick line. We don't commonly get... We deal with a good amount of ports, but we actually don't have picks super commonly since they're not usually a long, long term solution.

Bridget Hubbell, BSN, RN:

Because I had that oncology experience, I was able to jump right in. I became kind of one of the champions of that training process for this new baby. People who didn't feel as comfortable were able to do a lot of hands on training. Then I had the experience and I had those skills, from my previous seemingly unrelated job. So, I got to do something that I used to really enjoy. I thought maybe that was the thing of the past. Then it kind of crept up and it has been really great.

Bridget Hubbell, BSN, RN:

I think just having, as you kind of pick up little skills and pieces along the way, both in learning what you like and learning about yourself as a nurse. Then also those technical skills or areas that you really enjoy, I think is just special about this profession. I hope that it just continues and I can grow my various repertoires of skills, I guess. Just kind of keep learning more about what's out there and what I like and what clicks well.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I love that you were able to bring that experience that you had, that you really didn't love at the time, but to still find how beneficial it could be in a job that you do love so much more. It just goes to show you that we should never count out the experiences we're getting as we're striving to reach our next place in this journey.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

It sounds like it was still a really valuable experience. Then made you probably an important resource to that patient and family, but also to your colleagues on the floor when you did get that central line.

Bridget Hubbell, BSN, RN:

Yeah. It just has been in the past few weeks and it's been a lot of fun, because it was something that I used to do so much and then I didn't do it. Now I'm like, "Oh, Hey, I liked this." It's like riding bike. Just pick it right back up.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right.

Bridget Hubbell, BSN, RN:

I love that. It's been fun to kind of share that with other people and help kind of build their confidence in the same way that we get to do for our parents and caregivers of the kids. Just kind of building people up with information is my favorite thing about nursing. This is a good spot to do it.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Right. It sounds like it. I've loved hearing about how unique this role is and how important it is. I think it is, as you said, an emerging area in pediatrics. Certainly something that we will likely continue to see more and more of as we ask parents to, essentially in some ways, provide life support at home for their children.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Because if you think of a child on a ventilator, that is life support. I think we ask a lot of these families. What an awesome opportunity to be part of the team that allows them to do that.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Bridget, this has been such a great conversation and just such a great illustration of what nursing can be. The unique role of a pediatric nurse in an environment such as yours. I was just curious if you have any of other tips or pearls or something that you would share for someone entering nursing or maybe in their first couple of years of nursing such as yourself?

Bridget Hubbell, BSN, RN:

Oh gosh, I guess I would say, don't be discouraged. I have found little ways to kind of rekindle the excitement. When you're maybe on a long stretch of nights or you feel like, "Oh, I haven't had any weekends off in so long." Whatever it may be, that kind of maybe makes it a little harder to get up to the alarm in the morning.

Bridget Hubbell, BSN, RN:

Whether it's reading. I've read some really good books from the perspective of a patient. Just getting out of your bubble and maybe talking to different people or tuning into a podcast like this or something that kind of, for me, jogs my memory of like, "Hey, this is why you're doing this and you do like it." Kind of holding onto that and not getting discouraged.

Bridget Hubbell, BSN, RN:

Then I think just being gentle with yourself too, as you continue to learn and embrace new situations. I think the pandemic has really highlighted that nursing is just always changing and healthcare is changing. Recognizing that you're not always going to have all the answers. There's always going to be something that you don't know or you're encountering for the first time. Trust that you have the skills to navigate through it and that you're going to do your best.

Bridget Hubbell, BSN, RN:

That ultimately, we do have a really great privilege of being there for people as they're going through really difficult things. I think that it was always a good refresher for me when it can be sometimes challenging. I would say from my personal experience, don't be afraid to bet on yourself.

Bridget Hubbell, BSN, RN:

You know, if you look ahead, I have maybe 30, even 40 years left in my career. You know, 24 years old is not the time to be settling for a job that I'm not excited to go to every day. I'm glad that I took that leap. I waited for something that I was really passionate about. It's definitely paying off for me.

Bridget Hubbell, BSN, RN:

Don't be intimidated if people seem like they're living their dream job or their dream life. Things are not always as they appear on the outside. Whether it's immediate or it takes a long time, there's a little spot for everybody in this profession. Keep it up. I am so glad to be a part of it and be a part of a community that has conversations like this. So thank you so much.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Well, thank you. That's I think, great advice. I think we should all remember that. There's something for everyone. It's good to be excited to get out of bed to pay attention when we don't want to attend to the alarm. Make sure that we're offering that self care, like you said. Trying to refuel ourselves. I think that comes in a lot of different ways.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

You've offered us such great perspective. I love that you didn't settle and that you kept pursuing what you felt you wanted next in this career, in this profession. I hope that you will continue to do that for the next 30 to 40 years and find it equally [crosstalk 00:37:07].

Bridget Hubbell, BSN, RN:

Sounds crazy when you say it out loud, but-

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

I know, right. We are were lucky. We are lucky to be part of family's lives for 30 to 40 years as we apply what we learned in school. I think what a great privilege this is.

Bridget Hubbell, BSN, RN:

Very true. Very true.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Well, thank you so much, Bridget, for your time today and for sharing your experience as a pediatric registered nurse.

Bridget Hubbell, BSN, RN:

Thank you so much for having me.

Jessica Spruit, DNP, RN, CPNP-AC, CPHON, BMTCN:

Thank you for listening to this episode of Nightintales. As you do, we encourage you to consider the unique nature of each person's journey through this profession. The views shared on this podcast are those of an individual, not the academic institution that they graduated from, their employer or the professional organization that they're active in. The stories of their career path and profession are not intended to suggest that there is a uniform approach to achieving similar accomplishments, but to open your mind to all that is available to you. Each journey in nursing is as unique as each individual that we serve. We hope you'll listen again next time.