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. And 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. I'm your host, Jessica Spruit. And I'm so glad you're here.

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

Thank you for tuning in to another episode of Nightintales. Today, we have a special guest with us. Stephanie Prosser is here and Stephanie is a neonatal registered nurse, and she works at Sparrow Hospital in Lansing. So Stephanie, thank you so much for spending time with us today and telling us about this really special field of nursing.

Stephanie Prosser, BSN, RN:

Thanks so much for having me. I really love what I do, and I'm happy to have a chance to talk about it.

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

Awesome. I can't wait to hear more about it. So if you don't mind, just to start, could you tell us a little bit about your education and background and maybe where you started your nursing career?

Stephanie Prosser, BSN, RN:

Sure. I attended MSU and I received my bachelor's degree there and I applied for several nursing positions out of school and received offers in the adult world and in the pediatric world. And I had found an interest in the neonatal world as a college student, a family friend had a baby in the NICU and I was able to go visit them. And that was the bulk of the exposure I had aside from maybe like a three hour observation during nursing clinicals, but it was enough to know that I really loved it and thought it was fascinating. And so I sort of took a plunge and just went with it and accepted that offer. And I have been there for 15 years now. Not all nurses are able to get a position in the neonatal ICU as a new grad. It goes in trends. Sometimes we hire new grads and sometimes you have to start out in the hospital, maybe on another floor for six months or more. But I was one of the lucky ones, I guess, and I have loved it ever since.

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

That's awesome. It sounds like that was a perfect fit for you. To have spent 15 years there, it's clear that you love your job. I was curious because in nursing school we don't learn about the neonatal intensive care unit. We don't care for premature infants or infants who are critically ill. I imagine that that may have been kind of intimidating when you entered as your first job as a brand new graduate being in an environment that was so foreign to us. Can you tell me a little bit about how you kind of took advantage of the opportunity to have an orientation and how you got yourself comfortable in a unit with such high acuity?

Stephanie Prosser, BSN, RN:

Absolutely. I think it's like anything else, the more exposure you have, the more comfortable you get. I have a distinct memory of being on orientation and talking with a nurse at a bedside with a very critical baby who was on the ventilator with multiple drips. And I'm sure my eyes were as big as saucers. And I thought I will never be able to take care of a baby like that. But lo and behold, you get to that point. Our orientation is a minimum of eight weeks and can be extended out further, depending on if you get the chance to take care of certain babies during your orientation because it goes in trends. Sometimes we have a lot of really sick babies and sometimes our census is low or has low acuity.

Stephanie Prosser, BSN, RN:

So orientation is extended as long as needed until you've had all those exposures. But yeah, it just comes with time. And I feel like in our unit, especially, and I'm sure this is true other places, there's just a lot of excellent teamwork and a lot of help. You will never take care of a critical baby or admit a baby or anything like that by yourself. You'll have so much help from all the staff. And so just learn as you go and get all the exposures you need.

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

Sure. I think that's a great benefit of being in an acute care setting and especially an intensive care unit setting where you do have a team of people around you who can all take on different roles and really help to stabilize an infant who are in such great need. If you don't mind, can you tell us a little bit about what as if there is such a thing, but what your typical day might look like in a neonatal intensive care unit?

Stephanie Prosser, BSN, RN:

Yeah, absolutely. So one of the things I love about nursing and especially neonatal nursing is there's so much variety and no day looks exactly like another day, especially in neonatal nursing, you might take care of a baby who is very stable in a crib, taking bottles every three hours and getting ready to go home. And a big piece of your job that day might be educating new parents on how to care for this infant. And your other baby in your assignment might be on the ventilator and a lot more critical and requiring more acute care. You might have both of those babies in the same assignment, or one day you work, you might have two to three of the babies that are very stable, close to going home. And the next day you work, you might have a one-to-one assignment that is a very critical baby on multiple drips on a ventilator.

Stephanie Prosser, BSN, RN:

So that's what I love about it is there's so much variety. We also, at Sparrow, we take on the role of an admissions nurse where you actually attend deliveries, and that's not true in all neonatal units, especially if you work at a children's hospital, they might not have deliveries there. But I love that chance to attend deliveries because some people go into labor and delivery nursing because they love deliveries and love being a part of that. And I feel like I get the best of both worlds because I get to attend deliveries, but then I get to take the baby and go take care of the baby after that. So it's kind of a cool way that those two worlds intersect and you get to be a part of both. And just another way that you get to have more variety to your job and take on different rolls. And so I really love that part of it.

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

Sure. Yeah. That's interesting that the diversity that can be within an assignment or within a day. I'm curious because I imagine, the baby who's taking their bottles on their own and you're educating the family to empower them to take that baby home. I imagine that that's probably some of the highlight of the job, but that it's countered with probably also some really difficult and challenging days. Is there anything that you found that's especially helpful in helping you cope with maybe the more difficult days?

Stephanie Prosser, BSN, RN:

Yeah. I think just trying to focus on any good you can do. In the pediatric world, sometimes you have to sort of not think of where the baby is going after that. Like when you have difficult families situations or things that are out of your control. But I just try to focus on what I can control and if it's a family that's struggling with different things, maybe a mom, for instance, we have a lot of withdrawal situations where the mom used drugs during her pregnancy and really has desires to be a good mom, but has never done it before. I just try to focus on what I can control, which is her time in the hospital with the baby and any education I can give her and support that I can give her during that time.

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

Sure. That's probably a good rule for all of us in nursing is to focus on what we can control and try to make the most of it. Because there'll probably always be things beyond our control despite our best efforts and it-

Stephanie Prosser, BSN, RN:

Only easier said than done.

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

Absolutely. You're so right about that. I'm curious about your professional activities. Have you gained any certifications or any specialty training that has helped you continue to grow in your role as a neonatal nurse?

Stephanie Prosser, BSN, RN:

I have. So pretty early on in my career, I developed an interest in and it sounds funny to use the word an interest, because this is sort of the sad aspect of working in the neonatal ICU. And I guess to preface this, I should say one of the comments I get often is, oh, I could never do that. Or that must be so hard to work in the NICU. And luckily it's happy a lot more than it's sad. I always tell people I get to attend more one year old birthday parties than I do funerals. I get to celebrate and walk with parents out the door after a four month NICU stay so often. And it's absolutely one of my favorite parts of the job, but certainly when it is sad, it's very sad and like many areas of nursing, you'll have certain stories that stick with you forever and just change your heart and affect you.

Stephanie Prosser, BSN, RN:

But I had the opportunity to participate in a few of these really sad situations during orientation, probably because they want you to have all those situations during orientation. They want you to take care of the sickest babies. And I had a couple of contrasting situations where maybe some things were handled better than others. And it was enough to make me realize like, this is something that can't be avoided. If I go into this kind of nursing, there's going to be loss, there's going to be sadness, but how can I make this situation the best possible for these families? Like something positive to come out of something terrible. And so I sought out some extra training through a national program called Resolve Through Sharing, and it's just in grief training and I happen to go out of state for that training. They do offer it all over the place.

Stephanie Prosser, BSN, RN:

So at some point, and I'm sure it would've been in Michigan, but since that time, the person who handled all the bereavement in our unit retired and I ended up taking over her role. So I'm actually the bereavement coordinator for our unit. And that basically just means I'm in charge of educating new nurses when they go through orientation. Just about kind of your role as a bedside nurse in helping that family through that time. And then also just things like ordering the supplies we need. Through the brainstorming and collaboration of a lot of amazing bedside nurses, we have really just improved the care that we give when a baby dies. And it's gone from being kind of this, I don't know, cold, really sad thing too. We put together these beautiful boxes with plaster castings of their hands and feet and beautiful pictures and mementos. And again, this is the worst day that these parents have probably ever experienced in their entire life, but just to bring something beautiful out of it that they can always have to remember forever. And so that's a roll that is sad, but also rewarding.

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

Oh, sure. I can't imagine how meaningful that would be for those families who, as you said, have likely, never been through an experience like that or had such a sad day, but to have those memories of their child and to be supported by trained people like you, I can only imagine how incredibly valuable that is.

Stephanie Prosser, BSN, RN:

Absolutely. I think that's a role I've learned through the years that just one of our most important roles as a bedside nurse, something that parents who have lost a baby have express later on is just that their nurse was their rock because their world was falling apart. And everyone that was there for them was grieving too, their family and friends. So their nurse was the one they just really counted on.

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

That provides such a strong visual. When I imagine, a parent saying you were my rock through something like that, because that is such a stable presence that is such a stable force, as you're describing. When everyone around them, that they brought into that picture was equally grieving. I think that's just such an important role.

Stephanie Prosser, BSN, RN:

Absolutely. I also-

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

Oh, sorry, go ahead.

Stephanie Prosser, BSN, RN:

Oh, no, you're fine. I was just going to mention another certification that I took on, but if you had any questions about the bereavement then.

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

No, no, thank you.

Stephanie Prosser, BSN, RN:

Okay. So a couple of years ago, I decided that I was interested in getting some certification with lactation because it's such a huge part of what we do in the NICU. We ask moms to provide breast milk for their babies because it's so beneficial for them, especially the preemies. And so we have so many moms that have questions regarding pumping or they're trying to breastfeed their preemie baby for the first time. And I just felt like I wanted to be more knowledgeable in that in order to help them because our lactation consultant is amazing, but is only available part-time hours and not 24/7.

Stephanie Prosser, BSN, RN:

And so I actually became an IBCLC, which was kind of intense studying and training for that exam, but it has really been such a blessing to have that sort of under my belt. And I get asked by other nurses all the time, like, can you come talk to my mom? Or can you come work with my mom? The lactation consultant isn't available. And so I'm so grateful that I sought that out because it has really, just really helped me as a bedside nurse to be a better support to my families.

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

Oh yeah. That sounds like it would really enrich your practice. Can you tell us what is an IBCLC, what that stands for?

Stephanie Prosser, BSN, RN:

Yeah. It's an Internationally Board Certified Lactation Consultant.

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

Oh, Awesome. And that was quite an endeavor. It sounds like to gain in that certification and recognition.

Stephanie Prosser, BSN, RN:

Yeah. Just seeking out the like course training that could be done either online or in person and you have to get a certain number of credits and then you take a board exam just like you would for your nursing degree. So it was worth it, but definitely took some extra time in studying.

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

Sure. Oh, it sounds like it. I keep hearing you, Stephanie say, as a bedside nurse, as a bedside nurse. And as you talk about these additional certifications and tests that you've taken and additional education, and I think that sometimes we forget that we need great nurses at the bedside. And that the path to advanced practice nursing isn't necessarily for everyone. And it's my understanding that you actually were voted by your classmates as most likely to be a bedside nurse forever. And I love that after 15 years, you are still in fact, not even just still a bedside nurse, but you are in the unit that you started in and yet you continue to grow [inaudible 00:14:59].

Stephanie Prosser, BSN, RN:

So I love that you brought that up. When I received that mock award at our nursing banquet, it bothered me more than I feel like it should have, because for some reason, in my head it translated to least amount of aspiration or most likely to settle or something like that. And I just thought like, is that how my classmates see me? I would like to think that it was more, they just knew that I had a passion and love for bedside nursing. And that, that would be enough for me, that I would be happy in that role. And I think that's how it's worked out. Ironically, I did have an opportunity a few years ago to go back to school, to be a nurse practitioner. And we were in need of them in our unit. And so the hospital actually would have paid me to do that.

Stephanie Prosser, BSN, RN:

And that was a difficult decision to turn down because I did feel like so many of my peers had gone on for an advanced degree. And it seemed like a great opportunity that the hospital was going to pay for it. But aside from the logistics of just, I had four young children and I couldn't see how that was going to work in my life at the time. I genuinely loved what I was doing and I wasn't sure that I wanted my role to change at all. So I think that was a turning point for me to realize, this is a choice I'm making. I'm not settling because I don't have the opportunity. This is just truly something that I love. And we need bedside nurses who love what they do. And so that was a turning point for me to realize like, it's okay to be a bedside nurse and to love it. That's a good thing. And so, yep, the nursing award was totally true. I'm still a bedside nurse and I still love it.

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

And I have a strong feeling that many, many critically ill infants and their families have benefited from the choice that you've made to do that. And I think we don't hear of that enough. We don't hear of really fulfilled bedside nurses who are changing lives in the care that they're delivering. And I'm grateful that you've elected to do that.

Stephanie Prosser, BSN, RN:

Oh, Thank you. So much.

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

Yeah. No, I love that story. I'm just curious, Stephanie, this has been so helpful. You've shared such valuable information and I think really illustrated what an important role a neonatal nurse plays and how much opportunity there is within that role as well. I was just curious if you had any other things that you would like to share with people who are entering nursing or perhaps are still looking for their dream job.

Stephanie Prosser, BSN, RN:

Yeah, absolutely. I think, you know when you find something that's the right fit and that you're passionate about. And if you haven't found it yet, don't be afraid to make a change, but also don't consider any experience wasted experience. I did not work on any other floors as a registered nurse, but I did work as a CNA for several years, like through high school and college. And I worked as a nurse extern in a pediatric outpatient setting. And every job I've had has helped me. That experience is always helpful. So I don't think that it's a necessity to have to gain experience in other areas if you know, right away what you want. And you're able to get a position in that area as a new grad. But I also think any experience you can gain is valuable. I see benefits to both.

Stephanie Prosser, BSN, RN:

I've also been a preceptor for many years on our unit, and I've had the opportunity to precept new grads and experienced nurses. And new grads bring like this passion and enthusiasm for learning and are just like sponges to soak everything up. But experienced nurses have a level of comfort with things like hanging medications and just simple everyday nursing tasks that doesn't come as naturally to new grads. So there's benefits to both and just find your place.

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

That makes so much sense to me. And I think its great advice because I think some people will have the opportunity as you did to enter the unit that they've dreamt of and then hope that it turns into what they imagined. And others will really need to spend some time somewhere else in nursing before they're eligible to apply to certain positions or before they're able to get them. So I think that's such great advice that you've offered.

Stephanie Prosser, BSN, RN:

Absolutely.

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

Well, Stephanie, thank you so much for your time today. I loved hearing about your role and hearing about the care that you deliver and you sharing your story with us. We are so grateful for this.

Stephanie Prosser, BSN, RN:

Oh, it was my pleasure. 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 organizing that they're active in. The stories of their career path and progression 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.