

Interviewee: Nathan Tapio

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Interviewer: Charitie V. Hyman

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Background Noise: Rustling papers; phone vibrating; ringing.

Summary of Interview: Nathan Tapio knew he wanted to be a nurse, so he began working as a CNA when he was 17. He notes that at the time, there were often waiting lists for nursing schools. He describes his first job after becoming an RN; he worked on in surgery at a hospital, including on the neurosurgical unit. He talks about going back to school to become a Nurse Practitioner (NP). He currently works in a correctional facility where he sees many psychiatric conditions. He notes he has better work/life balance as an NP. He sees nursing as a very rewarding and marketable field.

Time	Content Description
0.00.00	Introductions
0.00.32	Born in New London, Wisconsin, a small town of about 6,000 in northeast Wisconsin, between Appleton and the Green Bay area. Only child. In high school, was more interested architecture. Aunt a nurse and nursing professor. In looking at career options, this was inspiring—"the ability to help people and have a career path that is very veritable and very marketable." Started at 17 as a nursing assistant "just to get my feet wet" as a CNA—a nursing assistant—at a nursing home facility.
0.02.09	On this first job: "It was kind of an entry point into the field ... It was helpful, you got paid a little bit more money. It was more weekend work, maybe weeknights here and there ... But I don't know that it was that different than any other position, you know? It was what it was."
0.02.59	On what liked about this job: "I mean, I liked to help people. And especially in a nursing facility. It's just—it's hard work but it's very rewarding. Many times, the patients and residents are just at the end of life. Or they're there and they suffer from advanced dementia or Alzheimer's. Their families may not come very often, or they may not remember many of their families. And it's just nice to be able to help those people. You know, it's a caring, helping profession. So that's just a very rewarding position."
0.03.56	Graduated high school in 2004. After that, worked as CNA for four years at the same nursing home. Changed position to CNA at a hospital; at the same time was going to school for nursing, in a two-year Associate's degree at Fox Valley Technical College in Appleton, WI.
0.04.56	At that time, there was a waiting list for the nursing program. Did core coursework at this time while working and taking gen ed classes. The core nursing a combination of classes and clinicals in different sites, including psych/mental health. At that time, waiting lists were standard, but a lot more nursing programs now, so suspects this less of an issue—although there is a high demand for nurses still.

- 0.06.14 Clinicals took place at nursing homes, in-patient hospital units, in-patient mental health. Mostly in the Oshkosh area.
- 0.06.49 On clinicals: “I did enjoy the psych/mental health clinical, the hospital settings and the psych/mental health. At the end there was a prolonged one-on-one clinical with a nurse in an ICU. That was interesting, but something that I wasn’t really drawn to. Most of the time the patients were intubated and sedated, and there wasn’t really a lot of interaction with the patient.”
- 0.07.56 On mentoring while training: “I don’t remember their names specifically, but there were some good instructors. Especially the clinical instructors, you just a felt bit more close to, because it was more intimate ... And many times, you stayed with the same group during rotations, so you kind of bonded a little bit more with that group or those instructors. Those instructors were generally in the field as nurse practitioners, so they generally had a little bit more real-world knowledge as opposed to more of the theory of nursing side. So overall I would say more the clinical instructors.”
- 0.09.21 Most students at the Tech College had already had some experience—and were already nurse assistants and working. Some were adult students going back to school. Others were single moms—“I don’t envy them—I don’t know how they did it.” A variety of interests and backgrounds. A program requirement was to have a nursing assistant certification.
- 0.10.42 Each clinical was about 8-10 people.
- 0.10.55 After graduation with Associate’s degree, was still working at a hospital in neurosurgical floor was trauma patients, post-operative and in-patient. Did that for two years—this was the same unit had worked on as nursing assistant, so transitioned from one role to another. Then after taking a semester off, went back to school for bachelor’s degree at Marian College in Fond du Lac, doing a night-time program.
- 0.12.13 On the transition from CNA to RN: “I’ve always said this, and it depends on your background, but I don’t think there should really be a hierarchy among nurses. And as a group, I think we have a tendency to ‘eat our young’, so to speak. And some nurses are more prone to delegate or to micromanage their nursing assistants or their licensed practical nurses. Assistants that worked below a registered nurse. And I think having the experience as a nursing assistant, you know that, you know, you can do everything that the nursing assistant can do. And it’s not out of your purview. When you talk about bathing or turning a patient, you’re still responsible for those things. I always thought it wasn’t above me to do those things, because I had been there. But I think it wasn’t as abrupt a change—I worked nights as an assistant and then days. So, the whole workload was a bit different. There was a whole orientation on the unit, but I was familiar with them. I had a rapport with some of those nurses ... But it’s one of those things you learn best by doing. But I think it’s important to know if you’re managing or delegating to someone, it’s important to know those roles and what they do. But it just took time and shift change and getting oriented to the role and job was very helpful.”
- 0.14.54 On a typical day: “Oh, it’s busy—many times, you don’t sit down the whole shift. I can’t speak to it now. But you’re kind of the core of patient care. Usually, you get on the unit, get report, speak with the nurse you’re taking over for.

Depending—if you’re coming in on the day shift, you might look at the lab work, see if there’s anything you need to call your provider about ... And then you’re starting your rounds, seeing your patients, giving some medications, starting some IVs, and then you maybe finish your morning rounds, and kind of document things, and do all your charting. That’s probably around breakfast time, so if there’s medicines or anything like that, you’re doing that stuff. During the day, you’re either discharging a patient or receiving a post-operative patient. And one of the things I hated about floor nursing [laughs] is you had a phone on you—and it was the care manager trying to coordinate a charge, it was the CNA asking a question, it was maybe the doctor that had a question, or maybe a physical therapist or the pharmacy. It was just you were the core, and it was all these phone calls. Especially if you’re involved with a patient—I know you need to communicate and everything, but it just seemed to interfere with the patient care ... Again at lunch time, med pass again, and by the end you’re doing your Is and Os (intake/output—recording what the patients eat and drink and pee, and so on), and it goes fast, and you had a routine—maybe a 2-4 hour routine—and no matter what you did, it was back to the patient. It was a busy role, and there’s nothing wrong with it—it is a good starting place for nurses—but it is what it is. And you’re dealing with a lot of moving pieces ... And I guess it’s helpful to know that piece, but it is a busy role.”

- 0.18.48 Some of this work was specific to neurosurgical unit but feels that most places would have elements of this.
- 0.19.27 Floor nursing is work on an in-patient nursing.
- 0.19.40 This hospital had about 200 beds and was a Level 2 trauma center.
- 0.19.52 Then was in RN to MSN program, and you choose to do that to get the Bachelor’s, then the Master’s. This was still at Marian. Received Master’s in 2015; so whole program, taken part-time, took about six years.
- 0.21.01 A ‘registered nurse’ is a license. Associate’s and Bachelor’s, or master’s or Doctorate, are different levels of nursing. And there’s also Diploma, but these are rarer. But no matter what level of education, you hold the same RN licenses, just at different levels of the license. There’s been some push to make all nurses have a Bachelor’s. But interviewee feels there isn’t a huge difference—some research component in the Bachelor’s, and some extra preparation for public health nurses. Sometimes people getting these are driven by institutional incentives or wanting to go into certain roles.
- 0.23.06 Interviewee took master’s because “I don’t like to be complacent. After two years, I did move to the operating room, and that was a whole other experience ... It was basically continued growth, more autonomy as a provider, and I enjoyed being a student, plain and simple, that was just something I enjoyed.”
- 0.23.53 On work in the operating room: This is the actual surgery room where the actual procedures take place. “It was interesting, it’s a long, six-month orientation. So, there’s a lot of learning instruments and how to position a patient and this and that. It was a good experience—I really enjoyed it. It’s not as interactive—you know, the patient’s asleep, so your contact with the patient is very minimal ... It just had a different—you really got to see more anatomy, which I really enjoyed. You got to see all sorts of different surgeries, trauma—it was just a really

enriching experience, just to learn a little bit more in depth how the body works. And seeing the patients after surgery, it kind of gave some more perspective as to what happened before, and so seeing the whole thing in a circle was really helpful for me.”

0.26.07 On work as a nurse practitioner: Graduated in 2015. A nurse practitioner worked at the facility about a year before interviewee graduated; this person had significant experience. The facility developed time, working with neurosurgery, orthopedics, etc.; interviewee had worked with neurosurgery unit the most and was already familiar. This person took interviewee on as nurse practitioner, even before he graduated, which began the transition into this new role. Took on that role for a year and a half.

0.27.38 On the role of a nurse practitioner: “In that role, it’s very collaborative. I worked with the doctor—with the surgeon. We saw patients in the clinic, in the hospital, in the operating room. Some of it’s out-patient-based, in-patient-based, etc. It’s basically what providers do—whatever the provider may be—basically manage the patient’s condition, whatever the condition is. Nurse practitioners tend to be a little bit more in the realm of holistic and preventative as a history. So, nurse practitioners tend to work with patients a little bit differently. Not that one approach is better or worse or wrong or right. It’s just how we see patients and do what we do. So that role was good, busy, very stressful for me. So, I ended up taking a position in correctional health care, that’s what I do now ... In this role, I’m a little more autonomous—I’m basically a primary care provider ... just kind of a multi-modal approach as much as possible.”

0.30.03 On current role: “It’s a correctional facility, yeah. It’s an intake facility. So, the inmates come there for 8-12 weeks or so. They get their initial physical, dental, psych, and then it’s determined where they’ll go – I had worked at a maximum facility too, many of them are there for longer sentences, for violent crimes. So, depending on the length of sentence, some long term, some for short sentences.”

0.31.22 Has worked at two different correctional facilities.

0.31.37 On why wanted to work at correctional facilities: “It was something that was lucrative in terms of benefits and hours. That was appealing. But it is an environment where I did a practicum, kind of like a clinical, but it’s one-on-one with a nurse practitioner. So, I’d spent a semester in that setting. And the thing I enjoyed about it was that there was such a variety or exposure to diagnoses. And not even speaking about psychiatric—just medical. But obviously there’s a variety of psychiatric issues—depression, anxiety, psychoses. But leaving that aside, just the exposure to different medical diagnoses was intriguing to me—be it hepatitis C, rheumatoid conditions, a lot of addiction issues—that’s probably the highest mental health issue right now. But just the medical exposure was something I didn’t think I’d find anywhere else. But even if I did, they’d probably be something that would be handled by a specialist and I wouldn’t have direct exposure to or co-managing of. And obviously work/life balance as well.”

0.34.21 On nurse practitioner’s holistic approach: “Well, it’s are you treating a patient or a disease? And you try to do as much preventative healthcare and teaching as possible. And I think that’s probably the most important thing. If I could spend the whole day teaching a patient, that’d be great, but we don’t have time for that

sort of thing. But that is probably the best thing is to educate the patients as much as possible so they can manage themselves, because when they leave your care or the corrections, they're back on their own and they may have limited resources. So, having them manage on their own is very important. Involving sub-specialties as much as possible—psychiatry, psychology, etc. Working with the nursing staff—they're really your eyes and ears—so if you educate them, you know what to expect. And I think that helps the patient as well. But I think the preventative healthcare is the most important thing, preventing disease, healthy lifestyle practices, sex practices. But there's only so much you can do. But it's just more looking at the patient versus the disease. Many times, patients just want someone to talk to, and they have anxiety. And a lot of time you just sit and talk and that alleviates a lot of issues right there. It's just recognizing a lot of components.”

0.36.40 On working with the corrections population: “It's hit and miss, some don't care, some are very motivated. It just depends on the patient. Diabetes is a good example. Some want to get off insulin, want to do everything they can do. Others just order donuts from the commissary. I don't know it's specific to the corrections world versus the civilian world. It's just the patient. Even sometimes, someone will come in for a DUI and be like, 'I'm done with drugs.' At some points, it may be that they've hit the bottom and are just done—I don't know, I'm speculating on that. But it just depends on the patient.”

0.38.18 Hard to estimate number of patients that interviewee sees now, because they come and go so fast—but maybe 50-60 a week, or anywhere from 10-12 a day, sometimes more.

0.39.23 On dealing with the stress of nursing work in corrections and other environments: “It really depends on the role and how much you need to follow up. The neurosurgery job as a nurse practitioner was hard to manage stress, because you couldn't take—you never stopped, really. It was just you couldn't leave work at work. Many times, you were on call, you were calling patients at home. It was hard to deal with in that role. In this role, it's easy; when I'm done, I'm done. Do I think about patients when I leave? Yes ... And it's hard to shut the brain off in what you do. But work/life balance is the important thing. But I cherish my weekends, and not a lot of jobs you have weekends off. And at least it's a time that I have off—I can bike or hike or paint. I truly believe that you need an outlet. For me, it's painting—I paint watercolors ... But whatever it is, I think everybody needs an outlet, whether from their home life, their work life, whatever it is, that they can connect to.”

0.41.51 On work/life balance in nursing: Yes, especially if you have children. And “not to be sexist, but it is a pink-collar job, and from the 1970s it's a female-drive career path. And many times, you're a single mom, a working mom, whatever it is, and you have work at nights, weekends, on call, and I think it's very difficult. And some people are workaholics and take as many shifts as they can. And you can only do that for so long before you break.”

0.43.00 Feels there is a danger of burnout, especially with forced overtime at some institutions. “And you can tell, when nurses get old, they've done it for 20 or 30 years, and it's time ... Nursing there's a lot of opportunity, and maybe it's time for something else, and it's time to teach or retire ... Not all, but I've worked with

enough nurses, and they're good nurses, but they're ready and they've lost the spark, so to speak."

- 0.44.07 On nurses 'eating their young': "Nurses can be mean! And I can try to find videos for you if you want, but there's videos out there—I think I've seen them—in my schooling maybe. They can be passive/aggressive. They can set younger nurses up for failure. And I don't know why. I hope I was never like that. I don't know why that is. I wish I understood it better. I don't know if they're threatened by younger nurses. We really need to help each other out ... I've seen that, where a younger nurse asks for help or something, or they just aren't overly helpful or too busy or whatever—and maybe it's part of that whole burnout thing. And some nurses came to me—and I hope I'm not like that, because—I don't think we even recognize when we do it. I don't know why—I've never understood why we do it—especially when it comes to patient care. I don't know—I wish I had a better response on that. I do see it."
- 0.45.54 Feels that has experienced this to some degree himself. Feels that it's correlated to some degree with managerial staff. "Some of the management styles I've worked with—I've seen bullying, and I think it's just not effective. There's a difference between management and leadership. I've seen a little bit of both. I've had good mentors ... I think sometimes people have to prove themselves to another nurse before they're going to say, 'Oh you're okay.' And maybe it's tough love too. I don't know. I don't know what it is, to be honest. It's happened, I'm sure."
- 0.47.04 On the qualities that make for a good mentor: "Experience. Willingness to help. Sometimes it just takes another look, on the mentee, to be open to feedback—maybe you missed it—or open to another look. I've had good mentors. I have a friend who's a PhD-prepared nurse, and she really was high-end on certification for nurses, to encourage certification and also professional organization—organization specifically devoted to the nursing specialty. And that was huge—those are the people you want to mentor you, the people who have a pulse on the field, on the politics of it, what's new—those are the people you want to gravitate to, looking for those things."
- 0.48.51 Was part of ARN [Association of Rehabilitative Nurses] as RN, and organizations for education for nurse practitioners in a variety of places in Wisconsin; finds it important to be involved in a variety of professional organizations—for networking, learning, education.
- 0.49.48 On future plans: is not sure about these; considered finishing terminal program in doctoral programs, or various certificate programs, and perhaps teaching. Feels happy with current role for the moment.
- 0.50.41 "It's an excellent field. It's something I've enjoyed in every role I've been in. I would encourage anybody that is thinking of going into nursing to consider shadowing people, working as a CNA, talking to people. I know myself personally I've spoken with people who have interest in nursing ... It is a very rewarding field. There's pros and cons. The economy makes a difference—patient census, insurance. You know, nurses have been laid off in the past—I don't see anything like that in the near future; there's such a demand. It's a very versatile field, a very rewarding field, a very marketable field. You get sick of one thing; you can try something different. That's what's so appealing about it, is that

there's so many different opportunities at so many different levels ... There's good and bad to any job, it's really something that's very rewarding and very enriching. So, I would encourage anyone that has an interest to make their own stories."