

Guest Editorial

CRITICAL CARE NURSES IN INDUSTRY: DESERTERS OR LEADERS?

By Barbara J. Drew, RN, PhD

There is a growing trend among health-related industries to recruit nurses as employees. If you search Google for “industry jobs and nurses,” in fact, the result is more than 14 million Web sites. Fueled by human genome discoveries, biotech companies are mounting numerous clinical trials that require research nurses to manage. Nurses also are sought by pharmaceutical, device, and hospital equipment and supply manufacturers. Who better to recruit for interacting with healthcare consumers than critical care nurses, who have become expert in using medical products? Nurses are perceived as not being driven by profit motives and for having patients’ well-being as their top priority. Such perceptions are important to a healthcare company.

Today’s nurses also may be tempted to leave bedside nursing. Duffield et al¹ conducted a survey of nurses who had left the profession and found that factors rated very highly in the nurses’ decision were a desire for career development and promotion, equality with other professionals, and treatment as a valued health professional. It is not difficult to imagine that a nurse who feels devalued in her current work environment would be impressed by representatives from industry with their smart clothes, travel opportunities, and the respectful manner in which they are treated.



Carla Joliat, RN, MS

But what happens to nurses who transition into industry? Do they sell out and simply tow the company line, or do they keep patient care central to their mission? A thorough search of the literature yielded no articles on this subject. Therefore, I would like to offer an example of one critical care nurse who had a major impact on industry but never lost her voice for nurses and patients. Her name is Carla Joliat, RN, MS,

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and for 24 years she worked for a company that manufactures cardiac monitoring equipment. Carla died prematurely in October 2006 after a valiant 7-year battle with multiple myeloma. Let me tell you more about this critical care nurse who was a pioneer in industry.

Carla graduated in 1971 with a BSN from the University of Maryland and was commissioned a First Lieutenant in the US Army Nurse Corps. Her first assignment was at Tripler Army Hospital in Honolulu, Hawaii. In 1974 she moved to San Francisco to enter the master's program at the University of California, San Francisco (UCSF). While she was a graduate student at UCSF, she worked in critical care units. Following completion of her MS degree, Carla went on to work in critical care units at St Francis Memorial Hospital in San Francisco in leadership roles.

After 11 years as a critical care nurse, she took an unusual career turn as she became a clinical applications specialist for Hewlett-Packard (HP). Some skeptics probably wondered why an expert critical care nurse with an advanced practice degree would leave patient care and go to work for industry. But Carla never forgot patients; in fact, she influenced a whole industry of critical care products that directly affect patients. As a stellar teacher, too, she was a natural to help clinical colleagues master the increasing complexity of bedside cardiac monitoring technology. Carla assumed ever-increasing leadership roles with the company throughout its transitions from HP to Agilent Technologies to Philips Medical Systems, as the company is known today.

Carla also spearheaded an effort at her company to support critical care nursing research, especially as it related to technology application for improved patient outcomes. Her efforts resulted in the HP-AACN Critical Care Nursing Research Grant, which remains the largest AACN grant awarded. Eleven years later, this grant continues to support investigators in the field of critical care, though now it is called the AACN-Philips Medical Systems Outcomes for Excellence Research Grant. As the first recipient of this grant in 1991, I can declare that this funding was crit-

ical for launching my program of research in electrocardiogram (ECG) monitoring. The list of subsequent grant recipients reads like a "Who's Who" in critical care nursing, including names such as Debra Moser, Marjorie Funk, Susan Ludington, Anna Omery, Jill Jesurum, Leslie Kern, Jacqueline Sullivan, Nelda Martin, and others. At AACN's National Teaching Institute in Atlanta in May 2007, a special session in Carla's honor will review key research findings from studies supported by this grant.

An example of work that was probably not the company's top priority for Carla but that she nevertheless perceived as important to nurses and patients would be her campaign for accurate ECG lead placement. In 1991 my colleagues and I had reported that inaccurate lead placement was common in critical care and progressive care units.² When I wanted to improve nurses' accuracy, I simply turned to Carla because I knew she could move proverbial mountains. Not surprisingly, Carla initiated efforts to provide more anatomically correct figures of electrode placement in company manuals and on ECG equipment. She also supported numerous educational programs as well as pocket cards for quick reference on best practices for cardiac monitoring.

What can we learn from Carla's career in industry? Her legacy is that she brought to industry her expertise in critical care nursing and her love for patients. She found ways to influence the company's products, future research and development, and educational programs. She truly was a voice for critical care nurses and patients in industry; many of us will miss her energy, wit, enthusiasm, creativity, and leadership. Any critical care nurse considering a change from bedside to industry would do well to emulate Carla's example.

FINANCIAL DISCLOSURES

None reported.

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