

Nurse and Entrepreneur: Joni Watson, DNP, MBA, RN, OCN

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Lisa Bonsall: Hi, everybody. Welcome to our podcast. Today I am joined by Dr. Joni Watson. Dr. Joni Watson has a vast knowledge and wealth of experience in nursing and wears many hats today. Dr. Watson is editor of the Clinical Journal of Oncology Nursing, Consulting Associate at Duke University School of Nursing, and co-founder and Chief Vision Officer for The Creating Collective. Thank you so much for joining me today, Joni.

Joni Watson: Lisa, I'm thrilled to spend time with you today. Thanks for the invite.

Lisa Bonsall: Can you tell us your nursing story? Where did you start out and what was your journey to get to where you are today?

Joni Watson: Yeah, absolutely. I feel like my nursing journey has kind of been a jumble of experiences, but really, that's what everyone's nursing journey is like. I have come to find out with age and experience. I've had great mentors over the course of my career. And, so I got my BSN from the University of Texas at Arlington in Arlington, Texas. It's a fabulous nursing program. Really, sowed some seeds of innovation in my heart, in my mind there. I thought I wanted to do labor and delivery straight out of my BSN program.

I was married at the time. My husband, was in vocational ministry. And so part of why I chose nursing, I was always compelled or pulled toward the medical field. I was on a pre-med track, and I thought, I'm going to go and do nursing before I do medicine so that I could work while I'm in medical school. And, I enrolled in nursing school at UTA. I fell in love with it, particularly with the relational aspect of nursing and patient care. And as I was doing clinicals, I felt like, hey, I don't think I would enjoy the physician side, the medicine side as much. And so I actually decided to stay in nursing. It was an added bonus and decision-making aspect that my husband was in vocational ministry, and I felt like we might be moving a lot depending on where he got called to. And, and so that might not also, you know, work well with, medical school.

But nursing, I knew I would always have a job wherever we would go. And so, I stuck with nursing and thought I wanted to do labor and delivery, took a new GN position, the one L & D GN position at East Texas Medical Center, which is now UT Health in Tyler, Texas, got a six month, orientation and residency, which was pretty novel back then. I'm going on 21 years of nursing. And so, you know, residencies were just kind of starting to have their moment. And at the end of six months, a more senior nurse who had left the unit came back to the unit, and the nurse leader gave that nurse my open

position. And so I was forced to float immediately after finishing my OB residency as a new GN. And it was just... it was devastating at the time. Lisa, honestly, I remember crying in my educator's office and her encouraging me, and she said, well, there's two places open. We have the urology unit, or we have the oncology unit that's open. And thankfully I, you know, thought back to my senior year of nursing school and had a great professor who let me do a rotation in a bone marrow transplant ICU. She even told me, hey, you seem to understand this really well, like the pathophysiology of it, you might consider oncology in the future. And I remember telling her so naively, Thank you so much, Dr. Barr, I'm going to do labor and delivery. Famous last words. But all of her encouragement came back to me in that moment, and I told my educator to let me have oncology. And so I got four weeks of orientation.

I immediately became a night shift charge nurse because I had a BSN. I was terrified, and my first night as a charge nurse, I was charging over nurses who had been LVNs longer than I had been alive, literally, and I just thought, what am I doing as their leader? Like, this is ridiculous because I have a BSN, right? And this one nurse, Miss Carol, came up behind me. I was at the Pyxis and know just... I'm sure I was probably shaking, you know, it's probably written all over my face, and she leaned over my left shoulder and she whispered in my ear, we've got you, baby. We've got you. And so I really did not experience a nurses eat their young mentality. Those nurses took care of me, and they let me lead them until I was really capable to do so. And my leaders on that unit were light years ahead of their time, honestly.

I went to graduate school while I was working there full time, so I went to graduate school full time, got an MSN and an MBA from the University of Texas at Tyler. My leaders changed my schedule every single semester, Lisa, so that I could go to school. I was starting my family. I had two kiddos at during that time period. I graduated. And then my husband got called to the Austin area to plant a church. And so we moved to the Austin area. Through a series of events that, you know, might seem random, but I wholeheartedly believe that they're divine. Oh, I should tell you that a position came open in labor and delivery back at East Texas Medical Center but I turned it down. I had fallen in love with oncology. I just fell in love with it. And those nurses helped me fall in love with it. They had such passion for the profession and for the care that they were doing. And they really owned their practice. They really did. So they're the ones that encouraged me to get certified, as a nurse.

So I got certified while I was there, got my graduate degrees. We moved to Austin. Through a series of events, I started working at the Texas Nurses Association as a director of a nonprofit for the TNA. That was a formative time of my career, working with incredible nurses and all across the state of Texas, which at the time had over 360,000 RNs. I really learned how to advocate for patients by telling the nursing story, and vice versa. I learned how to advocate for nurses by telling the patient story.

And so that was a really important time in my career, let alone a time where I just again had great mentors in my life who encouraged me to start presenting at national conferences. I had my first peer-reviewed, journal article during that time period, and I remember them editing my work, you know, and just encouraging me, and spurring me on in professionalism. And while I was working with an interprofessional team at the TNA, I really was starting to miss the health care environment. I missed working with the larger inner professional team, with social workers and dietitians and chaplains and so I stepped over and I took a role leading an ambulatory cancer care team that crossed several hospitals within a large system in the Austin, Texas area. it was an innovative role. It let me build programs and services through a lot of different grant mechanisms.

And so I had a leader, for the first time I was reporting to a non nurse in my career, which was also a pivotal and paradigm shifting moment in my career for the better. I will say, you know, a lot of nurses kind of balk at reporting to a non nurse but that really helped me rethink why we do some of the things that we do in health care, because she was asking me, because she literally didn't understand some of the clinical pieces that we were doing. Why do you need this? Why do we need to do this? So it helped me dig into the evidence and help me rethink why I was thinking what I was thinking. That experience also shaped the way I viewed equity in care, because the program and the team that I oversaw really helped with a lot of uninsured care. And this was before the Affordable Care Act went into effect. And so the uninsured and the underinsured had this stereotype and bias in my head just based on my own privilege, even though I had, you know, blue collar parents growing up.

In Austin, before the Affordable Care Act, the uninsured and underinsured really looked like, and it still does, if I'm honest, people who had just crossed the border in Texas, who needed, cancer care, small business owners who could not afford health care insurance, the year old student at the University of Texas working on a master's degree, the musician or the artist in the live music capital of the world. And so, it really helped shape what I think about equity. And what are some of the foundational principles that I think about health care as a human right. And so that was an important part of my life and work. And then, you know, I knew I wanted to go back and get my doctorate degree. I knew I wanted to grow in health care. And thankfully that leader, that non clinician, was the one who helped me. She was also the one who really spurred me to create a leadership manifesto. She asked me, why do you make the decisions that you make? Why do you believe what you believe?

And that's when I created my leadership manifesto. I talk about that in a lot of different places. It's a prescriptive and descriptive personal decision-making guide that I've used since that time period. During that time period, the rise of social media was also happening. So Lisa, it's hard to believe, but I was thinking about this last night, we've been connected for over ten years now. Yes, absolutely. Which is amazing. And so all of these, you know, very formative things were kind of happening in my career to shape me and mold me. And I knew I wanted to continue growing. And an opportunity came to join the Baylor Scott & White Health system, to build a comprehensive community cancer center. It wasn't Baylor Scott & White yet, the system was still forming and merging. So I went through two mergers while I was there at that system, but just had great opportunities to build new services, to work with incredible leaders who really walked their values, which was important to me. At that time, I got to see community care up front and up close, which I love. There's something beautiful about taking care of people that you know, that you're going to see at your kid's school or on the baseball field, or in the grocery store.

And so, you know, it was, a really great time. And my leaders continued to grow me. They gave me additional services, cardiovascular, orthoneurotrauma, plastics and reconstructive surgery. Baylor Scott & White had a transparent succession program. I moved to the Dallas area to become a chief nursing officer of a hospital. Went through COVID, went through some work changes, stepped over and started helping Ascension as a Senior Vice President of Nursing Transformation. And all during that time period, I was kind of building my business, The Creating Collective, during that time as well. And so, I have had a wild nursing journey, I really have. I finished my doctorate degree at Duke, but I have learned something in every place that I have been, and it's been an incredible journey. It really has. I have tried to enjoy every season, even the hard seasons and Lisa, there have been some really hard seasons in my career.

And so, you know, that's kind of how I got to where I got and the things that shaped me. But, ultimately, I love healthcare. I really love people and taking care of people. So that's kind of me, I love it.

Lisa Bonsall: What a ride. You're right. Wild, wild ride. But look at those twists and turns. So impressive, Joni. I do want to dig deeper into your business, The Creating Collective. So can you talk about the history of your business? What need did you see and what do you offer?

Joni Watson: Yeah, absolutely. So we talk a lot about gig work these days, but gig work is not new. I mean, like I said, I've been a nurse for 21 years and I've had probably side work for about of those years. Honestly, I've always felt like my work is diverse. You know, I've had colleagues reach out to say, hey, I need educational program built. Can you do an evaluation plan for me? Could you do like a, you know, 20 hours of consulting here? You know, all of these quote unquote smaller things. You know, it feels so different and diverse and at times in health care because of that.

Let me back up too, I have a nursing degree and a business degree. And so, I've held operational roles that reported to non clinicians. I've reported to chief medical officers, chief operating officers, chief marketing officers, and I've had pure nursing roles that have reported up through a nursing hierarchy and chain of command. It's always interesting because, a lot of times operational leaders don't know what to do with the nursing part of me. And a lot of times the nursing leaders don't know what to do with the business and operational parts of me. And so I have always kind of felt like this star shaped peg fitting in a round hole, honestly, and even to the point of thinking that maybe the diversity in my knowledge and in my career was a negative. So I've had to grow through that. But really, I've come to learn with age and time and knowledge and experience that diversity is really a strength of mine. You know, I have broad knowledge across several domains, and I have deep knowledge in a couple of different domains, which lets me translate work between interprofessional teams.

And so through The Creating Collective, I sort of get to bring all of that diversity of thought and knowledge and experience together. And I provide consulting and developing services focused on health care and leadership. And I say consulting and developing, because I'm quite comfortable looking at and operating within the current evidence and emerging evidence. But I'm also quite comfortable ideating and creating novel solutions and programs, because health care is a complex adaptive system. And just because you have evidence for one setting and one population does not mean that that same intervention is going to work in a different setting or a different population. And so we often have to ideate and develop novel solutions. So I'm comfortable, in both of those spaces. And I tend to have a foot in both worlds today and tomorrow, which helps me bridge organizations and teams in transformative work and I love that.

And for The Creating Collective that looks like a lot of different things. Honestly, Lisa, just like, you know, your day in nursing can, you know, look like one thing different from the next with patient care. The same is true with, being a nurse, you know, being an entrepreneur and owning and operating your own business. You know, depending on what my clients need, I could be building business cases and strategic plans and then actually supporting teams and operationalizing those to help them actually do the work. And because, again, I've held both those strategic, those nursing roles, plus those operational roles, I can dream and I can do, I know both of those pieces really well. The next day, you know, I could be helping a technology company, build or change their tech to practically support nurses or other health care workers. Later that day, I could be doing some speaking and writing services. The next day, I could be

coaching and mentoring individuals. It's really broad, but health care is quite broad. And I love the diversity of the work that I get to do. It always keeps it interesting, for sure.

Lisa Bonsall: Wow. That's fascinating. Kudos to you because that's a big undertaking. And to just be switching hats all the time.

Joni Watson: It is, but we do that every day as nurses we really do.

Lisa Bonsall: Very true. So as you said, we connected on social media many years ago, and from the beginning, Joni, your presence has just been positive, inspirational, focusing on gratitude. You're always, you know, here's a way to thank your staff or your colleagues or here's something I designed that you should share because it will make people smile like, you're just so, you just reach me and I'm sure you reach so many people. So I just wanted you to talk about why that's so important.

Joni Watson: Well first, Lisa, thank you for those kind words. That really does mean a lot to me. So thank you for spurring me on in that encouragement. Well, I mentioned my leadership manifesto, so that I was developing that right around the time that you and I connected on social media about ten years ago, or a little bit more than ten years ago. And, you know, again, it's a prescriptive and descriptive personal decision-making guide. So it describes who I am, and it also prescribes what decisions I will make, will most likely make that align with my core values in light of the life that I want to live and the legacy that I want to leave. You know, one of the benefits of working in oncology is you get to see a lot of people realize their priorities really quickly and reprioritize life. And I am fortunate that I got to walk alongside many people as they realized, what is it that's important? And they actually, you know, thought out loud and talked through that.

I was 21,22,23 years old during some of that early time in my career, and it really shaped how I think about what do I want my life to look like, no matter when it ends? We are not promised tomorrow. You know, I could leave this, God forbid and have a car accident and be gone. I want to know that the decisions that I make and the actions and the behaviors that I have, leave the legacy that I want. No matter when my life ends. What a gift to have life and to be able to make decisions that change the way we enjoy life and people perceive us, and we have fulfillment in life. And so literally, one of the pieces of my leadership manifesto is about gratitude. I'll read it to you. It says, I believe saying thank you never gets old and we cannot say it enough.

Gratitude changes our hearts, minds and the environment. And I'm reading it because I have my leadership manifesto written out. I look at it every single day, if not multiple times a day, because that's how many times I'm making decisions over the course of my day and my career. And so our words have power, Lisa. They have power not just over others, but also over us as well as we speak them. And I want to speak hope in the work that I do. I love my profession. I love people of all kinds. I love that I get to take care of people, whether that is patients or team members. What a privilege to be able to get to do that in care or in work. And so for me, gratitude is a large part of that. It, you know, selfishly, it makes me feel good when I thank people. If I am having a crummy day, I will bust out some thank you notes, and I will write some thank you notes because it feels good to be generous, even in the words that we say with others.

You know, health care and life are hard enough. I have done, you may have heard of the Five Love Languages by Dr. Gary Chapman. He published a book after that called, Work Appreciation Languages or

something like that. I have done an appreciation language quiz for about half of all of the teams that I have had the privilege of serving in leadership, and I can tell you, Lisa, that, about 80% of all of the teams, I mean, hundreds, hundreds of FTEs that I've overseen, about 80% of the people that I have had the privilege of leading have had words of affirmation as either their first or second appreciation language at work. How easy is it for us to affirm people with our words? It takes time and it takes intention so that it is meaningful and that it is specific, but I can do that. And so I have built habits of gratitude into my life and work in order to spur other people on as well as myself. Truly.

Lisa Bonsall: That's wonderful. Well, you definitely spur me on, and I'm sure everybody who's following you. So thank you, thank you, thank you, thank you.

Joni Watson: Thank you, Lisa.

Lisa Bonsall: What advice do you have, Joni, for those new nurses out there who are striving to make a difference during these challenging times?

Joni Watson: Oh, goodness. Well, first I would say welcome to the club, colleagues. You will always have challenges. and I don't say that to discourage you. I say it to encourage you. Honestly. You are in good company. You are. You know, take a look at my history. My future career will have just as many twists and turns. It will. There are always challenges. I'd encourage you to reflect on the work that you're doing. Reflection is highly undervalued these days because it's uncomfortable work to be introspective and to think about who we are and what we want and what we're doing. But I would ask you to reflect and ask yourself, are the challenges worth it? And that may be risqué to say, Lisa. But is your work worth the challenges? Is the ultimate outcome worth it? Do you even know what your ultimate outcomes are in life and in work? Do you truly know why you're doing what you're doing? Because you need to know your why in order to keep your way.

The challenges, they may not be worth it. Or maybe they are, but you are the only one that can decide that. I can't decide that for you. Because not all challenges are created equal. And we, in and of ourselves are complex, adaptive systems. We change over time. We are never, ever the same. So there have been many times in my career, Lisa, where the challenges weren't what I was up for, and I had other priorities. And I know that because I have a leadership manifesto and I took time to really think about what are my priorities, know that priorities change. That is okay, colleagues. People change, careers change. Priorities change. You don't have to be one thing. And to me, I have always loved this about nursing, is that we actually get the opportunity to reinvent ourselves over and over and over again. I mean, what other profession lets you jump specialties during the, you know, the course of your career? I thought I wanted to be labor and delivery nurse, but I decided to be an oncology nurse. Then I started doing leadership and program development. Now I'm an entrepreneur. I mean, so, you know, I kind of had this vision at the start of my career that I was going to be one thing.

But now I'm really leaning into, hey, I can do all of these things. I'm drawn to these things for a reason. I'm drawn to this body of knowledge for a reason. It may not mean that I get to do it all at the same time, but I get the opportunity to really step into all of these spaces at one point in my career. And, I want to be careful not to encourage new nurses with the mantra of do what you love and you'll never work a day in your life mentality. That has really always bothered me, because every nursing job I've ever had, Lisa, including this one of owning and operating a business that I love, that actually helps with transformative change, it's hard. Every nursing role I've ever had has been hard in its own way. You know, if we think

about, parenting... I'm a parent, have three children. I love my children. But parenting is hard some days. And it's hard because I love them. And passion and hard work actually hold hands in real life. They are not dichotomous to one another. They are close siblings, passion and hard work.

So get comfortable with being uncomfortable. I don't want to sound cliché, but if you're uncomfortable, you really have to reflect on is this achieving? Is this working towards my ultimate outcomes? Does this align with my why of who I am and what I'm doing and my purpose? And if you are, that's where the magic happens, inside those tensions and pressures. So be comfortable being in the uncomfortable space. There's likely a reason that it's challenging. Are you innovating and leading the way? That will always be hard. You are chopping down barriers for other people coming behind you. Are you working inside a complex system? That will always be hard because they are notoriously difficult to predict. We can't really predict them. We have to interact with them. And that's what health care is, a complex adaptive system.

And so, to my new GN colleagues, I would say what I do know is that our profession needs your voice, your expertise, your knowledge, your energy, your ideas. We need you, you, whoever you are, whatever you are interested in, whatever your passions are, we need you in nursing to affect change and to produce transformation. So know why you're doing, know why you're doing the work that you're doing and keep doing it.

Lisa Bonsall: That's so wonderful. Joni, thank you so much for this interview. It has been great speaking with you.

Joni Watson: It's been my pleasure. Lisa, thank you so much.

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