What an amazing journey this has been. If you had told me 50 years ago that I would someday be in business for myself, setting my own schedule, selecting my own clients, and teaching nurses my new coaching model, I would have said “Impossible!” Over the years, I have learned that anything is possible and I hope that this article will inspire you to think outside the box for your practice.

In 1970, I was working in a general hospital in-patient psychiatric unit. I pushed for nurses to have active therapeutic roles on our floor. One of the psychiatrists had a practice that was growing quickly, and he asked me to be a co-leader with him in his private group therapy sessions. It seemed like an easy transition because we had already been working together in those roles at the hospital. Then he asked if I would work in his office with some of his private clients. I can remember those first clients as if it were yesterday. The couple sat together on the brown coach, and I sat in the “therapist” chair facing them. It was their first time in therapy, but I was more nervous than they were. I lost the first 10 minutes of the 50-minute session explaining why I could work with them, listing my years of training and experience. They were uninterested. Finally, I focused on them, and thank goodness, I was effective for the rest of our session. They thanked me and set up another appointment. The doctor paid me, he signed the insurance forms as the MD, his front desk assistant scheduled my appointments, and things worked easily for many months.

The next step was even more of a stretch – I began working with children in a different office space so I could have shelves filled with toys. After hiring a consultant for training and supervision, I started setting up my own appointments. One day, I had an epiphany and said to myself, “I should be in my own private practice!” After all, I was already in my own office, plus the MD/psychiatrist who was charging me to sign-off on the insurance forms for supervision wasn’t even an expert in play therapy. The psychiatrist was fine with it (less paperwork for him), and he could still refer his patients to me. I was married to a lawyer and talked with him about it; he thought if I got sued, he could be my attorney. My clients were fine with the change because I was then able to reduce their fee. I even expanded my practice and taught group parenting classes. In my mind’s eye, I can still see the money paid to me for that first class – a $20, $10, and $5 dollar bill. It was my money, and I was in business!

Over the next 20 years, my practice shifted. I became more and more interested in why people changed and why they did not. I learned of coaching in 1990 and fell in love with it because it really focused on how to promote lasting behavior change. My last 26 years as a coach has brought me meaningful, satisfying work beyond my wildest dreams.

It has been a privilege to be among the many nurses who have blazed the trail into private practice and nurse coaching. As I’ve walked down the path of private practice, people have often asked me about four specific aspects of my journey: education, marketing, finding clients, and community support. This is what I have learned from 46 years as a nurse entrepreneur.
EDUCATION

My interests and educational needs did not fit neatly inside conventional programs. When I went for my BSN after completing my diploma in nursing, I was able to challenge two years of the 4-year program. I had an extraordinary psychiatric nurse instructor, Merla Olsen, who helped me create meaningful experiences for much of my remaining two years. I was hooked on this kind of learning, and several years later when I wanted to continue on to my master's degree, I looked for something similar. I couldn't find a nursing program that fit my needs, so I went to a clinical psychology program instead. Even though I received excellent marks in my classes, I eventually left the program because I grew weary of always having to defend my ability and legal right to do my psychotherapy practice. One day, as I was walking by a bulletin board, I saw a program in life transition counseling from the Fielding Institute. It was perfect. I was able to develop much of my own curriculum, and was even able to study with leaders in the field such as Bill Bridges. One of my advisors was Frederick Hudson. He taught me the sky was the limit in terms of career development. I wrote my thesis on nurses moving out of the hospital and into private practice, which I later used to develop a stages of change model used in my coaching practice (see box on page 28). Years later when I was ready for my PhD, all roads led to the California Institute of Integral Studies. I was once again able to follow my curiosity, take classes that truly fed me, and direct some of my own learning.

MARKETING

At first, my entire client base was filled by one doctor's referrals, but as I changed my focus, I needed to find my own clients. I now have a product (holistic/integral coaching) that few people understand. This is a major roadblock in marketing. It requires consumer education, and I have found that offering free sessions to prospective clients works well. Be creative and explore the many ways to find clients. Don't forget about referral sources, because they can provide a steady stream of clients. Consider other marketing avenues in social media; these also seem to work best when they come from a sharing approach.

FINDING CLIENTS

During those first few years, when one client finished and no longer needed my services, I was scared. Would another come to fill that person's place? Yes, and it happened over and over, so I learned to trust it. It also helps to ask clients for referrals because they may not think about it, or even know if you want more clients. If my client load gets low and I start to worry, I look to see how available I am. Often I realize that I have taken on some new project and room for new clients has decreased. This even happens day to day. If I am tired, I often find clients wanting to reschedule to another day. I have learned the ebb and flow is not a mystery, but has logical and predictable patterns.

COMMUNITY SUPPORT

Private practice can be lonely if you are not connected to others. When I began my practice, I dressed up, went to my office, and focused on building my client base. I had friends in private practice, and we met regularly to discuss difficult clients and how to build our practices. In times when I have wanted to expand the size of my practice, I have asked someone

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In 1977, the American Nurses Association had about 400 nurse members who considered themselves to be in private practice. I wanted to know about them and their perspective processes, so I used my thesis at the Fielding Institute to pursue this passion. I sent out a survey to find out about their journeys and was delighted with more than 300 responses. I found these nurses could identify with the following change model.

The first stage I found was an Incubation Period, which lasted about a year. A trigger event opened up the nurses’ thinking about moving into private practice. Although the idea sparked a new concept, the new idea was quiet and “in the back of their minds.” (The role of a private practice for nurses was quite unknown at that time.)

The second stage was an active period of Pro and Con. During this period, which lasted about nine months, the nurses were actively considering the change. During this stage, they rehearsed the new role in their minds. They would think, “I could keep track of my income by using a certain type of accounting system.” Or, “If someone asked me what kind of services I provided, I could say such and such.” As yet, they were not taking concrete steps, but were only pondering them.

I labeled the third stage Surrender, which is where I first saw real action and forward movement happening. I didn’t see this as passive, but as giving in to a compelling new way of being that felt like “the right thing to do.” It was described as “surrendering to the correct path” and spoke to a pressure to grow, advance, and develop.

The fourth stage of my model I called the Awkward Period, a stage in which nurses talked about not wanting to work the old ways anymore but not yet being comfortable with new ways. This stage lasted about six to nine months, and during this time, they were starting their practices, learning how to set fees, handle money, schedule appointments, find clients, describe their roles, and generally manage and grow their private practices. Integration was the stage in which the new role was fully incorporated into the nurses’ professional identity. They thought of themselves as nurses in private practice and were comfortable in their new role.

At the end of the study, I added a stage commonly experienced by those nurses and many I’ve coached: the Redefining Period. What the study pointed out was that after the nurses were comfortable in their new identity, they returned to parts of their old role that were still valuable. It fit the old adage of “Don’t throw out the baby with the bathwater.” I found from my investigation that this step only occurred when nurses were comfortable with their new role as effective entrepreneurs.


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