

## 5 Questions With ... Candi Rogers, on how she became nurse of the year

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Michigan native Candi Rogers said that to be successful in nursing, one should be a nurse at heart. Rogers was chosen as Hoag Hospital's Nurse of the Year this month after proving to her peers she is one of those nurses.

Rogers, 43, said childhood visits to her great-grandmother Gambino's nursing home near Detroit inspired her to become a nurse. Originally from Haslett, Mich., she worked as a nursing home assistant while in high school. She began her work with cancer patients at Michigan State University, where she graduated as a registered nurse in 1992.

She has stuck with working in cancer treatment ever since, first with bone marrow transplants in Portland, Ore., and Seattle before moving to Southern California in 1996 to join Hoag's oncology unit as a staff nurse. Since 2000, Rogers has mainly been a charge nurse managing the oncology unit's inpatient care operations.

The Huntington Beach resident said that if she were not a nurse, she would travel or have a job in the travel industry. Aside from her work with Hoag, Rogers volunteers for the Leukemia and Lymphoma Society and is an active member of the Oncology Nursing Society.

### **Q. What is the most rewarding part of working in oncology?**

**A.** It is mainly the patient relationships. It is the excitement of seeing new things and seeing the patients do well, and seeing the success stories. The excitement (also comes from) the new nurses who come in to learn and being able to assist them because I have been doing it for so long.

### **Q. What is something that is unique to oncology that nurses in other departments do not experience?**

**A.** The challenges with cancer patients are that of death and dying, and the fear of the diagnosis. ... When I look at a patient with cancer who has a diagnosis and is able to spend that time with their family and come to grips with it in a sense, usually that process for them is ... a little bit more positive for the families. Whereas other nurses experience tragic accidents and cardiac issues where all of a sudden that person is taken away, and you do not even have that opportunity to process and say goodbye. It is a hard diagnosis to get, but then it is just a process. A lot of people live with cancer for a long time.

### **Q. What motivates you to work hard?**

**A.** The patients and my peers motivate me. I want to be a good role model for them, and I am their direct supervisor, per se, but I want to work the way I want people around me to work. I want to provide what is best for the patient. I want them to leave feeling like we could not have done anything better. Their outcomes and their satisfaction are what's motivating, and working with a great group of nurses. We have about 70 employees in our unit.

**Q. Where do you see the future of cancer research and care going in the next 10 years? Do you believe we are close to finding a cure for cancer?**

**A.** I have seen a lot of positive changes in 20 years, so I think, with science now, we see things moving more rapidly. But as far as a cure for cancer, I do not know. I think specific cancers, yes, but for others, there is still a long way to go.

**Q. Should Congress mandate registered nurse-to-patient staffing ratios nationwide, as proposed by the Safe Nurse Staffing for Patient Safety and Quality Care Act?**

**A.** I would have to see data that mandatory staffing ratios has improved anything. There is a lot that goes into that, and I know California did it, but I am not sure that they have proven it has made a difference. Doing one thing like that affects everything else. It is not just making one decision. I would have to see that it actually improves patient outcomes and patient satisfaction and healthcare in general.

I think care is provided in a hospital based on the culture of the hospital and not on the number of people that Congress says should be working here. You need to be in a hospital like Hoag that has a culture of quality. I do not think that you can go to a place that does not have that and say, if we change these numbers of staff, that it is going to miraculously improve. You need to have leadership behind you and a positive culture to improve care, and you can do it with less people maybe.

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