



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

Caring in Nursing: In Our Own Words

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My nursing education began in the 1970's. I recall twenty page care plans, countless 5 X 7 bibliography cards and lengthy term papers. We, as nursing students, provided hours of unpaid labor on the med-surg units of area hospitals. Many evenings were spent in the library, trying to catch up on assigned readings in nursing journals. I can admit it now - I never once completed those required readings. Invariably, I found myself turning to the 'front page' or the 'back page' of the journals, and reading with awe and fascination the compelling stories of real nurses. (I open my journals the same way today.)

These stories have the power to change us, to touch us in a way so profoundly as to reaffirm who we are and why we stay in nursing. As we share them, our attention is caught, a human touch is added to our encounter, and feelings of emotional closeness are stirred. Can you recall the face of an ominous nursing instructor, the exact smell of ether, the panic of making a medication error? If you work on remembering your stories, you may start to see and hear things you haven't thought of for years. Sometimes we recall lessons learned the hard way - perhaps from a mistake or from a colleague placing obstacles in our way. I hope more of your own recollections are of caring encounters; those stories which tell of the essence of nursing.

Retelling these stories is a highlight of meeting many of you this year. Linda in Nebraska told me of a patient she cared for over thirty years ago. She was a new graduate, assigned to the Recovery Room. A young man had been in a truck accident and suffered severe facial injuries, including a nearly severed tongue. Surgery lasted into the late hours, and she cared for him all night with the assistance of his father. It was 1966; she was the ICU. She was invited to attend his parents fiftieth anniversary party and was excited about seeing 'her patient'. He passed by her and she said he looked beautiful to her, just a small linear scar remained along one side of his face. They greeted each other and exchanged a few words. Much later that evening 'her patient' returned to talk with her again. He had tears in his eyes. He said that she had only looked vaguely familiar to him but he realized it was not the passing of thirty years. When he spent that night in the Recovery Room, and focused on her face and her soothing voice, he had believed her to be an angel. He gave her a warm hug, and said he believed it still.

A nurse in Upstate New York was caring for a patient who had arrived in PACU from the OR with no hope of survival. Surgical repair of a ruptured abdominal aortic aneurysm was unsuccessful. The practice in her hospital, as in mine, is to allow families time to grieve and have the opportunity to be with their loved one until death occurs in the PACU. The nurse handled the tasks of hands on care and the comforting of the family very well, until they asked her to join them in song. These were not hymns, mind you, but joyful songs to pay tribute to their mother. The nurse was uncomfortable and felt this singing was inappropriate. But the family took her hand in theirs, pulled her into their circle, and shared their sorrow and a measure of comfort with the nurse. The patient died peacefully, with dignity. No one watched the monitors or marked the decline in vital signs. The patient had become the focal point and all of them paid tribute to her. Diane and her colleagues were changed forever.

An endoscopy nurse from Long Island was providing routine discharge tasks for her patient. The patient began to cry and Rachelle searched for the cause of the tears. The patient shared her recent loss of a young daughter from cancer. The nurse and patient held on to each other and cried together. Rachelle felt that during that span of time, there was no one else in the world but her patient and her. She had

never before cried with a patient. A few weeks later, the patient returned to the unit and gave her nurse an angel doll she had made for her.

One evening, a patient arrived in our PACU status post ruptured viscus. His pain management was aggressive, and effective, but his anxiety level remained high. The surgeon wanted to notify a family member of the outcome of surgery, and the patient was adamant that his wife could not be told unless his son was there. The fact was that his wife was also a patient in our hospital. He was most concerned about her 'weak heart', and he didn't want her to find out about his predicament from a surgeon. The son was at his high school reunion, and although the nurses repeatedly tried to phone him, no one answered. One of the OR nurses called her husband who worked in the sheriff's department. The patient's son was found, and given a full police escort to the hospital. (Imagine his surprise!) The nurses went the extra mile to help meet this patient's needs. A number of years ago, my friend and OR colleague, Elaine, was the relief circulating nurse in the Open Heart Room. She entered the OR room and assumed her duties. While the cardiac surgeons were working, the vascular surgeon was performing a carotid endarterectomy. Elaine noted that the drapes were tunneling blood right down the leg of the vascular surgeon; his sock and clog were saturated. She quietly spoke to the surgeon, replaced the sterile towel, rolled up the leg of his scrubs, removed his sock and clog, cleansed his leg, and placed a dry towel under his foot. As she was washing his sock and clog in the scrub sink, she heard a commotion outside the door. There was a crowd of OR staff who were highly entertained by her behavior. They have never allowed her to forget this scenario, and the telling and retelling are enhanced each year. It is now the practice of the OR charge nurse to page Mary Magdalene to the front desk each year on Holy Thursday, and the staff are all refreshed with the story. But Elaine took care of her colleague, the surgeon, simply because she believed it was the right thing to do.

B. Lynn Drury, a certified perianesthesia nurse from Maryland, was recently chosen as Washington, DC/Baltimore Metro area finalist for the 'Nursing Spectrum' Nurse of the Year Award. She received this news while attending ASPAN's National Conference in Philadelphia, PA. The Spectrum advisory board chooses one individual whose practice, compassion and leadership have been exemplary and distinctive. Lynn said, "All nurses are nurse of the year. I feel I represent all of the hard-working professionals who love nursing. Each of us is unique, and we bring different talents to the profession." She was also quoted as saying: "The most important qualification I possess is that of a caring spirit. What other profession allows a look into the soul of another? What other profession sees the full range of human emotion, from the joy of a new life, to the agony of a traumatic death?"

Lynn shares this story. One rainy evening, she admitted a 39 year old post op multiple trauma patient - a cyclist who had been hit by a car on the way home from work. The injuries were severe and ultimately fatal. Lynn spoke outside the PACU to his wife and father, and prepared them for the shock of seeing the patient for the first time. "The wife searched and searched over the patient, looking for some sign of the husband she had last seen. She would stretch out her hand to touch, but would then pull back. I took her around to the left side of the patient. His left arm and hand were uninjured. I pushed the siderail down and gently placed the wife's hand on her husband's." Some time later, Lynn received a note from this widow, thanking her for her understanding and compassion.

One recent morning, I placed a phone call to ASPAN's president elect, Myrna Mamaril. My call was answered quite late in the evening, and Myrna was still in the hospital. A patient was in her PACU all day with multiple complications, and Myrna had stayed with her staff, offering them help and support while caring for the patient's family.

Joy from Wisconsin told me about a toddler who had been admitted through the ER one night with a terrible personal story. He was severely abused, with new and old fractures. While he recovered in PACU with casts drying and pins protruding from his surgical sites, his surgeon visited both patient and nurses. Providing care for the child was emotional for the entire team. The surgeon couldn't keep away from the bedside, and finally wrote an interesting order. He clearly indicated that besides the post op care required by this patient, he was to have one extra nurse assigned to him twenty-four hours a day, to hug, hold and sing to him. He shared in this work, and in the next few weeks, found his bond was growing into a love for the child. He and his wife have custody of this little boy, and he is in the loving environment of their home, with some older children who assist with the caring.

Like many of you, I have worked in the same hospital for over twenty years. When a nursing colleague dies, we plan a memorial service in the hospital chapel a few weeks after the funeral. The employee's family is invited to come, and after prayers and some brief eulogies are completed, we have a practice which I believe promotes caring and helps us to begin to have closure. An empty vase is placed on a

table in the center of the aisle. There are a few dozen roses which lie next to the vase. Any employee is welcome to place a rose in the vase and share a memory of their colleague. It is a warm and caring gesture for all of us and for the family. There is frequently some humorous anecdote. A small story shared in that way often help us to heal and to grow long after the service is over.

There are innumerable lessons to be learned from patients, families, nursing leaders, team members and physicians. Even the stories you have long forgotten can resurface if you try to remember the caring encounters that have helped shape you as a nurse and as a person. I hope they can bring new clarity to your practice of caring in nursing.