

2014

Clinical Exemplar

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WALKING IN THEIR SHOES

On a recent Monday morning in our PACU, one look at the surgical schedule told me that we were in for a very busy day. As is my custom, I had prayed for our patients while driving to work, so I was not overly concerned.

However, when our patients started arriving in the PACU I felt that I was being challenged by the acuity of my assignments: my first patient would be going to the Step-Down Unit for overnight observation secondary to her medical history. Her one concern was the bright lights in the room and she was unable to comprehend why I could not just turn them all off! I offered to cover her eyes for her but she refused. I made sure that the lights directly above her were off but still she complained. She was just not very happy with me. Her stay in the PACU was uneventful and she was off to her destination rather quickly. I secretly hoped that my next patient would be

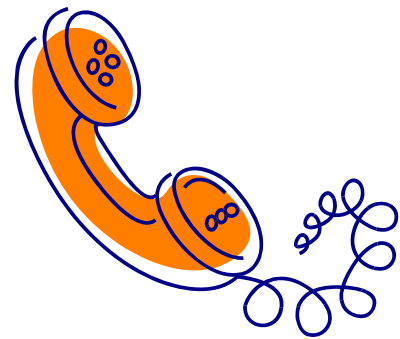


less demanding.

My second patient was only eighteen years of age and ICU-bound due to a myriad of problems post recent surgery on his spine. He spoke only Spanish and his problem of the moment was pain management. We did not have too much difficulty understanding each other

considering my limited knowledge of his language. He was very appreciative of everything I did for him and responded frequently with “gracias” (“Thank you”), to which I responded “de nada” (“It’s nothing. You’re welcome.”) He remained very stable despite his many medical issues and was discharged to the ICU as soon as a bed became available. My next patient was of Iranian descent and spoke only Farsi. I could not effectively communicate with her and then I discovered that her relative who had brought her to the hospital was not immediately available. There was no one in our department who spoke Farsi so I proceeded with the standard work of the PACU, focusing on re-orientation, airway and pain management, monitoring vital signs and operative site for any bleeding all the while attempting to convey to the patient what I was doing. I realized that we were going nowhere fast as I saw how agitated she was becoming. The frightened look in her eyes told me that we both needed help and we needed it fast.

It was then that I remembered our translator telephone that was reserved for cases such as this one. I immediately called the telephone service and was connected with someone who spoke both English and Farsi. I gave the second phone to my patient who listened patiently as the interpreter on the other end



explained in Farsi what I had been trying to communicate. I watched as the expression of fear and helplessness on my patient’s face was transformed into one of relaxation, and yes, a smile. As I was savoring this positive outcome for my patient, a very frantic relative arrived at our PACU, concerned about her mother. She was extremely apologetic about having to leave for a brief errand and explained how worried she had been about her mother knowing that she would not be able to understand anything that was said to her.

I explained to her the process that I had utilized to effectively communicate with her mother who was now relaxed and smiling. She was very appreciative and also became quite calm knowing that her mother's needs had been met during her absence. The patient also showed her appreciation by saying to me "Mamnoon" which her daughter said was "thank you."

I later reflected on each of these three patients who had their individual challenges. I wondered how I

would react if I were lying in a hospital bed with bright lights all around me – lights that could not be turned off. I thought of the young man who had so many medical problems at his age and wondered what he thought as he lay there in a strange land with no



relatives and a limited knowledge of English. I remembered the fear and frustration of my older Farsi-speaking patient and I thought of what it would be like to walk in their individual shoes. Empathizing with my patients during their most vulnerable moments makes my purpose in their lives very clear.

It is a rough road that we as nurses walk sometimes, but I believe that by treating our patients with dignity and respect, we are also blessed with strains of humility which allow us the privilege of walking in the shoes of those less fortunate than we are.