

The essence of nursing, in our readers' words

Readers share their “essence of nursing” experiences.

Promoting health and easing suffering—these goals lie at the heart of the essence of nursing. Given the many demands of nursing—call lights, phone calls, alarms, questions, and more—we can easily lose sight of that essence. To help remind us of the heartwarming, touching, and humorous aspects of being a nurse, we asked readers to send us their stories. (For ways to infuse the essence of nursing into your patients' experiences, see *Tips to improve the patient experience*.)

Being a patient

Here are readers' insights into being a patient.

The value of listening

Throughout my childhood, I spent a lot of time in and out of hospitals. During one stay, I met a nurse I'll never forget. She came into my room and introduced

herself. Although she was pleasant, I was a teenager and in a “mood.” I just wanted her to check my vitals, give me my medication, and leave me alone. She must have understood how I was feeling because after her introduction, she gave me medication and left the room.

Later that evening, she came back in. “How are you feeling?” she asked. “Fine,” I replied. She checked my vitals again and then sat down on the bed. “So, what are you working on?” she asked. This simple question sparked a long conversation about college and my dreams and ambitions, which seemed to last forever.

What made this moment so memorable? She listened. She asked questions that weren't health related. She asked about me as a person and my homework. She cared about me as a person outside the hospital, beyond the “patient me.” She truly cared and was interested in me. It was enlightening, thoughtful and encouraging.

Carolyn Weese

Insights from the other side of the bed

Having practiced nursing for nearly 40 years, I know how to approach many healthcare situations. However, I found I wasn't prepared to be a receiver of care. A few years ago, a diag-

Tips to improve the patient experience

Simple things can do a lot to enhance the experiences of patients and their families. Consider these tips:

- 1 Look directly at patients when talking with them (unless it's not culturally appropriate).
- 2 Take a deep breath to center yourself before you enter a patient's room. You don't want patients to pick up on your own stress.
- 3 Make sure your name tag is visible.
- 4 Practice patience with patients and their families. Being in the hospital (or having a loved one in the hospital) is a huge source of stress and not everyone handles it well.
- 5 Keep patients and families informed, even if it's just to tell them you're still trying to reach the physician to increase the pain medication dosage.
- 6 Make regular rounds on patients. Consider using such tools as the four P's from the Studer Group: potty, position, pain, and possessions. (Some organizations use “placement” instead of “possessions” to emphasize the need to ensure that needed items are placed within the patient's reach).
- 7 Listen to the patient.





as well as doses of laughter, are important parts of every patient's plan of care.

*Carol Hatler, PhD, RN
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nosis of breast cancer took me by surprise, throwing me into a whirlwind of information gathering and decision making. Although all aspects of my treatment (surgery, radiation, and chemo) were delivered in outpatient settings, I related the experiences to inpatient care. Here are some of the lessons I learned:

- As a patient, I had to be my own advocate. Don't get me wrong: I had excellent healthcare providers. But none of them were mind readers. I

was the only one who knew what I was experiencing, and I had to be very clear about what I needed to get through the process.

- For a healthcare provider to deliver appropriate care, he or she must demonstrate competence and compassion in equal measure. Doing the right things in the correct way with kindness and understanding is what the patient needs and deserves.
- Hope and encouragement,

The little things

After several experiences of being on the other side of nursing care, I realized I prefer to be on the caring side. Nurses can be in control of the caring. A patient is at the mercy of caregivers.

I always wondered how patients can be so accepting of our care. When you're sick, you don't have the physical or emotional energy to even have a voice. Yet you search for the human side in your nurses. When you feel better, you want to show your appreciation. You remember even the little things, such as a housekeeper making sure you had water.

Loraine Strombeck, BS, RN



Easing the fear

As an RN going in to have a carotid endarterectomy, I knew too much for my own good. God must have put this certified registered nurse anesthetist on my case. He knew how terrified I was, and once he had his paperwork done and was waiting on me to go back, he pulled a



chair up and talked to me. He showed me that I meant something to him, even though he'd never met me before, because I was human.

*Nancy Creech, RN, MSN
Nurse Recruiter*

Being a patient's family member

These anecdotes recount what it was like for nurses whose loved ones were in the hospital.

Germ on the cell phone

Please wash your hands and always change your gloves! My husband, a microbiologist with more than 25 years' experience, recently was admitted to his hospital of employment—an acute-care teaching hospital—for a sudden, life-threatening respiratory illness. As an experienced nurse (30+ years as an RN, 16 years as an APRN), I felt I needed to be with him 24/7.

Because of his "unknown infection," he was prescribed a cocktail of highly vein-toxic antibiotics. The RN assigned to his care came in to establish a new I.V. site. During the procedure, she received a phone call on her hospital-assigned cell phone. She promptly answered the phone, responded to the call, and then returned to the procedure. My husband quickly stopped the pro-

cedure and stated, "Please change your gloves! Do you know how many germs are on your cell phone? Cellphones carry ten times more bacteria than most toilet seats."

Antoinette Towle, EdD, APRN

Unforgettable nurses

I am an RN, but I was his wife, the mother of his child, and the one left with a hole in my heart that I thought would never close. He was my world and he was dying. I was helpless, but not hopeless. I'll never forget his nurses—whether I saw them face-to-face or just knew they'd provided care for my husband. And I'll never forget the support they gave to both him and me.

*Nancy Creech, RN, MSN
Nurse Recruiter*

In good hands

My grandson was only 10 months old when he had open-heart surgery for a major defect. While he was there, I discovered the true meaning of a Magnet®-recognized hospital. In the pediatric open-heart ICU, all the nurses were pediatric CCRNs. Thank God! I knew he was in good hands. Now, at age 3½, he's just fine.

*Nancy Creech, RN, MSN
Nurse Recruiter
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Humorous moments

These stories reflect the lighter side of nursing.

Blind date

For many years, I worked on an electrophysiology unit (cardiology stepdown), where many of the patients had life-threatening arrhythmias and required a calm, nonthreatening environment. I encouraged one of my frequently admitted patients to talk about his concerns and fears. This led to a discussion of what it was like to stay in the hospital for extended periods and be exposed to many different nurses and personalities. He told me, "It's like having three blind dates a day. How stressful would that be?"

*Peggy Newman RN,
MSN, PCCN*



The art of pickling dentures

The transition unit was short staffed on the 3 PM-11 PM shift, so I volunteered to work. As I assisted a patient with his nighttime routine—cleaning his dentures—he placed his dentures in a small jelly jar with a denture cleanser tablet and water. He shook the jar and watched the tablet fizz, explaining, "I'm pickling my dentures!" We both laughed.

*Julie Thibeau,
MSN, RN, CNOR*

For more readers' experiences, visit AmericanNurseToday.com/?p=21653.