

**MedConference 2009****Why do we take care of others? In nursing care**

by Regina Kasun, RN

I have been a nurse for over 20 years beginning in 1988. Preparing for this talk has been quite challenging for me as it has been an opportunity for me to look critically at my nursing career. Initially, in preparation for this conference, I was asked to present a clinical case I have experienced. I found this quite difficult because most of my 20 years of nursing seem like a blur to me. The reason for this I hope to communicate to you today.

However, what came immediately to mind when I was asked to participate in this conference are two experiences that have changed my outlook on nursing predominately because they have allowed me to look upon myself with tenderness and therefore look at my job, my workplace, and my patients with hopefulness. These two experiences were: my own battle with breast cancer which began in 2003 and ended in 2004 after 9 months of treatment and my friendship with a woman with stage 4 breast cancer, which began in 2006.

Before I speak of these two experiences it is important for me to share how my journey in nursing began and my perceptions at that time so that you can see how these experiences changed me.

For many of you in this room, especially the nurses, my account of my earlier nursing experiences will not be new or unique to you. Unfortunately, I am sure they will be very familiar to you.

I began my nursing career in the Army's second largest medical center. Although I am thankful for having had the opportunity to serve my country, my military nursing experience was a very difficult period of transition, similar to the experiences of my civilian nurse friends. I wish I could tell you my focus was on my patients, but my focus was on survival. As a new nurse, every shift was about survival ... survival to grapple with the demands of the evolving technology and a large patient load. Each shift began knowing that every moment of your day was accounted for, and you didn't have the luxury of slowing down long enough to reflect on the day's events. I was struggling to learn, and learn quickly, in this new role: time management, interacting with patients and co-workers, medications, medical equipment, technology ...the list was exhausting. And, this last fact which was most frightening, in this position I was at the *mercy*, and I mean *mercy*, of my fellow nurses, techs, physicians, and managers to help me learn and do what was needed to help my patients and NOT make a mistake. During my service in the military I transitioned from a medical-hematology/oncology floor to intensive care.

I left the military in 1992 and had a series of civilian nursing jobs until I settled, for 5 years, into a general medical-surgical ICU of a small to mid-sized community hospital. During this time I felt like my technical nursing skills were at peak performance. I had been a nurse for awhile and had a lot of medical experience. The nurses in this unit functioned more independently and were skillful. I learned a lot from them and also worked collaboratively with the physicians. It was a small unit and the nurses worked closely with one another and we were friends. Most of the nurses on this unit were also very compassionate toward the patients. Although this was a good unit the stressors of nursing and the hospital setting took a toll on me. Considering myself a seasoned nurse and having the temperament to work with great intensity I fell into the trap of trying to become the “perfect nurse”. What I mean by the “perfect nurse” is that I actually believed I could do everything asked of me by the hospital...I actually thought I was the answer. As we all know from the rigors of the hospital setting, perfection is an unreasonable goal. As we all know, patients don't follow the “Hospital Handbook”, nor do the people that work in them...we are all human and imperfect. I allowed my value to be defined more by the demands of the hospital and the approval of my coworkers, bosses, and patients' successes. I was devastated by any disapproval from a manager/coworker or any mistake...I did not have a tenderness for myself. Although this was a time I considered myself most technically competent I had succumbed to “burnout” and left clinical nursing for fear that this attitude would prevent me from being compassionate toward my patients. I had seen other nurses in my career become disgruntled and it affected the way they cared for patients and this was a big fear for me.

I left my clinical nursing job and took a job for a nursing magazine which required me to visit area hospitals. Almost 2 years had passed and I began to miss clinical nursing. I missed mostly the patient interaction and, believe it or not, some of the hospital drama. I recognized that nursing was truly my vocation...part of my identity. I could leave patient care but it didn't change the fact that I am a nurse.

I returned to nursing by taking a short-term contract working in a sub-acute orthopedic rehab unit. This unit did not require the high technology of an ICU...instead of ventilators and hemodynamic monitoring with swan ganz catheters I was doing simple nursing tasks such as phlebotomy, medication administration and monitoring surgical sites. I found this time very gratifying because it allowed more patient interaction. It was the simple things I was doing that gave me the most satisfaction ...I remember a patient I had there, his main request was to be assisted out of bed to a chair to read his paper and have a hot cup of coffee. He said he felt more like himself if he could continue this morning routine. This time of morning was always the busiest of the shift but I made it a priority because I could see this man transformed by this simple task. People always look better sitting up out of bed instead of scrunched down in their hospital bed. I had always preferred these nursing tasks more than all the technology. I was proficient in the technology but the enjoyment for me was the routine things and the opportunity to do them was like a luxury. I always enjoyed mobilizing my patients out of bed in the ICU. I

used to tell them they needed to get their “sea legs” back before they were transitioned to the floor. I also enjoyed making sure they were assisted with their meals when they could eat.

When I had completed my short-term contract I took a job very close to my home in a free-standing emergency department. It was a great place to get my acute care skills back because of its size, there were opportunities for down time and the acuity was slightly lower than a regular emergency department.

During this time, July of 2003, I found some enlarged lymph nodes in my left axilla which were malignant. I was diagnosed with adenocarcinoma of the breast and was about to embark upon a 9 month period which included chemo, surgery and radiation therapy. Although I do not wish cancer on anyone, this was a period of great personal growth for me...I started to look upon myself with tenderness. Until this point I had always been in extremely good health. I had spent most of my adult life caring for others in the hospital environment and now I was a patient with an illness that some would find devastating. During my illness I was fortunate enough to have some physicians, friends of mine, who accompanied me and find me the best care available. In particular a friend who is a researcher at the National Cancer Institute accompanied me and my husband to my initial oncology appointments and I had copies of my medical records sent to her so she could monitor my progress and assist me in any way. I was not alone in this ...I had the love and support of many friends and family. I ended up receiving care from a very clinically competent Oncologist. My oncologist impressed me by always telling the truth and explaining the treatment plan and the research which supported the treatment. He told me immediately the statistical chance I had for survival based upon the cancer I had and the current research that supported his prognosis. This approach was important to me because in order to engage my freedom to fight this disease I needed to start from the truth. However, although very competent, I did not think my Oncologist really knew me. I was warned by the surgeon who initially excised of my lymph nodes and found them to be malignant. He said, “You will no longer be Regina, a pleasant 36 year old nurse...You will become a 36 year old female with “X” cancer requiring “Y” treatment.” I felt like my identity had been reduced to a cancer diagnosis. This became clear to me when I asked my oncologist to complete my disability paperwork so I did not have to work as an RN in an emergency department during my treatment. I was already experiencing “chemo brain” and was suffering from anemia, neutropenia and the expected nausea, fatigue, etc. I did not think the emergency department was a safe place for me or my patients. Not to mention the fact that my human resources department informed me that if I ran out of sick/paid time off, I could no longer collect a salary and would risk losing my medical insurance. My oncologist initially hesitated filling out the paper work questioning my motives for not wanting to work. Little did he know that was the most devastating thing he could have done. As I mentioned earlier, it is part of my character/identity to work and it was very insulting to be thought of as a slacker. I remember calling my friends in tears, telling them how disappointed I was...this man was such a major part of my life and I felt like he didn’t know me...I wanted him to know me...to see my face. This was when I began to recognize that the

relationship, the engagement, between medical provider and patient is just as important (if not more important) than the technology. I am a human being and humans, especially when sick, do not do well in isolation, we are made to be in relationship with others. And before you touch me and do all those invasive procedures...I want you to have some knowledge and interest in me as person!

Thanks be to God, the treatment was successful and I returned to work. I did not return to the emergency department because I was concerned the physicality of the job was too much initially after treatment and I did not want to return to night shift. I took a job instead as a clinical case manager in an 800 plus- bed hospital. I was in charge of reviewing patient charts for appropriateness of hospital admission and reported to insurance companies for reimbursement. I was also responsible for discharge planning. I was amazed at how quickly I had forgotten my battle with breast cancer...I felt well and more myself and was back in the routine of the hospital setting. Slowly my memory of my battle with cancer faded and it was replaced by the drama and noise of a busy medical center. Until one day a young nurse was collecting for a breast cancer fund raiser and I told her about my own personal experience. She was amazed and told me about her aunt who had stage 4 breast cancer and was in the process of getting a second opinion. She asked me if I could make any recommendations. I gave this nurse my contact information and told her to have her aunt contact me at any time. This is the text of her e-mail message:

*I am putting off making any appointments at the moment because I have only 2 more chemo treatments before I finish my 6 months. At that point, my doctor will be sending me to get another MRI. That is when I will be ready to seek other doctors' opinions. I really don't know what to expect for the future. I only just found out what "metastatic" breast cancer really means for me. Initially my doctor soft peddled the prognosis saying since I had gone 12 years without it rearing it's nasty head that perhaps the same could be said this time. I know now he was telling me that in order for me to get thru this 6 months of hell. I'm not sure it was better being ignorant about my illness or knowing. And I'm really not sure what I know, other than I am considered terminal, and chances are that the new MRI will show continued growth as did the one taken 3 months ago.*

*I'm really not sure why I am dumping all this on you—who doesn't even know me—today other than I seem to be in this place where I have to verbalize or write what is happening these days to anybody who will listen.*

This was the beginning of our friendship and I just told her during our lunch the other day that I consider her my closest friend and I am so grateful. Reading her email helped me remember my own experience with cancer. My friendship with her helps me remember. I have found that it is so important to have memory in order to be changed in the present. I also knew that in order to be of any help to her, I had to be available to walk this path with her...the same way I had been

embraced by others. Little did I know that walking this path with her was an even greater help to me.

Shortly after meeting this woman I returned to clinical nursing in the same free standing emergency department in order to have more flexible hours to allow me to complete my advanced practice nursing degree. I still struggle at work as a clinical nurse. No place is Utopia. But, when I am dealing with a challenging patient or problem at work I think of my friend and I am reminded. The memory of her makes me a better nurse. I no longer count on the approval of the organization, coworkers, managers, etc. to define my value. I know myself and I know who I am. Yes I still have disappointments but they no longer devastate me. I look at each new patient encounter as another beginning. I have certainty that each day with each new patient/coworker I can begin again and this is sustaining...I am hopeful.

Right before I wrote my presentation I read the notes from a talk given by Luigi Giussani in 1985 at a nursing convention. His talk helped me to explain to you in a concrete way "Why I take care of others in nursing". At the beginning of the talk there is a quotation which read: "Always be prepared to give reason to anyone who calls you to account for the hope that is within you today". It has been my goal to accomplish this task and instill in all of you a desire for this hope.