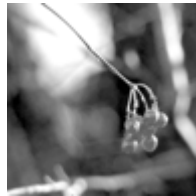


chapter two

THE MULTI-LAYERED LANDSCAPE

Exemplary nursing practice is complex. Part of the complexity comes from the intricate and multi-faceted nature of the context in which nursing occurs. This context or landscape needs to be articulated so that descriptions of exceptional nursing practice can be clearly viewed. As a preamble, a brief review of the literature on the nature of oncology nursing is presented. Statements from conversations with unusually competent nurses are highlighted in a discussion of some particular features of cancer, the disease of primary interest to oncology nurses.

This landscape also includes a collection of my memories, stories from my experience as an and researcher. By sharing to convey something of possible biases. Encourage an understanding of own stock of knowledge understanding of me, of oncology nursing, and ultimately of exemplary nursing practice.



oncology nurse, educator, ing these vignettes, I hope my values, beliefs, and aging readers to incorporate my experiences into their will increase their general

The first part of the “My Memories” section of this chapter features stories from my early experience as newly graduated oncology nurse. For the second edition of this book, I have updated my self-story. It now includes personal experiences that have occurred during the ten years since the first edition of this book was published. These reflections may be relevant to readers who seek to understand how the researcher, as an instrument of data collection and analysis, filters what is observed and how it is interpreted.

CARING FOR PEOPLE WITH CANCER

Nursing has been acknowledged in the literature as both a demanding and rewarding profession.^{13,14} An essential feature of nursing is that it is an experience lived between human beings, primarily between patients and nurses. A therapeutic, goal-oriented process, nursing service is directed at meeting patient needs. These needs may be physical, psychological, intellectual, or spiritual in nature and will differ with varying health problems.

Nurses often hold the fragility of human life in their hands as part of their everyday work life. Routinely administering complex treatments that allow for a very small margin of error can be stressful. The knowledge explosion in health care has resulted in the increased use of technology and has further complicated treatment protocols. Among the responsibilities assumed by nurses are the promotion and restoration of health, prevention of illness, attainment of a peaceful death, and maintenance of a therapeutic environment in which these goals may be achieved.

As a first line of defense and advocacy for the patient, the nurse is in a position of privilege and responsibility. This responsibility necessitates establishing and maintaining relationships with multiple professional groups. Nurses working a variety of shifts provide nursing services to patients 24 hours a day. These considerations can make nursing physically and emotionally exhausting. Fagin and Diers assert that,

Nursing is a metaphor for intimacy. Nurses are involved in the most private aspects of people's lives and they cannot hide behind technology or a veil of omniscience as other practitioners...in hospitals do. Nurses do for others publicly what healthier persons do for themselves behind closed doors. Nurses are there to hear secrets, especially the ones born of vulnerability.¹⁵

Benner and Wrubel contend that those who choose to be nurses can expect frustration, despair, highs, lows, and defeats often enough to remain humble.¹⁶ Yet, as Peplau concluded over a century earlier, nursing can be a maturing force and an educative instrument.¹⁷ Mallison expresses it this way:

If you keep working at it, learning from it...gradually you realize your palette is filling up with colors. You see more shades of meaning. You realize you are well on your way to creating a work of art, maybe even a masterpiece.¹⁸

Oncology (cancer) nursing is a specific form of medical-surgical nursing. Nurses who specialize in oncology provide nursing services to people who have cancer throughout the stages of the disease. This specialty is unique for many reasons.

First, cancer is a very common and serious disease. In 2004, cancer was the leading cause of death for Canadians aged 35 to 64 years and the second leading cause of death for most other age groups.¹⁹ The prevalence of cancer means that most oncology nurses have had a personal association with the disease through family or friends. Some nurses have been treated for cancer themselves.

Second, the treatment of cancer is usually a lengthy process, often causing disruption in the work and family life of the patient. These disruptions, combined with the plaguing side effects of the therapies, place demands on the patient, the patient's family, and the caregivers.

Highfield writes,

A diagnosis of cancer often provokes a crisis of meaning. Personal relationships may be burdened with an uncertain future. Formerly effective coping strategies seem inadequate...there is a rising sense of aloneness. In short, a spiritual crisis is created.²⁰

Third, the guilt associated with having cancer adds to the suffering of the patients and their families. Julie, one of the exemplary nurses, phrased it like this:

Though the etiologies of many cancers are unproven, a diagnosis of cancer is often accompanied by guilt. There is a whole school of thought out there that projects to the vulnerable, grieving, cancer patient that this whole disease is their fault. Comments like, "You can fight this thing," or "With the proper attitude it can be overcome," make them feel responsible both for getting sick and for getting well. There probably is someone somewhere who drank a herbal tea, prayed in a certain position, ate peach pits, or laughed themselves into being reportedly free of cancer. But it makes the remaining millions feel abjectly guilty, as if they have done something wrong.

Fourth, cancer is culturally among the most dreaded diseases. One of the most frightening sentences a person might hear is, "You have cancer." These words bring a chill to the heart. Although some progress has been made in treating cancer, recovery can be long and painful and many people do not survive. Its chronicity and close association with death and suffering make it a somewhat taboo topic in our society. According to Benner and Wrubel,

In society the disease cancer appears to have become the metaphor for the deepest fears held about the inevitable disintegration and decay of the body. Cancer is the disease which attacks the body organs about which greatest ambivalences are felt, those of sexuality, reproduction, and excretion. The society “battle” against cancer is then seen as the struggle to resist acceptance of the inevitability in life of death, decay, and decomposition.²¹

Glaser and Strauss, after extensive study of cancer care settings, conclude that the illness is often more difficult for caregivers and survivors than for patients.²² Benner and Wrubel agree that providing nursing service for cancer patients is especially challenging because nurses need to “adopt ingenious strategies for providing comfort, nutrition, social support, rest, and activity in the midst of demanding treatment regimes and a debilitating disease.”²³

Julie, an exemplary nurse I studied, summarized her view of the devastating nature of cancer in the following comment:

We must realize that cancer is relentless and shows absolutely no respect for its host. Cancer writes its own rules. It teases, in fact, each remission gives a little taste of hope for normalcy. Then, there is the emotional murder of recurrence, just to reassure patients that they are at the mercy of this monster and needn't begin to think otherwise.

MY MEMORIES

We are all a collection of the significant moments of our individual lives, our moments in time. Julie said,

If life could be distilled down to one hour in time, that hour would include a cluster of significant moments. A moment is that which recurs when needed; it is that recurrence which magnifies the significance. These moments fill our memory banks. They are our resource files, our warm fuzzies, the emotional adhesive that holds us together. They are us.

I believe that my “moments in time” have a place in this work. I want to share something of myself with you, and I feel these memories of my life as a clinical nurse are one way to accomplish this. By including these stories, I am not claiming that I am — or was — an exceptional practitioner. My purpose instead is to provide a small number of my more potent memories from my experiences, thereby imparting some understanding of this world of cancer care, and of me.

The Day I Became a Nurse

She was so ill. She was bleeding to death in front of my eyes, and there was little that I, or anyone, could do. As I helped her back to bed, her three beautiful teenage sons pressed closer to the wall and watched in horror. Not knowing how to help her, I sat down on her bed and took her hand tightly in mine. Putting aside all thoughts of the half dozen other patients who needed me, I let my energy flow into her. As silent seconds passed, I felt some of her spirit pour into me. At that moment I was changed. At that moment I became a nurse.

The Bald Man with the Big Laugh

I had just been appointed chemotherapy nurse, a position I assumed with much pride and enthusiasm. The emphasis of my duties would now be on something I really enjoyed doing: teaching the patients about the drugs they were to receive.

As with any new responsibility, there was a certain amount of anxiety at first, and I was shaking a little as I approached Mr. and Mrs. Zimmerman to teach them about Mr. Zimmerman's chemotherapy. However, I was determined to do well, and I had a sophisticated teaching plan—complete with objectives—in hand. Sitting down, I launched into my lecture about the side effects of the drug he was to receive—the major one in his case being anticipated hair loss. At one point in my monologue, I realized that both Mr. and Mrs. Zimmerman were looking at me with some amusement. Pausing long enough to assess the situation, I realized to my embarrassment that Mr. Zimmerman was already totally bald—and had been for many years as a result of natural causes. I stopped speaking, stammered a little, and then we all burst into a cleansing round of laughter—laughter that swelled until the tears came.

On Melting Anger

She was such a gruff woman. My most vivid memories of her revolve around her sitting upright in her bed issuing caustic commands to her family members and caregivers. Being a novice nurse who was eager to please, I was succulent prey for her and she was crude, harsh, and cutting in her demands of me. "Move that water jug," "Fluff my pillow," "Bring me juice," she would snap. Often I was afraid to answer her call bell and face her anger. Yet as the days went on, I started to like her. I looked forward to seeing her and being her nurse.

One day in response to her demand that I "help her out of bed, NOW," I put my arm around her shoulders to offer her support. "What are you doing?" she barked. As our eyes met, I said, "I'm just trying to help you; I want you to be as comfortable as possible, and I don't want you to fall and

hurt yourself.” She muttered a muted “oh” but, at the same time, as I held her emaciated frame tightly, I felt some of her muscles relax just a little and I knew that I had touched her with my touch.

A Good Death

The warm amber glow of a candle filters through the quiet air. In the bed covered with a patchwork quilt that she has made, a middle-aged woman breaths shallow, erratic last breaths. Her husband of a quarter century sits at her side brushing her cheeks with his stocky fingers and with occasional soft kisses. Although she is unable to talk, he tells her how much their life together has meant to him and how much he will miss her. As her breathing ceases, he gives her a final kiss and turns to me. Freely, I open my arms and my heart to him in his grief. I leave them alone for a moment to say goodbye. As I go, he says, “Thank you.” I smile inside, feeling privileged to have shared in the final moments of their life together.

Mama Goes to Heaven

The soft strains of music touch me as I enter her room. Around the bed, her eight children stand hand in hand. My patient is a recently immigrated Italian woman of 60 years. Her life is nearly ended, and pain remains her greatest adversary. No amount of analgesic has soothed the relentless agony. Quietly, her family begins to work magic. As they sing softly in their native tongue, my patient dozes in peace. They take turns—sometimes singing joyously in unison; other times, a sweet, sad, solo voice is heard. As they sing, she slowly slips away. They each say goodbye to their “Mama” and then move on to live the rest of their now more precious lives. After they have gone, I say my own farewell to this brave lady, and I feel honored to have helped escort her to peaceful rest.

Learning the Value of Honesty

Being so young, she quickly became everyone’s favorite patient. As I enter her room, she sits on her bed cross-legged, neon clad, and hugging a huge stuffed elephant. For several seconds I stare at her, struck again by the

incongruence of the childlike face so clouded by the haggard expression of one who has experienced the stress of chronic terminal illness. As I sit down beside this child, she looks at me and asks with penetrating frankness, "Am I going to die?" In the timeless seconds that follow, my mind races, searching frantically for an answer and rejecting all the possibilities. Finally, my lips open and, as honestly and gently as I can, I say "Yes." I know my eyes filled with tears first as we dissolved into one another's arms, grasping for the comfort of human touch. How utterly important she was to me at that moment, and how vital I was to her.

The Secret Whispers

"I miss them so much," she sighed as I washed her back and tried to make her more comfortable. "I haven't seen my kids for nearly a month. I would give anything to give them a hug." I touched her hand and, as our eyes met, I knew I had to help her.

Two days later it happened. Three preschoolers climbed onto their Mom's bed and blanketed her in hugs, kisses, and cookie crumbs. It was such a joyous afternoon. As they leave her to return home, she plants a secret whisper in each small ear—a whisper of her exclusive love for each of them. Each one is her "favorite" child and always will be.

Later that week as we struggle to save her fragile life, she opens her dying eyes just long enough to tell me a secret. "Please let me go," she whispers, "I'm ready." As we withdraw the life-support equipment, I am overcome with feelings of peace and achievement. We have given her the greatest gifts possible for her—secret moments with her children and death with dignity.

Silent Music

In report they announce that I am to give one-to-one care to a young woman with leukemia. She is distressed and agitated because of recent news that her disease is out of remission. Knowing that I will be her constant companion for the next eight hours, I try to think carefully about the approach I will take in our conversation. What should I say? How can I let her know that what she is feeling is normal? What can I do to offer her the support I know she needs?

As I enter her room, I am still unsure of my opening words, so I say nothing. Sitting close to her on her bed, I take her cold hand in mine. Softly stroking her forehead, I speak only with my eyes and touch. She seems relieved, and I can feel the tension ease. The silence, it appears, is a welcomed friend. It feels tranquil. Nothing is frantic; nothing needs to be said. It is as if the agony and strain have been replaced by music that we can both hear.

Caring On

“Here is your patient for today.” As I get off the elevator, I look up to the voice of my charge nurse. She is holding a tiny baby wrapped in a hospital blanket, and she is handing the babe to me. Involuntarily, my head is shaking no, while inside I struggle to confirm what is happening. A baby—with cancer—my patient? It just can’t be.

But it is true. As she transfers the wee infant to my arms, I recognize the unmistakable look of the disease etched on the little face. She is swollen from the medications, and her bald head carries the bruises and scars of repeated intravenous insertions. The grey-yellow complexion of death is indisputable.

That intense encounter with the brutal injustice of cancer followed me throughout my career. Occasionally, I wonder how I kept going—how I kept caring. Much of my motivation came from a tiny pendant given to me by a friend. I wore it always. Once in a while, I would catch a glimpse of it in a mirror as I gave my patients care. “Live–love–laugh,” was its message. Whenever I saw it, I knew I must carry on—for my sake, for the sake of that innocent child, and for the patients I was yet to meet.

As I relive these events from my early nursing years, I recall that the anguish was often great. However, through these same experiences came a sense of achievement and the knowledge that I was making a difference in the lives of others. For me, cancer nursing was an incredible opportunity—a chance to be intimately involved with people who were entering one of the most critical times of their lives.

What a privilege it was to encounter the humanness of life as part of my everyday work life. I feel that I have been shaped by my experiences with cancer patients and their families. Seeing others bravely facing their disease, their treatments, and their uncertain futures helped me realize how precious and precarious life is. As a result of these experiences, my life became brighter and more full of texture. Personal relationships were enriched and life took on a strange combination of urgency on one hand, and relaxed animation on the other. I was inspired to laugh liberally, cry openly, care deeply, and study intently while at the same time savouring every second of each experience.

NURSE TRANSFORMED

Shaped and molded daily by
a constant stream of challenges,
you continue to evolve.

Each time you confront death,
all life becomes more treasured.

Now,
you approach life with a sense of urgency,
eagerly soaking up all of the
pleasures and pains it offers.

You want to change the world,
to make a difference in the lives of
those who need you.

But all the while
you recognize that you too must be sustained
and you receive as openly as you give.

With gratitude
you accept and welcome these changes,
and anticipate your continued transformation.

Nursing is very complex and multi-faceted. Our understanding of the actions and thoughts of those nurses who do it exceptionally well remains limited. However, I hope that describing the ways of those nurses who provide nursing care with unusual competence can enhance our awareness and appreciation of excellent practice and move us to a fuller understanding of what nursing is.

Following completion of my PhD and the publishing of *Moments in Time*, I continued my work as a nurse educator and researcher. I broadened the patient populations I served to include people with various diseases and conditions but maintained an intense interest in exemplary nursing care, noticing that I could not ever separate my clinician hat from my educator hat from my researcher hat. Formally, I worked in various nursing roles, conducted focused research projects, and taught different groups of students (nurses and others) but, all the while, I was watching, listening, or reading with the underlying goal of continuing to discover the fundamental elements of exemplary nursing. There is a certain mystery of exceptional nursing practice that I am not sure I will ever be able to articulate within the limitation of words. But some key experiences over the more recent years have helped shaped me and what I believe about exemplary nursing.

Tears Fall Like Rain

When I started sharing the research findings from the original study of exemplary nursing care at conferences and workshops, I was a little surprised at how nurses—especially front line nurses who provide direct hands on care—responded to the presentations. Almost without exception, the stories and poems from the study would move the audiences to tears. I remember one lady who, after dabbing away at her eyes during my entire presentation, finally ran out of tissues and, in a very audible blow, used the fancy white tablecloth from the conference ballroom as a hanky. This resulted in gales of laughter from the group who admitted they had thought of doing the same thing!

I frequently pondered why hearing about exemplary nursing touched such a raw spot in the conference attendees. At first, I was very uneasy when I saw the tears begin to flow. I even tried to “lighten up” and avoid any of the really emotive stories in my presentations. Over time, I realized that nursing is emotion. We are working with people who are often at some of the most critical and difficult moments of their lives. Exemplary nurses willingly embrace this responsibility and meet their patients where they are at. Nurses who really care invite their vulnerable patients in and offer them comfort and compassion—an island of hope. At the moments when these connections between nursing and patient occur, it may not be appropriate for the nurses to share their emotions. The nurses need, in some sense, to feel—yet not feel. My belief is that when the nurses are sitting in that conference ballroom and hearing these stories that often parallel their own past encounters with vulnerable patients, it becomes a safe place for that emotion which has been held in check to be released. Tears that fall like rain can be very healing.

Going it Solo

After one presentation, a nurse approached me and said, “I need to tell you one of my stories.” She did not say, “I want to tell you,” she said, “I need to tell you.” This reinforced for me that nursing is often a very isolated activity. We work behind closed doors and pulled curtains; very often, the nurse is the only caregiver present with a patient and family. This leaves nurses very few opportunities to share their experiences (good and bad), to debrief, to receive encouragement, or even to receive a pat on the back when they are especially successful.

This reflection reinforced in me the importance of finding deliberate ways, safe places, and structured activities that help nurses to talk to other nurses about their professional encounters. When I have had the chance to really listen to nurses and hear their stories, not only have they seemed relieved to be able to share their successes or burdens, I have also been affected. If educators, administrators, and nurses themselves could embrace the opportunity that exists in the sharing of stories, there could be positive

ramifications for nurse well-being, staff retention, and quality of patient care. Tell your stories—they are you.

It's the Little Things

After sharing the original themes and collecting new data during studies of nursing career satisfaction, it became even more obvious to me that it is the little things—the simple gestures rendered with a compassionate heart—that really make the difference between being a great nurse and being an exemplary nurse. Of course, to be great, a nurse needs a deep knowledge base and exceptional psychomotor skills—but, to be truly outstanding, a nurse needs to be attentive to the small, and at first seemingly insignificant, elements of a nurse-patient relationship. For example, a good nurse can competently initiate an intravenous (IV). An exemplary nurse would start that same IV in the same amount of time but would probably leave the patient feeling more cared about. The difference is that the exemplary nurse makes eye contact with the patient, gently rubs the vein to be punctured, and smiles warmly—genuinely—as she leaves the room. These are such small things, but they help maintain the dignity of the patient.

The stories in this book are rich with examples of how it was the little things that the nurse said or did that really laid the foundation for making a positive difference for the patient. I challenge the reader to keep this idea in mind and to identify these exemplary practices as the book is read.

As with all phenomena, there is a shadow side. It is also the smallest actions or comments that can inflict damage on the therapeutic potential of a nurse-patient relationship. Uttered thoughtlessly, the words, “There is nothing more we can do for you,” or “I don’t have time for you,” can devastate a vulnerable patient or family. A medication handed over roughly or a bathroom door left embarrassingly open can make the difference between trust established or trust destroyed. Mother Teresa’s words, “It’s not the big things; it’s the little things done with great love,” certainly are true.

On Boundaries

Exemplary nurses have confidence and self-assurance and are willing to take appropriate risks with what we have labeled “professional boundaries.” Since carrying out the initial research, I have watched more exemplary nurses in action and noticed that they often stretched what some would say were the bounds of appropriate behaviour for a professional nurse. Few nurses truly come to care about their patients (and their families). This may sound like a contradiction—after all, isn’t nursing really about caring? I am not sure that all nurses do allow themselves to become emotionally entwined with patients—ever. Those nurses who are exemplary however, do—at least at some level. Exemplary nurses are willing to share something of themselves with their patients and invite at least some of their patients, some of the time, into their hearts. These nurses are often, in return, changed in a positive way by such encounters. Is this blurring of professional boundaries appropriate? Often I have been challenged by those who say it is not. Yet, if you talk to exemplary nurses, they say that it is these experiences where they feel especially close to specific patients or family members that have taught them the most and that have fueled their ability to continue to care.

Affirmation

We do not often stop to acknowledge success—in ourselves or in others. Yet, it is the knowledge that they have made a positive difference in the lives of patients or family members that often drives nurses to continue to care. In studies of career satisfaction in nursing, I looked for nurses who genuinely could say, “I love my work.” Then I asked these nurses to tell me about the times when they knew they had made the right career choice. Without exception, these moments of professional fulfillment revolved around an experience where they had come to know they had made a difference. This understanding may have come from a patient, a visitor, a colleague, a supervisor, or from that quiet voice inside. But successfully softening the suffering of another vulnerable person facilitated a sense of

career fulfillment and fuelled these nurses to continue to do their work in an exemplary way. Yet how often do we purposefully notice and acknowledge these moments, in ourselves and in others? After learning more about the importance of acknowledgment, I take the time, take the risk, and share the good things that I see. Nurses do work wonders.

Not all of my personal experiences with nursing and nurses over the more recent years have been positive. When you have on the researcher glasses, continually seeking to understand nursing care, you cannot remove them when you are put in the role of family member. Over the past eight years, I have been the daughter with elderly parents and in-laws in health care situations. These experiences have further shaped the lenses through which I view exemplary nursing care. I have learned that I can also learn about exemplary nursing by experiencing less than stellar care. My role as a daughter wanting to ensure adequate care for the important elderly people in my life influenced my understand of nursing, especially the care of the aged. In response, I wrote the following editorial for a local radio broadcast.

Daughter, not Nurse

I remember reading a letter to the editor awhile ago. It began, "When my Mom entered a nursing home, I promised I would always protect her. In the end, I could not keep my promise." When I read this, I thought with some indignation, "Of course she could have protected her Mom. She just didn't try hard enough." Today I take back that judgement.

After journeying with my own mom and mother-in-law for nearly four years as they have lived in continuing care, I too admit I have failed to protect them. In spite of spending six to eight hours a day with them, seven days a week, 365 days a year, and in spite of hiring extra personal companion care for them for 40 hours a week, I haven't been able to protect them at this time in their lives when they are as vulnerable as small children.

Protect them from what you might ask? Protect them from medication not given or medications given twice; protect them from being rushed or being lectured for “bad” behaviour they can’t control; protect them from harsh words uttered by staff who can’t understand what they are trying to say; protect them from having things done to them that they don’t want done, or from having things not done that they desperately want. I haven’t protected their feelings from being hurt by uncaring comments. I haven’t protected their spirits from being dashed by rough treatment or from being ignored altogether as if they are somehow invisible objects in the room as the caregivers do their tasks.

If children were treated as these elders are treated, their caregivers would be charged with abuse. Yet because they are old, because they are often sick, because they drool, because they slur their speech, because they wet their pants, because they can’t move, or talk, or walk fast, it becomes acceptable in the eyes of society to mistreat elders in these ways.

Why don’t more family members speak up? In my experience, they do try to advocate for their loved ones — at least when they are first admitted to continuing care facilities. But eventually it becomes too much — the constant need to be vigilant, the chronic disappointment with the care, the trust often broken. Perhaps denial and avoidance become their best modes of coping. Soon the sons and daughters visit less often and the seniors are largely abandoned to the system.

How can we change this situation so that elders in care facilities get the compassionate care they need and deserve? More money, more staff, and more education are not the answers. The change can only start more fundamentally with a change in attitude. We need to become a society that values and protects our elders, a society that embraces the wisdom that often comes with age, a society that cares for the most vulnerable with compassion, and a society that vows to never destroy hope in the aged.

The secrets of being an exemplary nurse do not only apply to nursing. In reality, being an excellent nurse — the nurse people would choose to have care for them if they were ill — comes down to treating others as you would like to be treated. The exemplary nurse is not that much different than the exemplary store clerk, janitor, teacher, lawyer, or bus driver. My niece Sarah told me a story that really solidified this thinking for me.

Simply Profound

Sarah was working late one night at university (she is a first year environmental science student). She had been working all day on a lab and was just about finished when she decided to tidy up the lab and delete some unnecessary data. You guessed it—the delete button bombed her entire lab and she had to start again. Needless to say, when she finally trudged to the bus stop that night to start her long trip home, she was tired, hungry and a little down.

Then along came her bus and a driver that would change her day. She said that, when the door of the bus opened, an unfamiliar rather elderly (“elderly” was her word—he was likely 50) male driver said with a big smile, “Well, hello, young lady. Welcome aboard. Just come on in and make yourself comfortable.” Sarah said with this greeting she was already starting to feel a little better. She watched as this scene repeated itself at each subsequent stop with the driver greeting each new passenger heartily. Then, as they drove through the Old Strathcona area of the city, the driver made like a tour guide and boomed out “Ladies and gentlemen—you will notice that we are now entering the Old Strathcona area of Edmonton. I am sure that you will enjoy the many fine dining establishments and trendy shopping.” Sarah said by this time everyone on the bus was smiling and exchanging amused glances. When an older lady with a cane made her way to the front of the bus to exit, she paused to say to the man, “In my 30 years of riding the bus, you are the best bus driver I have ever had?” To this, he replied, “I know! My wife tells me the same thing every morning as I leave for work.”

Sarah said she usually reads on the bus, but on this trip she was so totally enthralled with the driver and his actions that the trip flew by and she arrived home feeling much better.

Exemplary nursing is really, at least in part, all about being an exemplary human being. It is about making people feel welcome and comfortable, treating others as you would like to be treated, giving information if it is appropriate and people want to hear it, staying positive in a sea of negativity, having self-confidence and self-awareness, being able to accurately assess the needs of those around you and responding to these, loving your work and letting your enthusiasm show. Exemplary nursing — it's so simple; it's so profound.