

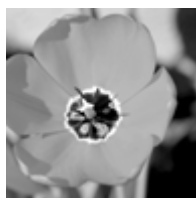
chapter seven

LESSONS LEARNED

The insights discussed in this final chapter provide both a summary of the themes described and a reservoir of unanswered questions. These understandings and queries represent a refocusing away from the more detailed analysis to a wide-angle view of the practice of exemplary nurses. The insights are divided into two groups: those that have potential significance for nurses, and those of possible interest to other human-services professionals.

WHAT NURSES SHOULD KNOW

Exemplary nursing practice is not only more complex than I imagined, it is also more difficult to communicate than I first thought. However, I did gain some important insights about exemplary nurses and some unexpected supplementary insights were revealed circuitously. The following sections include insights that may have significance for nurse administrators, researchers, educators, and clinicians.



difficult to capture and thought. However, I did insights about exemplary expected supplementary circuitously. The following arising from the study that

Beyond competent care

Exceptional nursing practice is more than competent performance of procedures, although these exemplary nurses were skilled practitioners as well. Though the nurses I studied performed the same procedures as other nurses, their care seemed superior. They changed dressings, administered medications, bathed and positioned patients, assessed vital signs, and served meals as most nurses do — yet the positive effects on them and on their patients were notable. What was it that made their performance of these procedures different?

I suggest that part of the difference between competence and exceptional competence results from the beliefs and values that underlay the nurses' actions. As Wiedenbach says, a nurse's philosophy regarding the significance of life and the worth of each individual determines the quality of nursing care given.¹⁶⁷

COMPETENT VERSES EXEMPLARY

I bathe my patient with water.
 You bathe your patient in warmth.
 I feed my patient toast and porridge.
 You feed your patient hope.

I deliver to my patients
 medications that make them well.
 You deliver to your patients
 elixirs that make them whole.

Philosophy: A blueprint for action

The exemplary nurses' beliefs were like a blueprint for action. Their philosophies of nursing practice gave them direction, and because they held firmly to their beliefs, their philosophies gave

them strength to go against the system and act as advocates for their patients when necessary.

Marie's story from an earlier chapter about her patient, Ralph, plainly illustrates an association between a nurse's strength of belief and her ability to act as an effective patient ally.

He was only nineteen years old — far, far away from home and desperately in need of a bone marrow transplant. His home was in a small community in northern Canada. He was Native, and this was his first trip outside the area in which he lived. Naturally, I expected that my task would be to support him and prepare him for his trip to Toronto for his transplant. But the more time I spent with Ralph, the more I realized he did not share those plans and hopes. Ralph always amazed me because he was insightful, spiritual, and truly at peace with his situation. He was also very alone, frightened, and intimidated by the hospital surroundings. A bone marrow transplant would mean more loneliness and a greater separation from his family and home. A transplant at this stage of his lengthy illness provided only limited hope for a prolongation of life.

Ralph confided in me that his only desire was to return home to be with his family, to experience a familiar sunset before he died. I knew in my heart this could be the only choice for him. Ralph was an inspiration to me. His decision was not popular with his physician who was disturbed by his "giving up," but Ralph never gave up on his decision.

I, along with my colleagues, were resolved that going

home was the only choice for Ralph. We presented Ralph's position to the doctors and defended it adamantly. The bone marrow transplant was cancelled.

Ralph never did return home, but died in room 72 surrounded by his mother, brothers, and sisters. He was at peace, and so was I. I truly missed him for some time after. The medical goals of cure and treatment may often be less important when we can clearly distinguish between quality and quantity of life.

The most consistent aspects of the philosophies of the exceptional nurses were a belief that life is precious; a respect for the dignity, worth, autonomy, and individuality of each human being; an awareness of the value of self-understanding; a commitment to helping each patient attain the highest quality of life possible, with quality being defined by the patient; an acceptance that death is a natural part of life; and a resolve to act according to their philosophies.

Most importantly, their patients were their reasons for being nurses. As these nurses considered each nursing action or interaction, they thought about how it would affect the quality of life for that particular patient as that patient defined quality. The belief that the patient is the primary consideration seemed to sustain them in their practice. This stance made it easier for the nurses to make decisions and helped them be more confident in upholding those choices.

The nurses would often ask themselves, or their colleagues, "Is this action in this patient's best interest?" before proceeding with an intervention. For example, a patient being cared for by a nurse I was observing seemed close to death. The patient had been prescribed a laxative pill. This nurse was about to administer the drug when she said to me, "I've decided to withhold the medication. I don't want her last memories to be struggling to swallow this."

There were many examples of the exceptional nurses consciously weighing the patient's needs against the directives of the system. For the nurses, their choices became straightforward when their philosophies of nursing were clear.

Yet, the beliefs held by these nurses were not necessarily static. The core ones perhaps were, but generally the nurses' philosophies were being refined over time through their experiences. At any moment, the nurses knew what they believed about each aspect of their practice — yet they were open to changing their beliefs as they encountered new experiences.

MAKING CHOICES

When you know
 what you believe,
 choices are no longer
 agonizing decisions,
 they are readily prescribed
 by your beliefs.

The importance of self-awareness

There were some insights revealed regarding self-awareness, both the role it plays in being or becoming an exceptional practitioner, and how it is developed. It appears the nurses learned most about themselves from others, including colleagues and patients. These people were a mirror in which they recognized themselves. Through their interactions with others, they identified their own limitations; they recognized that no one, including themselves, is perfect and that interdependence leads to the greatest potential for success. In these ways, they discovered both their own uniquenesses and their essential sameness.

In the oncology environment, and possibly in other stressful, urgent contexts, there is potential for developing high levels of self-

awareness. Self-awareness was achieved, at least in part, when the nurses turned inward and faced their own existential questions. The oncology environment may be a catalyst for such introspection.

It appears that, because the exemplary nurses knew themselves, they were prepared to confront the issue of their own mortality, to understand the meaning of death — theirs and others. For them, being prepared to die was to understand what it would mean to cease to exist as the selves they are. The nurse who understands this may be better prepared to give exceptional care to seriously ill people. Introspection and experience seemed to be ways by which the nurses developed this self-awareness.

The exemplary nurses understood why they were nurses. They believed that they had chosen to be nurses, and they deliberately and regularly reconfirmed this choice. They also chose to enjoy their work and to learn from it.

The nurses' actions and behaviours stemmed in part from an intense knowledge of self and acceptance of self. Self-awareness meant knowing what they believed about nursing, but it also included knowing their own physical, emotional, and spiritual selves, plus understanding their own limitations.

The physical self

The physical self includes knowing one's body and ensuring physical needs for sleep, exercise, and nutrition are met. In talking about striving for "total wellness," Julie said,

I take care of myself.... If you are frustrated trying to meet your own needs, how the wonder are you going to meet someone else's needs? If you haven't decided what is important for yourself and what isn't important, how are you going to take these fragile family situations and give them any direction or help?

She went on to describe the part her uniform and her physical appearance play in her success as a nurse.

You don't have to wear a label that says you are a nurse when you wear a uniform. I stretch the limit of the uniform. I have always been a provocative dresser. I do it as a statement of individuality, because I like to be identified. If you care enough about yourself to dress well and appropriately, then the patients will feel cared about, too. If you go looking like a slob, how can they possibly have confidence in you? If you can't care enough to put your best foot forward, then how can you care about your patients? If you can't have your sweater matching your uniform, then you don't care very much...and the more you care about yourself, then the more you are available to care about others.

The spiritual self

Most of the nurses provided insights into their beliefs about the spiritual self. In several cases, this sense of self developed as they cared for dying patients, or faced questions about the existence of a greater power, life, and death. Some talked about their belief in God, a higher power, or angels, and the power of praying for and with their patients. The following story illustrates this well.

The process of dying can take a long, long time. Mr. Paul had been in the last stages for about two weeks. He was a very religious and devout family man. We had shared many memories together, many discussions in the previous months of his illness. I was there when he was initially diagnosed and had come to know his children quite well. His family had been keeping vigil day and night at his bedside. They had been reading to

him, praying his very favorite prayers, and leaving him distance as well. He was very at peace with his dying. But, why, why was this taking so long?

It was Tuesday morning. I was not his nurse that day. His nurse met me in the hallway. She felt that soon he would die. His apnea spells were far too long, his extremities cold and mottled. I whisked through the hallway and caught sight of his wife and two daughters. I clutched one hand and one shoulder and whispered, "It's time." I'm not sure if they knew at that time what I was suggesting. I walked them into the room as quickly as possible. I placed one of his hands in his wife's, and the other hand in his daughter's. I nodded and simply stated, "He's going home." Tears flowed as they said goodbye. I cried too. No matter how prepared you are for death, the final moments are always hard. I felt very privileged to be present during this time as many of his family were not there yet. His other children had all been called by this time, and they were on their way.

In a short while, all of his children and their respective families arrived, and we ushered them into the room. They formed a circle around him, joined hands, and extended their hands to me, inviting me into their family. Together they prayed for his safe journey.

I can't tell you how very special I felt to be a part of that intimate circle. It was a gift that would give me a great deal of strength in the deaths I would stand by in the days to come.

Another story speaks about the power of prayer in Marie's practice.

She was exactly my age. But that's where our similarities ended. She arrived back early from a Sunday pass, and we were overlooking the city from the window of her hospital room. It was a hot summer afternoon. She was worried about her only family member, her ten-year-old son. He was so precious, and I had come to care for him deeply. I recall he was wise — far, far beyond his years — and had taken over as caregiver for his Mom.

His Mom had advanced breast cancer, which was extremely rare for someone her age. She had suffered greatly all her youth in a war-torn country. Recently, she had escaped to Canada and here had suffered an abusive marriage. This all preceded her fatal diagnosis. She was very much alone. As I learned more and more about her, I was chilled by her history. As we talked that day, tears streamed from her eyes. She turned to me and asked, "Why, Marie? Why do these things happen? Does no one care about us?"

We were watching people outside enjoying the summer day. I immediately felt trapped inside as she did. Nothing I had been taught made sense right now. I could not answer her. Tears clouded my eyes as my gaze met hers; all I could say was, "I don't know why. I wish I could tell you."

I thought, "What a feeble, feeble answer." I paused for a long time sitting with her. Then I opened up and told her that I was a Christian and that the only thing I knew to

offer her were my prayers. I exposed myself to a patient like I had never done before. She thanked me and then said, “I am a Buddhist; can I pray for you too?” I said I would be grateful to receive her prayers.

Perhaps there is something more we had in common. We both had a good Sunday evening.

Marie added a postscript during a follow-up conversation. She said, “I was just totally blown away that someone could have such a devastating life. I didn’t know how to answer her, so all I could do was pray for her.”

Jane, in particular, talked about becoming comfortable with sharing her spiritual self with her patients. She made the following remarks:

Spirituality is part of my practice, but it is a very personal part. Sharing your faith is not seen as a professional thing to do, and in nursing we are taught to be professional so I am hesitant to talk about it and admit to you that it is a part of my care. To me, it can be the true essence of everything — of life, of death. I do share my own beliefs if they are asking and they are feeling lost. I feel comfortable because I have my own beliefs together. People ask a lot of questions about the end, where they are going — especially if they haven’t finished their business yet. But you do have to be careful. Sometimes, I just pray to myself.

The emotional self

The nurses described what I have labeled emotional self-awareness. They talked about being “open to feeling the emotion of the moment, and being willing to share those feelings appropriately

with others.” During their careers, they had come to know themselves and to be sensitive to their emotions. Lana commented, “I always believed that if I couldn’t recognize an emotion in myself like anger or sadness, how would I know it when I saw it in a patient?” Maureen concluded, “You have to know where you are at. If you don’t know where you are coming from, how can you be available to help others?”

In summary, the importance of self-awareness — including awareness of the physical, spiritual, and emotional self — was identified and illustrated by the exceptionally competent nurses. This consciousness developed over time through experience and introspection. Identification of one’s limitations and strengths were part of this process of self-discovery. A common sentiment is reflected in Jane’s words. She said, “Working here, I have learned so much about cancer; but even more important, I have learned so much about myself. This no one can ever take away from me.”

ON DEVELOPING SELF-AWARENESS

Mirror mirror in my friend,
tell me where this all will end?
What a marvelous mystery,
look at you, it’s me I see!

The significance of experiences with death

Many of the nurses’ stories and my observations were about death, either the moment of death or the nurse’s relationship with the dying patient and the patient’s family. Although death is not a frequent topic of conversation and debate in society, these exceptionally competent nurses had thought about death and viewed helping a patient to a peaceful, dignified death as an important aspect of providing appropriate and successful nursing care. Though working

with dying patients was described by the nurses as difficult, they did not seem to find this part of their job abhorrent; rather, they found it rewarding.

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THROUGH DEATH'S VALLEY TOWARD THE SUN

The walk
down the hallway to the dying patient's room—
it seems so long.

The doors
to the dying patient's room—
so difficult to open.

But anyone
who has the strength
to take the walk,
who has the courage
to open those doors,

may discover an extraordinary opportunity
to learn about the things of life
that really matter.

—

The nurses I studied articulated and demonstrated comfort with the topic of death and dying, yet their experiences with this life process seemed to make a profound impact on them. Many of the nurses' most intense interactions with patients were with those who were seriously ill or dying. From encounters with the dying, the nurses learned lessons that changed the way they provided care to others. These challenging situations changed them both professionally and personally.

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BLENDING BORDERS

There you are—
female, 32, a mother.

Here I stand—
female, 32, a mother.

By the nature of our similarities,
the borders of our realities blend.

When you hurt,
so do I.

When you cry,
so do I.

When you die,
so does a part of me.

—

Moments of growth

Beyond their encounters with the dying, it appears that many of the significant practice moments reported by the exemplary nurses involved patients who shared similar circumstances with the nurse such as age, gender, or being parents to young children. The nurses wrote, at least in part, about how these experiences related to their own lives. Other memorable, critical nursing moments revolved around times when the nurses made a difference in someone else's life, when they learned something that changed their practice or their view of the world, and when they had an opportunity to share knowledge or insight with a colleague. During these significant practice moments when they taught others, the nurses also reported learning themselves. The exceptionally competent nurses were challenge seekers. It seems that many of these moments of growth came when they faced some of their greatest challenges.

Touch, silence, and lightheartedness

The nursing actions of sharing the lighter side of life, participating in a dialogue of silence, and employing mutual touch are all means by which the exceptional nurses communicated with their patients. Sometimes nurses used these methods of communication while they were performing technical nursing interventions. On other occasions, these communications were the sole nursing activity of a nurse–patient encounter. By these means, the nurses let their patients know of their concern and respect for them. In a way, through these actions, the nurses communicated their beliefs and values to their patients.

A characteristic of these three communication modes is that they are all shared experiences, reciprocal in that both people are involved. Shared communication may be the means by which nurse–patient relationships are transformed into person-to-person relationships. Watson describes “human-to-human connectedness” and “transpersonal caring” and I believe that touch, silence, and lightheartedness may be ways by which these are achieved.¹⁶⁸

According to Watson, in such circumstances “each person is touched by the human center of the other.”¹⁶⁹ I suggest that when these moments occur there is an inter-human connection that leads to affirmation of value and transcendence of both the nurse and the patient. These moments are, as O’Banion and O’Connell describe, “Human encounters that have a diamond-like quality of brilliance and value and the potential to make one feel uplifted, completely understood, and transformed in some way.”¹⁷⁰

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PERSON TO PERSON

In the beginning,
when I was a new nurse
standing in front of you
with trembling knees and
gleaming shoes and
textbook approaches,
I called you my patient.

Now,
I stand beside you,
I touch you,
I laugh with you,
I stay with you through silence,
and I call you by your name.

Our relationship is not simply
nurse to patient,
it is now
person to person.

—

Motivation and satisfaction: A miracle circle

The nurses' stories taught us something about how exemplary caregivers are motivated to continue to provide excellent care. Nursing is a positive and rewarding experience for these nurses. They expressed a high regard for their work. The intrinsic rewards they identified included feeling valued, and the opportunity for continued professional learning and personal growth, both of which they desired.

Many of the examples indicated that involvement in patient–nurse interactions within this context satisfied some of the nurses' priority needs. It seems that their actions initiated self-fulfilling reactions in cyclical fashion. As the exemplary nurses met the patients' needs

in an exceptional way, they had their own needs fulfilled. Having been fulfilled themselves, the nurses were able — and perhaps even motivated — to continue to provide exceptional care to meet their patients' needs. In this way, nurses were both motivated by and found satisfaction in their work. The consequences became the basis for further exceptional care.

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THE MIRACLE CIRCLE CONTINUES

My small gesture,
 lovingly given,
 causes you to feel valued.

When you feel important,
 so do I.

Satisfied that I do make a difference,
 I am motivated to continue to care for you
 and for others.

—

Confronting cancer: A shared experience

One of the incidental discoveries was a glimpse at the nature of cancer. The narratives provide an enhanced understanding of what it is like to confront this disease as a patient, a family member, and most clearly, as a nurse.

The stories reveal that cancer can involve intense human suffering and “chronic sorrow.”¹⁷¹ This disease shows no favoritism; it has the potential to affect anyone at any age or stage of life — no one, it seems, is immune.

Those affected by cancer and those around them are forced to confront their mortality. Part of the oncology experience seems to be grieving for oneself as well as for others. Confronting cancer causes people to lose their illusion of immortality, to recognize their vulnerability, and their lack of control over their health.

Providing care to those with many types of cancer is like fighting a war against death, disfigurement, and psychological and spiritual collapse — yours and the patient's. The nurses I studied showed us that, to be effective in this contest, nursing care must be complex, individualized, and delivered in a highly competent manner. The nurses fight for themselves and their own integrity as they fight for their patients. It is a shared experience.

From the stories, we can sense that the oncology milieu is one of intensity and urgency. At any moment, any one of the players could lose control, so there is a constant checking to see if they are all still within the threshold of normalcy.

Perhaps this ever-present sense of urgency, combined with the emotions that are part of each encounter to a greater or lesser extent, affected the nursing care the exemplary nurses gave. Such an environment reduces the “noise” in relationships and shortcuts are taken to establish meaningful inter-human connections quickly.

The oncology environment has the potential to be very stressful. Oncology nurses ride the waves of emotion with their patients. At any given moment, a nurse may be simultaneously experiencing the high of a disease in remission with one patient and the low of disease metastasized with another. It takes a very strong, self-aware person to be pulled and tugged in so many ways and to be able to withstand what would otherwise cause emotional and physical strain. Yet, if the nurses are able to stay with the struggle, as the exceptional ones do, they are forged like steel by the forces of emotions and the energy of experience. Rather than becoming brittle and immovable, exemplary nurses become stronger, preserved, and able to more easily withstand the forces in their environment.

ON BEING A CANCER NURSE

Every day you fight a battle against
physical, emotional, and spiritual collapse,
yours and your patients.

Each day is infused with an intensity,
a sense of urgency.

Waves of emotion wash over you
as you move from situation to situation.

At first you are never sure if
the next experience might be the big one,
the one that overwhelms you.

Eventually you find that from each
encounter you emerge stronger,
more sure of your abilities,
confident enough to carry on for the next day,
and probably the day after that.

MESSAGES ADDRESSED TO EVERYONE

Some overarching insights emerged from the nurses' stories that may have significance for people who work in other fields. These insights are described below.

Change: An opportunity for transcendence

Our lives are constantly changing. With each change come associated challenges that are opportunities for transcendence of self and others. For example, our level of wellness is not static and, with transitions in our states of well-being, new challenges are presented to self, family, and caregivers.

These challenges and changes in life, to self and others, are opportunities for transcendence. Perhaps the more serious the challenge or threat, the greater the possibilities for growth.

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ON THE CHANGES IN LIFE

Change,
a part of your life and mine.

Embrace it.

Use it.

Grow through it.

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Touch: More than physical contact

Nurses and some other professionals, by the nature of the tasks prescribed by their roles, have implicit permission to physically touch their clients. Others are discouraged from physical contact with their clients for fear such gestures may be misinterpreted.

However, it seems that touch is more than physical contact between individuals. People can touch one another physically, but spiritual, emotional, and intellectual touch are also possibilities. People in each vocation may find one or more of these types of touch most appropriate to their work. For example, chaplains may communicate through spiritual alignment, psychologists through emotional contact, and teachers may touch their students intellectually through the sharing of information and cognitive challenges. People in human-services fields can let their clients know of their concern and respect for them by taking advantage of the communication opportunities provided by alternative approaches to touch.

INTERPLAY OF THE MINDS

When you share your
ideas and understandings with me,
it tells me that I
am important enough to
be trusted with something that is a part of you.

The complexity of human interactions

Another broad understanding supported by this study is that human interaction is complex and sophisticated; different types of interaction — for example, verbal and non-verbal — usually occur simultaneously. People act as they react, and react as they act. The interpersonal process appears to be incessant, fluid, and non-linear.

Some of the most important elements in human interactions are the seemingly unheard and invisible. Although we do communicate through the well-recognized ways such as speech and gestures, we also communicate by laughing with others, touching them, and sharing silence with them.

If you touch others, remain present with them even in silence, or share with them in lightheartedness, you promote a sense of worth. In the larger view, this sense of self-worth in individuals may create a sense of worth in the community and, in turn, in society.

HUMAN INTERACTIONS

On closer inspection,
our interactions with others
are not as orderly
as I once thought.

Transcendence: A shared process

Another important discovery concerns an increased understanding of transcendence. It appears to be a lifelong process. We are continually refined by our experiences, especially our interactions with others, with self, and perhaps with a higher entity. Being open to the promise that relationships offer may help us transcend to the highest level of human potential. We cannot transcend alone. To reach this premier state of being, we must be as open to receiving from others as we are open to giving to them.

A JOURNEY SHARED

We cannot transcend alone;
it is a shared journey.

As we transcend through our
experiences with others,
we open up the opportunity
for them to come along.

An extended view of beauty

What is beauty? Time spent with the exceptional nurses helped me recognize that our dictionary and societal definitions of beauty are very limited. In the field, I saw beauty in many things that are not recognized generally as beautiful. As O'Banion and O'Connell say, "What is more beautiful than a man weeping, [or]...the eyes of someone welcoming death?"¹⁷²

This extended view of beauty was important for the cancer nurses providing care. Once they redefined beauty, they saw the core of their patients — past what society labels as repulsive and unattractive. For similar reasons, others who work with people can benefit from an appreciation of beauty in more than its physical elements.

The following story written by Jane illustrates this redefinition of beauty.

I think the patient I will always remember is a woman named Heather. She was young, only 34, and she had flawless, olive skin and waist-length, thick, black hair. Heather was one of the most physically beautiful people I had ever cared for. Her recent diagnosis meant that her chemotherapy treatments had only just begun. I was the nurse responsible for administering her chemo. She was being treated with a combination of drugs known to cause hair loss.

Heather had just been hospitalized for her second course of chemotherapy. When I asked her how she had been since her last treatment, she talked about some nausea and mentioned that her hair was starting to fall out. She was noticing many strands on her pillow every morning. As the days went by, the hair loss became greater until it got so that she could pull her hair out by handfuls.

The night I remember, she rang her bell and asked if I could help remove the remainder of her hair. I did. We sat together on her bed with a green garbage bag between us stuffing it full of her beautiful hair. I was speechless. In fact, I couldn't believe what was happening. I felt so guilty having hair and being well.

When we were finished, we tied the bag closed. I looked right into her eyes, took both her hands and said, "Heather, I think you are still beautiful." I cried, and she comforted me. We hugged for awhile, and I took the bag and walked away.

BEYOND BEAUTY

You are a goddess,
a beauty in body and spirit.
No matter how this disease ravishes you,
a beauty you will always be.

The temporary
and transient beauty
of your face,
your hair,
your body,
pale against the permanent beauty
of your soul.

The power of storytelling

Stories are powerful ways to achieve insight into human interactions, partly because they are a natural means of communication. For me, they were important sources of understanding. An interview, no matter how unstructured, by its very nature imposes some limits on what is said and how it is expressed. Stories are liberating; they free the tellers so they can share what is important to them, and so they can analyze their experiences as they go along. Stories are rich with details about how the experience affected the storyteller. The following story written by Marie illustrates this well.

Linda was just 19 years old, and she had already lost her arm and shoulder to cancer. I was always amazed at how joyful and positive she was, and I thought, "This can't be for real." But it was. I learned Linda had lots of support at home. She was really close to her sister, and she had a strong religious conviction. I cared for

her often over a period of about two years. Whenever we would have new patients with the same diagnosis as Linda, and she was around, she would offer to come and help me teach them about their disease. Using herself as a model, she would just whip off her shirt and show them her scars.

Toward the end, Linda met me in the hall and told me that her disease had spread and the doctors wanted her to try radiation treatments. I encouraged her to take the therapy; it was all I could do; she was only 19.

But for her, taking the radiation was wrong and she let me know that it was. I was stunned. I just kept shaking my head and saying in disbelief, "You are not going to try?" I felt upset because she wasn't fighting it. The nurse in me wanted to do something for her. I didn't want to lose her. It would have been easier for me to be more palliative with her if she had been in my age group, but she was only a teenager.

When she saw I was falling apart, Linda took me aside, put her arm around me and said, "No, Marie — it has just spread too much. I can't do this any longer. I'm okay. I know I'm going to die, and I am okay. with that." I was shattered.

A few weeks later, we had a call from the nurses in Linda's community. It's a couple of hours drive from here. They wanted to learn how to look after her at home so she could be with her family until the end. I asked to be the one to go to the community and teach the nurses what they needed to know. Though I was

eight months pregnant with my first child, I wanted to be the one to do something for her.

About 15 minutes into the teaching session with the nurses, Linda showed up. She wasn't well. She was thin and pale, but she looked at me and said, "Here I am, Marie. I wanted to come today and be your model like I've always been."

Then the class was over, and she had to go. I wasn't coping very well with the goodbye because I knew it would be our last. Again she nurtured me. I will never forget what she said...She said, "Marie, it's okay — in fact, it's kind of exciting. Here you are going off on a new journey of motherhood, and I'm off on a journey of my own. We are both going to be just fine."

I was so preoccupied driving home. It was true. I was off to become a mom and she was off to...I didn't know for sure to where, or to what — but she did.

As well, telling stories may have a cathartic effect, and it can be a further method of increasing self-awareness of the teller. It appears that storytelling helps the teller as well as the listener understand an experience. This is clearly illustrated in Julie's comments:

I just want to say thanks for helping me open up a part of me I could have shared in no other way but by writing my stories. There was something so liberating about sitting down with a blank page.

WHAT I LEARNED ABOUT EXEMPLARY NURSING

Exceptional nursing practice is more than being technically competent. It is being self-aware and communicating with patients person-to-person through touch, silence, and sharing the lighter side of life. These actions involve nurses sharing part of themselves with the patients, and encouraging the patients to share themselves with the nurses.

Exemplary nurses have well-developed nursing philosophies that become their blueprints for action. Important elements of these philosophies include a reverence for life and respect for the value of each individual. These nurses have become self-aware and have developed their philosophies at least partly through interaction with patients with whom they have identified closely, through teaching others, and through experiences with death.

Exemplary nurses seem to be both motivated by their work and draw satisfaction from it, especially by the opportunity to feel valued for what they do and by the chance for personal and professional growth. Exceptional nursing practice includes sharing the disease experience with the patients, struggling and growing with them, and using unfortunate circumstances as an opportunity for both the nurse and patient to achieve transcendence.

Exemplary nursing care is good for the nurse and the patient, and it can often still be achieved within the constraints of the complex and dynamic health-care milieu. The foundation for exemplary nursing care seems to be in the nurses' willingness to establish connections with their patients. These connections can be achieved in part through certain attitudes and small acts on the part of the nurse. Further, a nurse-patient connection can occur in brief encounters in the emergency room or in longer-term relationships on a palliative care unit. Askinazi notes that "this connection is a gift for the patient as much as of the caregiver.... There is the potential in certain patient-caregiver relationships of something transcendental."¹⁷³

Nurses who are truly exemplary embrace the experience of interdependence, willingly entwining themselves with others, learning and sharing with colleagues, patients, family members, and students. The secret of the satisfying caregiver-other relationships is the transforming potential of caring. Satisfied nurses who connect with, and journey with, others in caring relationships are, potentially, positively affected by the experience. They may, if they allow it, learn many life lessons and find themselves changed by caring. Let me illustrate with a story from a nurse I met at a conference.

A year or so ago, I was working nights. My patient became increasingly restless and agitated. He had a progressive dementia, and he was more disturbed than any patient I had cared for in my 25 years or more of nursing. That night, he required two-to-one nursing care.

Around 0300 hours, the other nurse I was working with observed that, in spite of his verbal lashing out, he had never once cursed. She remarked that he must not have “bad” words in his normal vocabulary because usually what is in a mind comes out in confusion. The night wore on with our patient experiencing agitation, yelling, and extreme restlessness. He would bite his own hands and arms and grab on to anything near him. We began to wonder if we could ever help him rest. I remember feeling helpless and hopeless.

Then I heard him repeat a series of words in a garbled fashion and recognized the words of an old hymn. I began to sing the hymn, and immediately he became quiet. The change was instantaneous and profound. The other nurse was able to leave for a break while I sat beside him singing every hymn I could remember.

As long as the hymns were sung, the patient rested. (She added a side note saying that it was a good thing she was a PK — a preacher’s kid — and because of this, she knew a lot of hymns). We later found out that the man had been a lay pastor, and perhaps this explained his reaction to my music.

I loved being his nurse because none of the usual textbook interventions worked. He required flexible, creative nurses who were not afraid to try the unconventional and who were willing to keep trying until we could find a way to connect with him and his needs. Large doses of artificial sedation made no difference. Somewhere in the deepest levels of this man’s mind, our presence through music and just being near touched him. It was a profound night because all my years of training and education came down to the simple singing of a song.

CHANGED

Caring for you
has left an unforgettable impression
on my soul.

Askinazi writes: “There’s a mystery to nursing, a secret energy that forms in the nurse-patient relationship. It is the experience of caring, and the memories of these experiences, which lead to confidence, self-esteem and energy.”¹⁷⁴ In writing about their own experiences with the “mystery of the nurse-patient relationship,” Hagerty and Patusky conclude: “[We] have glimpsed instead a much wilder, more gripping kind of feeling that is both exhilarating and dynamic. The secret of the caregiver-patient relationship is the transforming potential of caring.”¹⁷⁵

Nurses predictably and regularly interact meaningfully with people facing some of the most demanding and emotional moments of their lives — bringing forth life, fighting disease, accepting death, or tolerating disintegration of body or spirit. For anyone who desires to engage in meaningful human relationships, nursing provides the perfect avenue. Through these “intimate human connections, nurses are able to share their gifts with the community and the world.”¹⁷⁶ As nurses give of themselves, they are affirmed and come to know that they have value. Career satisfaction is the potential result — nurses who can sincerely say, “I love my work!”

The exemplary care-career satisfaction cycle is also important for the patient because of the potential positive influence on quality of care. Nurses who describe themselves as sure they had made the right career choice are also more likely to provide nursing care that was considered by their colleagues to be of exemplary quality. In other words, when nurses do their work well, they are more likely to be professionally fulfilled and to continue the positive cycle of excellent caregiving.¹⁷⁷ Such nurses have discovered that nursing is more.

I believe there is power and promise embedded in exemplary nursing care. The stories and poems presented in this book expose the often hidden, yet invaluable, contribution made by clinical nurses. The nurses’ words illustrate the challenge of living with cancer and of caring for people with this disease.

For the profession of nursing, this work has contributed to the growing body of knowledge that the profession can consider its own. Some of the essential features of exceptional nursing practice have been explored and described.

There are many more insights that could be drawn from these stories and field notes. Probably the most important discoveries will be made by practicing clinicians — nurses who read this book and examine the ideas within the context of their own practice.

What a difference each one of you makes. As you magnify this magic by your numbers, together you become a brilliant light in the

world. Each one of you is a small light; each individual makes the world for the others a little better — and when you join with other like-minded people together, your light is strong and you make the world a better place for everyone. You make the world brighter and more love filled and, in doing so, you SHINE. I honour you and thank you. Well done my colleagues — well done.

—

NURSING IS MORE

Nursing is much more
than procedures
and policies.

It is getting inside
someone's mind,
and knowing what will make them whole.

It is taking a risk
and helping someone
do something they need to do, but can't.

It is campaigning
for something you know someone needs
even when they are unaware.

It is jeopardizing
the certain
to attain the essential.

—

LESSONS LEARNED ON BECOMING AND BEING EXEMPLARY

Touch others,
physically, emotionally, intellectually, and spiritually.
Learn to use silence,
it provides a powerful means of communication.

Approach life lightheartedly,
lightness can be shared even in the darkest seasons.

Focus on the potential,
yours and others.

Embrace change,
it is an opportunity for transcendence.
Find work that you enjoy,
that makes you feel valued and challenged.

Study people carefully,
in doing so you will learn much about yourself.

Determine what you know,
and seek chances to teach it to others.

Discover what you believe,
and live it with confidence.

Appreciate others,
and pursue opportunities to contribute to their happiness.

Realize that you are not perfect,
and accept that you probably will never be.

Know your strengths,
and blend these with the strengths of those you meet.

See beauty,
for it is all around in forms not instantly recognizable.

Be as open to receiving as you are to giving,
this is a gift to others as well as to yourself.

Seek challenges,
and enjoy the privilege of learning from them.

Tell your stories,
for they are you.

Share your journey,
you cannot sparkle alone.