

# The 2005 Schering Lecture

17th Annual CANO Conference – Sponsored by Schering Canada

## Touched by a nurse: The imprint of exemplary oncology nursing care

By Beth Perry

### Abstract

*This paper examines the relationship between exemplary oncology nursing practice and professional fulfillment. What inspires nurses to choose oncology and, subsequently, what gives them impetus to continue in this field? To answer this question, oncology nurses were invited to recall moments in their careers when they were satisfied that they had chosen the “right” career. Data, in narrative form, were collected through an online research technique. Submissions were analysed using three approaches, narrative analysis (Priest, Roberts, & Woods, 2003), poetic interpretation (van Manen, 1990) and photovoice (Woolrych, 2004). Findings reveal that oncology nurses who provide excellent care, and make strong connections with their patients, are also usually very satisfied with their careers. Specifically, nurses provide exemplary care and report attaining professional fulfillment when they achieve connection with those in their care by affirming value and sharing humour. Second, caregivers feel they are making a difference when they “see patients through” the care trajectory. Nurses accomplish this in part by helping people live on, individualizing care, enabling hope, and helping individuals find meaning. It is anticipated that this paper will reawaken memories of similar experiences in caregivers, thus enhancing confidence, self-esteem and energy and reminding nurses that they do unquestionably leave an imprint.*

### Introduction

Do you remember the day you became a nurse? Not the day of your nursing graduation or the day you received your parchment and pin, but the day that you knew nursing would change you, and your life? I want to begin by telling you my story.

*My patient was so ill. She was slowly bleeding to death in front of our eyes and there was little I or anyone else could do. As I helped her back to bed, her three beautiful teenaged sons pressed closer to the wall and watched in sorrow. Not knowing what to do, I sat down on her bed and took her hand tightly in mine. Putting aside 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 enter me. At that moment, I was changed. At that moment, I became a nurse.*

I still remember that day, that patient, that moment well. It's the day I first experienced the imprint. I was changed by caring. As an oncology nurse you are leaving an imprint on many lives and, most likely, you are, in turn, being changed by the care-giving experience.

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### Changed

Caring for her  
Has left an indelible imprint  
On my soul.

The research study that forms the basis of this paper examines the relationship between exemplary nursing practice and professional fulfillment. In other words, what inspires nurses to choose oncology and, subsequently, what gives them impetus to continue in their field?

### Methodology

To answer this question, nurses were invited to recall moments in their careers when they were satisfied that they had chosen the “right” career and to write a narrative (or story) to describe this experience. Specifically, I asked, “Could you tell me about the moments in your career when you were satisfied that you had chosen the ‘right’ career?” To gather data from a large international sample of nurses, a web-based data collection method was developed to solicit and receive submissions. Potential participants for this study were recruited through advertisements in a variety of nursing journals. In a one-year period, more than 100 narratives were collected through the research website. Responses came from Europe, Canada and several U.S. states. This paper highlights the themes submitted by nurses who identified themselves as cancer nurses.

Submissions were analysed using a qualitative research technique called narrative analysis (Priest, Roberts, & Woods, 2003). Significant phrases were identified and meanings were formulated from these. The meanings were organized into themes that portray the experience of professional fulfillment in oncology nursing. Submissions were also analysed using two other approaches, poetic interpretation (van Manen, 1990) and photovoice (Woolrych, 2004). This paper features some of the themes, poetic interpretations and images that exemplify the experience of professional fulfillment in cancer nursing.

### Research findings

What brought career satisfaction to the oncology nurses who participated in this study? Three major themes will be described: “intense human connection” and “seeing them through,” and “joint transcendence.” I begin with the theme of connection.

#### Intense human connection

Oncology nurses who perceived they provided high-quality care, and made strong connections with their patients, were also usually very well satisfied with their careers. They described feeling most satisfied when they experienced intimate interactions with patients (and families) that allowed them to “make a difference.” From the nurses’ perspective, two specific ways in which they made this connection and made a difference included affirming the value of the person and sharing humour.

*Connecting through affirming the value of the other.* Through their actions and words, caregivers were able to communicate to those in their care that no matter how debilitated, disfigured or disabled they were by their disease or illness, they were still cared about. In so doing, the nurses affirmed the value of the person for whom they were caring. As Pilla (2001) wrote of caregivers, patients come to health care professionals when they are vulnerable and place their lives quite literally in our hands. In this vulnerability is the potential for loss of feelings of worth. Respondents in this study provided examples of their sensitivity to this vulnerability and used compassion in their caregiving to let patients know that they saw them as more than a disease or a diagnosis. For example, this story came to me from a cancer nurse in Australia. It is about a man who came to her hospital beaten down by his disease and now shrivelling into death.

*As were many of my patients, he was a rural resident who came to the city for cancer treatment. He didn't have much to say to any of us except that he chased us out of his room whenever we came by to provide care. The unspoken agreement among the team was to just let him be – as long as he got his medications. For some reason, I just couldn't give up on him. I wanted to at least reach out to him and let him know that he wasn't alone. One of my philosophies is, "never leave a dying person without a hand to hold." Although he didn't seem to want my hand, I had to at least try. So I did. I dropped by his room often to offer him warm blankets, videos to watch, a chance to chat, but all of my attempts to give him care were bluntly refused. This pattern went on for several weeks. Then one evening, just before going home, I dropped by the doorway to his room and impulsively asked if I could give him a good night kiss! To my amazement he didn't object, so I kissed him lightly on the forehead and bid him a good rest. He died later that same night. I will always remember him. I know that my loyalty to him, in spite of all the barriers he raised, in the end allowed him to receive my tiny token of caring. He knew he wasn't alone.*

### Connecting Moments

A shared smile.

A caring glance.

A slowed step.

A touch more gentle than it needs to be.

Times of connection –  
assimilated into the ordinary moments of a nurse's day.

*Connecting through shared humour.* Human-to-human connection was achieved through sharing humour, or what I call "sharing the lighter side of life." Despite the often-tragic circumstances confronted by oncology nurses, they wrote about times connections were made when they saw the positive and humour in situations and shared these appropriately with their patients. Many of those moments that respondents found most memorable and satisfying were those times when a shared sense of humour bonded them with those in their care. For example, a nurse, Lana, described how her sense of humour eased the tension of a situation she encountered and initiated a bond that lasted the duration of the patient's hospital stay. She wrote:

*I was trying to help a patient take a bath she did not want to take. I had tried a variety of approaches aimed at persuading the patient that a bath was necessary. My pleading, cajoling and bargaining hadn't budged her. Just at the moment when the situation was becoming uncomfortable for the patient, her visitor and for me, I said, "That's the problem with nurses, if all else fails, we wash it." At that, everyone laughed, the tension eased and the woman agreed to a bath.*

Another nurse named Helen explained the connecting power of laughter when she said, "laughter almost always precedes the tears. It somehow opens the gateway and allows for meaningful communication of the real issues." She went on to comment about the use of appropriate humour on the oncology unit saying, "Around here, we laugh so we don't cry. We laugh so we can cry."

As you have experienced, oncology nursing is particularly challenging in regard to appropriate use of humour as you are confronted often with what Greenhalgh (2001) describes as the "unmentionable dimensions" of caregiving, potential death, disability, and disfigurement. Yet, the use of humour appropriately, Greenhalgh (2001) suggests, can have profound therapeutic benefits for relationship development and connection, if used with sensitivity. Here is a story that illustrates how an oncology nurse followed the patient's lead and used humour to create a caring bond that facilitated future care:

*My brand of humour is usually nice and dry. This patient I am remembering had a head and neck tumour. He had a history of alcohol abuse and he had been labelled by the staff as "impossible." I guess I got the short straw at assignment time because he was all mine. He was gruff, rude, verbally abusive... a real gem. What's more, he required tracheostomy care, a perfect nurse-patient bonding activity! I remember tiptoeing into his room at the start of the first shift hoping he would be asleep. Hardly. He was waiting for me and in dire need of suctioning. Using humour was far from my mind at first. There was nothing he was going to find humorous and I knew it, so I was very professional with him and scraped by for two shifts. But I had seven consecutive shifts scheduled and I realized that our relationship was going nowhere! By the third shift, we were becoming more familiar with each other and I thought I saw a little glint of playfulness in his eye. So, I thought I would try it. When I entered his room I said something like, "Oh no, not you again!" and winked. I think my approach shocked him a little as he wouldn't expect this from such a "professional" nurse. Soon, he mimicked my actions, rolling his eyes back when I entered his room. By the fifth shift he broke into a smirk, and I got a snicker by the end of the sixth. He and I were eager to see each other by my last shift and we shared a few jokes. He did, in fact, request my care on future admissions. This I count as success!*

### Laughter Maintains Hope

Laughing together brightens our lives.

Your smile, even in times of trouble,

helps me to know that no matter how gloomy the weather

somewhere the sun still shines and

one day it will shine again on me.

### Seeing people through

Beyond establishing a deep human-to-human connection with their patients and their families, the caregivers in the study described many of their most satisfying moments or experiences occurred when they "saw patients through." In other words, they were involved with their patients and the families throughout a significant experience in their cancer journey. Through difficult symptom management, emotional struggles and challenging twists and turns, the nurses actively participated. Satisfied oncology nurses expressed fulfillment regarding taking on challenges and seeing the patient and family through each complex situation. There were various ways they saw patients through. I begin by discussing the sub-theme of seeing them through by helping them to live on.

*Seeing them through by helping people to live on.* One important element of the care provided was helping individuals identify, and sometimes develop a way to leave a legacy, a way to be remembered, to live on. As Lucy said, "Patients who must confront death and their own mortality due to a serious illness like cancer may be facing a sense of despair, in part because they haven't discovered, or defined, their gift to the world. Everyone wants to leave some footprints after they have gone." As the following story illustrates, the ill people, if given the opportunity, may lead the way to their own legacy:

*Elderly and spunky are the two words I would use to describe Zella. She was about "82 years and six months old" and although she wasn't actively dying from her cancer, in Zella's words, "all of*

her organs had just given up the ghost." I cared for Zella almost every day, tending to all of her nursing care. One day, Zella asked shyly if I had a camera. I could tell by the glint in her eye that she had plans for my camera. I nodded in the affirmative and Zella burst into a huge toothless smile. "Bring your camera and lots of film," Zella ordered in her customary way. "Tomorrow we shoot!" Then, as a post-script, Zella added, "There's one more thing. Bring a big bottle of bubble bath, fruit flavour, maybe watermelon or tangerine. I love tangerine!" I complied and the next morning we both giggled as we poured the tub and added more, many more, capfuls of "Mr. Bubble" than the label recommended. Then we added Zella, and she glowed as I snapped several shots of her frolicking in her glory with the bubbles discreetly covering all of her unmentionables.



I was off the next weekend and when I returned to work the cold news of Monday morning report stated that Zella had died peacefully in her sleep. The night charge nurse paused for a minute that morning on her way out to let me know that there was a note for me, a note from Zella. The instructions, written in frail hand, were in Zella's voice, "Give the bubble photos to my granddaughter" was all the note said. I smiled a little as the message gained clarity. She knew exactly how she wanted to be remembered; happy, joyful, full of zest and a just a little provocative. As I close my eyes and remember Zella, guess how I see her, too.

### Footprints

May I leave  
A footprint on  
Your heart?

A tiny seal  
To permanently  
Etch a reminder of  
My life on earth.

I have to be more than dust.  
Dust is just dust,  
And when the wind blows  
It scatters and is forever lost.

*Seeing them through by individualizing care.* Many of the respondents gave examples of times where they provided care that was very unique to the needs of particular persons. The nurses seemed to find the challenge associated with innovative care planning, breaking or bending of bureaucratic rules to get patients what they really needed or wanted very fulfilling, especially when they succeeded. The rewards of overcoming "the system" to meet

expressed needs inspired many of those who shared their stories with me. For example, a nurse from Manitoba named Tammy provided me with this story:

*One of my most memorable patients was an elderly gentleman named Barry. He had a dog, Tippy, that he was very close to. When I asked Barry what I could do for him, he said he just really wanted to see Tippy again. Tippy, I learned later, seemed to have the same wish. Since Barry's hospitalization, Tippy had been sitting at home in Barry's chair awaiting his master's return, refusing to eat and drink anything. Well, with the bending of a few hospital rules, I arranged for Tippy to temporarily move into Barry's room. The hospital administrator was a little concerned when he saw how hairy Barry's new roommate was, but I put a soaker pad on the bed next to Barry and the dog curled up in the crux of his master's arm, and put his chin on Barry's chest and they both slept contentedly. We filled a kidney basin with water for the dog and one of the doctors brought in some kibbles and bits. It was truly a peaceful sight and I know I made a difference to both of them.*



*Enabling hope.* Oncology nurses described feeling contented about their career choices when they saw patients through by enabling hope even in the most seemingly hopeless situations. Precisely what hope is remains problematic. Yet, nurses describe being able to create, facilitate and share the elusive quality they saw as hope with patients who seemingly had none of their own. Since hope is a very personal experience, it takes an exceptional nurse, with astute assessment abilities, to determine what might bring hope to a specific patient. Consider this story of how the nurse, Sue, inspired hope and found a very fulfilling experience:

*A year ago, I was working nights on an oncology unit. A man became increasingly restless and agitated. He was more disturbed than any patient I had cared for in my 25 years of nursing. 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 this is what usually comes to mind in confusion.*



The night wore on with our patient experiencing agitation, yelling, and extreme restlessness. 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. 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 stay. 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.

### Hope is to Life

Hope.  
Without it what is life?  
Desolate, onerous, unthinkable.

Hope.  
With it what is life?  
Bearable, promising, possible.

Seeing them through by helping others find meaning. Helping patients find meaning in their illness experience is another means by which nurses see their patients through. Caregivers who participated in this study often reported finding it professionally satisfying to assist patients and families with the seemingly impossible, to find meaning and significance in a serious illness experience. As one nurse said, "I try to help them find meaning in pain, changing body image, losses of all kinds, and even death. How much more difficult can it get?"

Joanne was a young girl by all measures of age. She was only 14 years old, and we were all saddened the day she was admitted in relapse. At first we were a little cautious around Joanne, afraid that our emotions would betray us, not wanting to confront death in a person with so much potential and life to live. And, at first, Joanne didn't seem to want us around much either, embedding herself in her



headphones. I gradually got to know Joanne, and the day she removed her headset when I came in to check her oxygen, I knew she was ready to talk. So I sat with her as she shared her story. What a life she had had – drugs, revolt, abuse and now this – cancer and probable death. I listened and she talked. She confided in me that she hadn't seen her parents (who were divorced and living in different cities) for a long time and her wish was to see them again – together. She seemed so alone, it was haunting. As death approached and she slipped into unconsciousness, I decided to call them. I will never forget what happened that afternoon as they met one another at Joanne's bedside. There they stood, one on each side of her. Her mom was silent for a long time and then tentatively began humming a lullaby, probably in the same way that she had done when Joanne was a little child. Quite soon after Joanne opened her eyes, she hadn't done that for many days. She gazed first at mom, and then at her dad, and she smiled contentedly. What a moment – what a lesson – for all of us.

### Making Meaning

From misery may come bliss.  
From bleakness may arise hope.  
From disharmony may emerge peace.

Anguish may melt into gladness.  
Discord may transform into melody.  
All as meaning is made.

## Conclusion

It seems that the oncology nurses who make strong connections with their patients, overcome challenging situations and provide excellent care that sees the patient through at least one difficult episode in their cancer journey are also very well satisfied with their nursing careers. Caring in this way, nurses may experience what I call "joint transcendence" (Perry, 1998). In joint transcendence, as exemplary oncology nurses care for their patients, patients share their humanity with them. Nurses who experience transcendence are open and receptive to the lessons learned through caring and may be moved toward being even more outstanding and well-satisfied caregivers. In other words, cancer nurses who experience the extraordinary in their work lives entwine themselves with those in their care and, in doing so, are often changed in a positive way by this involvement.

The findings of this study are echoed by Scott (2004) who stated that it is the "human connection, that largely intangible, immeasurable, unquantifiable aspect of nursing practice, that nurses value most, and it is the human connection that patients value most." According to Jackson (2004), engagement with patients enriches, protects and empowers the nurse while, in a very real sense, it does the same for those to whom care is given. It is the experience of caring, and the memories of these experiences, which lead to confidence, self-esteem and energy, which inspire nurses to continue to care. As you journey with your patients in a caring relationship, open yourself to the possibility of being made different by the experience. As you leave your imprint on those in your care – let them leave their mark on your soul. ♣

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