As oncology nurses, we all need to just get it out sometimes, even if that is done by reading through someone else’s voice. The following blog entries are taken from http://oncrn.blogspot.com and were written by an oncology nurse who would like to remain anonymous so that her patients remain anonymous. The author has completed all of the required disclosures for publication and has no financial relationships to report.

My life gets intermittently rocked by the wonders and horrors of being an oncology nurse. I just need to talk it all through sometimes. These stories are mosaics, each of the tiles being patients or events or images or emotions or conversations or memories that have woven themselves together in my mind.

—The author

February 19, 2007

Diving

It was one of those days that makes you get in your car at the end of it and say wow . . . or whoa . . . or I can’t believe I get paid for this . . . or did I pee today? The kind of day where you find yourself at the intersection of tragedy, hope, celebration, and grieving, once an hour, for eight hours a day when it seemed like you might go under a few times, but you never did, and you somehow came out on top.

Today started as an index card shoved in my pocket with 25 tasks to complete, each with a little check box beside it, each that needed to be done at a specific time, each that needed to be done well—really well. It feels like an art some days, like a science on others—zipping from patient, to patient, to patient, to pharmacy, to patient, to computer, to patient, to patient, to pharmacy, to patient and not have it feel like a complete fog for everyone involved.

Because each time you open a patient’s door and enter, the zipping needs to stop. You need to give them calm, even if you don’t have it. They can’t know about the check boxes. They can’t feel like the vibrating pager on your hip is going to cut them short in their effort to talk about their pain. You need to be present—there— theirs for the time you are in the room. It’s an unspoken agreement—they know you’re busy, they know they aren’t your only one, but you’re their only nurse today and you need to find a way to carve out an oasis of calm in the torrent of your day. They’re counting on you for that.

Some days you just can’t muster the art or the science to make it happen. But some days it works and you feel in the zone—and god it feels good. I liken it to the diving reflex. The diving reflex is a protective mechanism in some drowning cases where the body shunts blood away from organs more tolerant of low oxygen toward the heart and brain, increasing the chance of survival if a rescue can occur. I was drowning today. Drowning in check boxes. But something kicked in—maybe my diving reflex.

Whatever it was, it allowed me to slow down and avoid my usual flail fest, it allowed me to keep my brain and my heart engaged. It allowed me to connect with people. It’s a good thing, too, because if I get to the end of a day of running and sweating and trying to make things work and all I have to show for it are a full bladder and some checked boxes, I’m gonna feel gypped. I need conversation, human touch, laughter, and a side order of warm fuzzies to make me want to come back and do it again tomorrow.

June 14, 2007

Thanks

I love that feeling—being the bearer of good news. Telling the alpha male bodybuilder with leukemia that we can barely detect his disease, that his numbers are the lowest they’ve been in four years, that what we did appears to be working. It’s worth a thousand bad days at work to see him well up, rise out of his chair, and give me a big alpha-male bodybuilder hug. My feet left the ground. He hugged me so tightly that, even through a pectoralis the size of my head, I could still hear his heart racing, pounding with incredulous joy.

“Thank you, thank you,” he kept repeating while balancing eyelids full of tears, willing them not to actually fall. He gave the doctor one of those testosterone-mediated aggressive handshake/back slap combos, but I know he really wanted to kiss him. Silly men.

When things go badly, I always hear myself saying, “I’m sorry,” and patients race to say, “It’s not your fault,” which of course I know. But when things go well, the same patients say thank you in such a way and with such an intensity—as if I had gone in there myself and tidied up their bone marrow with my own hands. They hold us responsible for the victories in a way that they don’t hold us responsible for the failures. At least that’s what it feels like. And even though I know I’m not responsible, I say, “You’re welcome.” The intense gratitude makes me feel like a superhero for a minute, that is until I go to leave and, through a brief series of ungraceful events, catch my stethoscope on the door handle and almost hang myself, pretty much negating the whole superhero thing. I love this feeling. I need to bottle it, get a spritzer for the bottle, and apply liberally.

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