Looking for Hope and Forgiveness

Nurses: The Most Trusted Profession . . .

Katherine M. Zahasky, RN, CNP

Facing and owning up to my mistakes was something I learned as a child.

In our house, if you told the truth and admitted what you had done wrong, there was no punishment. If you decided to run, hide, or lie, punishment was swift and non-negotiable, with no hope of early release or pardon for subsequent good behavior.

I am an oncology nurse practitioner with more than 16 years of experience prescribing chemotherapy drugs—dangerous, powerful, potentially life-threatening drugs. Recently, I made a medication error and prescribed too much chemotherapy for my patient. My plan was to administer 50% less than normal dose, as the patient had pleural effusions and I was concerned the drug would sequester too long in her system, resulting in severe neutropenia. When I wrote the orders, I was doing too many things at one time and did not do the dose reduction. Now I wait and pray her immune system will recover from the current absolute neutrophil count of 100.

When I discovered my medication error, I could hardly believe it was real. I checked and double checked—it was real. As my hands got colder and my heart rate reached mid-tachycardic range with premature ventricular contractions, I continued to search for any possibility that it didn’t happen . . . but it did. When I told the patient, she looked at me with kindness and said, “Hopefully the full dose with make the cancer shrink faster.” I wanted to say, “These are dangerous drugs, you could die; aren’t you going to yell at me?”

But she trusted me. Today, I am not sure why, but she still does. I explained neutropenia precautions, started her on an antibiotic, quarantined her to her house, canceled all her other appointments, and sent her home with a face mask. I apologized, and she just said that she understood and asked when her next appointment would be.

In the beginning: When I graduated in 1974 and began my practice, I clearly understood nursing theory; I was a novice. I was always amazed that I was caring for critically ill patients. They followed my directions (usually) and plan of care for the day. What did I know? Didn’t they figure out I was a rookie? Did they understand that I was learning as I went along?

In the next 17 years, I cared for hundreds of patients who were ventilator-dependent following surgery or trauma. They trusted me to keep their airways open and support their breathing until they were able to recover this function. They trusted me and the skills I brought to their bedside.

I returned to school for my master’s degree and certification as a nurse practitioner, and I have been an advanced practice nurse in the outpatient setting for the past 16 years with all the responsibility and prescriptive authority that accompanies the role. In the science of oncology treatment, cutting-edge research and treatment are the hallmarks of our practice; however, I am still convinced it is the art of nursing that keeps bringing patients back through the doors of our clinic.

The privileged place of nursing: So why is it patients trust us so completely and have such confidence in our care, even when they don’t know us and haven’t checked our credentials or references? I don’t know the answer, but I think it is because we are nurses and, since 1633, when the Daughters of Charity of St. Vincent de Paul Servants of the Sick Poor began caring for the poor in their homes, nurses have been honored to be one of the most trusted members of society. We have been allowed into the most intimate moments of human life—attending the birth of a child, sharing in the sorrow of lingering illness, celebrating the unimaginable joy of recovery, and holding the hand of the patient breathing the last breaths of a life well lived.

Back to my story: My patient returned and her absolute neutrophil count is recovering. She is feeling fine. I will wait another week and restart the chemotherapy at the 50% dose reduction. I learned I will make another error like this again. I hate to even put this thought down in words, but I know it is true. Three important (albeit painful) lessons from this patient experience.

- I cannot multitask when ordering chemotherapy. My patients need my full attention when ordering medications that are so dangerous. The potential for serious consequences is too great to risk another error like this one.
- I will make another error like this again. I hate to even put this thought down in words, but I know it is true. Despite all my best efforts, I am still human with many and assorted flaws. I will make this mistake, and others, again.
- If my patients can forgive me, I should be able to forgive myself. And I will, one day soon.

Katherine M. Zahasky, RN, CNP, is a certified nurse practitioner in Medical Oncology at the Mayo Clinic in Rochester, MN. The author takes full responsibility for the content of this article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Zahasky can be reached at zahasky.katherine@mayo.edu, with copy to editor at CJONEEditor@ons.org.

Digital Object Identifier: 10.1188/12.CJON.93-94
Men’s Room Faith: Communicating in an Unusual Place

John Collier, RN, OCN®

The North Carolina Cancer Hospital, which opened in August 2009, was planned from the start to have a feeling of openness and brightness. The final design achieved this exceptionally well; the facility is state-of-the-art from top to bottom, flooded by an abundance of natural light. Countless patients, family members, and other visitors have commented on how well it uses natural light and the positive effect that light has on the emotional well-being of patients. It truly is a beautiful building that patients and staff love and appreciate. However, something very interesting happened recently—not in one of the sunlit areas or even in the lovely all-faiths chapel—but instead in a small windowless room in the outpatient clinics.

Somewhere back in the design and planning phase of the hospital construction, it was suggested that placing some type of bulletin board in the patient restrooms (in the outpatient clinics) might provide a means of communicating information about special services available or perhaps provide instructions on how to give a specimen for the laboratory. It is unknown whether the idea was ever completely given the green light, but when the building opened, each patient restroom on the second floor of our outpatient clinic space had a small white board on the wall along with a marker. I became a little apprehensive. Will these boards become a source of graffiti and inappropriate drawings? Would unhappy people leave their grievances on the board? Should I remove the markers?

For the first year or so, hardly anything was written on the boards. The staff were not using them for messaging and they looked out of place in the restrooms. There would be the occasional “Have a good day” or “God is love” kind of one-line message left on a board, or someone might draw a flower or some innocent picture, but I never noticed anything I considered inappropriate. I thought of asking my nurse manager about having the boards removed and possibly putting up some type of art in their place.

One day, though, something happened in the men’s restroom in the oncology/hematology clinic. Someone wrote “Please pray for my wife Charlotte” on the board. The next day someone had responded with a message of hope. That simple exchange between two men soon sparked a running line of communication. A large number of patients and visitors started leaving messages. And, although additional messages were left in support of Charlotte, the theme broadened to include everyone.

Messages of faith, hope, and religious conviction appeared. Some quoted scripture. Other messages were just a word or two of encouragement. In the course of a few weeks, every available space on the board was filled (see Figure 1). Someone even numbered the messages so that you could tell the order they were left. Messages were squeezed into every available space. At one point, I started to erase the board, but it just didn’t seem right. What I found very interesting was that this was the men’s restroom. Boards are in place in some of the women’s restrooms with a few similar messages, but none are filled to capacity like this board. Men are not always known for reaching out for help or expressing their emotions, but the men writing on the board clearly were expressing their spiritual and emotional needs.

For help or expressing their emotions, but

FIGURE 1. Words of Inspiration Message Board

Note. Image courtesy of North Carolina Cancer Hospital. Used with permission.

John Collier, RN, OCN®, is a clinical nurse IV in the outpatient cancer clinic at North Carolina Cancer Hospital in Chapel Hill. The author takes full responsibility for the content of this article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Collier can be reached at jmcollie@unch.unc.edu, with copy to editor at CJONEditor@ons.org.