“Life in the Box”

by April Eddy, Spring, 2001

This is a story about my time that I have put in as a registered nurse at a rural Wisconsin hospital. I hope this furthers an understanding about the uniqueness of having a job at one of these hospitals. Recruitment and retention during this current nursing shortage is a hot issue. Managers are desperate once again to find ways to attract and keep competent nurses. I hope that my story helps convey some understand what is special about working in a rural hospital and maybe attract some there to be nurses.

You may be wondering why the title “Life in the Box.” The box is an intensive care unit in a rural Wisconsin hospital. My coworkers used to call it that because it was a dark room at the end of the hall with closed doors.

I worked twelve-hour shifts in the ICU. I could not leave for any moment including going to the bathroom unless someone came by. Most people in the hospital didn’t even see me all day except for my patients, of course. I resented the “isolation” at times, but it had its good points. For instance, any one who came through that door always seemed to be willing to lend me a hand. Some volunteered to set uptimes to help me later. For instance, when I was pregnant the respiratory therapist came to relieve me every two hours for much needed bathroom breaks. Also, the pharmacist, the social worker, etc. would stop by with a snack when they knew I was having a rough day. Unfortunately on those rough days I usually didn’t get a whole lunch. Those were the days my patients needed me the most and I didn’t want them out of my sight for long. As for lunches it was usually an emergency room nurse, supervisor, or a recovery room nurse who would be floated to relieve me. Most of the time if recovery was slow that nurse would just come on by and let me go, they were the most qualified to relieve me as most of them had worked ICU. All the ICU nurses did recovery on off hours and I think they were grateful for not having to be on-call. There were many days when a kind visitor would just show up with lunch for me, grateful I never left their loved-one’s side. I can remember in nursing school we were taught not to accept gifts unless they could be shared. I made an exception here; this gesture was the only way a family member could feel useful in some respects at a time when they must have felt totally helpless.

About my patients, they have been wonderful! Most of them were admitted for Chronic Obstructive Pulmonary Disease, Myocardial Infarction, Arrhythmias, Overdose, or Gastrointestinal Bleeding. At times we would get unstable postoperative patients, motor vehicle accident victims, or the occasional I don’t know why, but their doctor is really worried about them and wants them to be watched closely. And, as described before, patients to be recovered postoperatively. I am going to share with you a few stories of some special patients that taught me a lot about myself, nursing and most importantly, life in general. As always, to respect confidentiality, their names have been changed.

This is story about Susan a woman about thirty who has overdosed more times than anyone can remember. She has had what we call a "hard life." We all want her to turn her life around, but she just gets further off the tracks. One night she was in the ICU recovering from an overdose and I had to recover a six-year old boy in the bed next to her. Busy night. I remember I had another patient, sleeping thank God! During recovery the boy's parents were by his side and things were pretty uneventful until Susan woke up. I went to talk to her immediately before things got out of hand, but I didn't have a chance. The drugs were working pretty well and she started shouting every obscenity in the book. It was at that point when I yelled at my first patient. I told her to shut-up and that even though she was sick she was not the only one here and I wouldn't put up with it. I told her there was a little boy in the ICU and again I didn't want to hear her say another word. She didn't. I walked away and turned to see a grateful mother by that six-year old boy. I got him out as soon as possible. No one in nursing nurse ever tells you that you may have to yell at a patient. I went on instinct and it worked. Instincts are something every nurse has and most should be given a great deal of attention to. Later she woke up and we had a similar discussion. I let her get it out then and later she recovered as she had in the past. Susan really isn't a "bad" person she was just going through what many do during withdrawal.

The next patient I will call Fran. Fran was a woman in her late sixties who came in with a heart attack; she did well with thrombolytic therapy and was transferred to the floor. She had had no post myocardial infarction pain which is important. If someone receives thrombolytics and they have had any pain after that they are usually transferred for Cardiology because they need open heart or something else. If not they are sent any where from a couple of days to a couple of weeks based on a multitude of factors. She went to the floor and I reported off and went to lunch (the ICU was empty). I came back up, glanced at her monitor and saw a change indicative of myocardial infraction. I went to her room and saw her clutching at her throat saying, "Oh I'm okay, I just have something caught in here." She looked pale and I replied, "You have something caught in here and pointed to her heart." I got her in bed and immediately got help for some oxygen, an ekg, etc and started to transfer her to ICU(all of this was without any physician order by the way). I called the doctor from her room who was over as we were wheeling her out of the room. The doctor yelled out to give thrombolytics again and I yelled to pharmacist as we passed the door on the way to ICU. This woman received those thrombolytics within 10 minutes of me seeing her clutching her throat. She lived and I transferred her myself to a larger facility for a cardiac catheterization. This is a remarkable story; no one gets thrombolytics that fast, at least no one in most hospitals.

Now, let me tell you about Bill. Bill is a man in his late 60's. A victim of polio, he has lived his adult life paralyzed with some minimal use of his upper extremities and more recently with an ostomy. He lives alone and functions independently. He has what we call post-polio syndrome that has affected his diaphragm's ability to perform the full muscular mechanics of breathing, but still has done well. To complicate things further he is a former smoker and has chronic obstructive pulmonary disease. He came to the hospital with pneumonia and to facilitate his breathing was provided oxygen.

Unfortunately, we soon found out he was a carbon dioxide retainer and anything, but low oxygen supplementation depressed his drive to breathe. He ended up on a ventilator and into the ICU. Soon he extubated himself and that's when I came in. The next morning myself and the doctor were talking to him about whether or not he wants to get ventilated again and just before his answer came out, he arrested and we were forced to ventilate again. This man stayed with us for over three months. Medicare didn't pay the majority of the bill, but that wasn't the point. The point was this man deserved to be at a placed where he knew people and they knew him, where we would dedicate every day to getting him off the ventilator and would make staffing changes as appropriate. We did other things like bringing in the barber for him even though he didn't want us to go through the trouble. We made him whatever he wanted to eat including root beer floats (a favorite for all of us). I would get him up each day and took him outside if it was nice. When he recovered he was placed in a long-term care facility. He deteriorated quickly and went to another hospital and died.

These are all very unique experiences for an ICU. First of all, who heard of having a six year old next to an overdose patient and who would ever think a nurse could make it work. Again, patients don't get thrombolytics within 10 minutes during the noon hour. And who is allowed to stay 3 months and actually gets well. It is difficult to describe to you how remarkable these stories are and that many nurses would be very leery of these situations, especially if they have worked in larger institutions.

So how do you convey that rural settings are a great place to practice nursing and how do you get people to choose nursing to begin with? It is true that we are losing the typical young women who went into nursing to the many other careers available. So what now?

First of all, nurses need to provide a high quality nursing care that includes the medical interventions ordered, but also nursing interventions. Do we remember those? Helping a patient walk, get a hair wash and cut, playing music, helping a family get a good meal, massage, etc. The list could go on forever. I would remind nurses that there is something more they can offer patients after the meds are passed. And what about patient teaching? Help patients to problem solve the issues they may face when they get home and give them someone to contact if they have questions. Also, help advocate for a patient when they are trying to decipher what a doctor is trying to tell them. For many years I felt I should have the title of interpreter. People who see us in these positive roles may chose to enter this profession because they admire nurses and want to do the same for people. On a personal note, this is how I came to the decision I wanted to be a nurse when I was 12. At one point I thought I should be a doctor because everyone said I was smart enough, however, I didn't ever feel that I'd get to be helping patients as much so I chose nursing.

It's not enough to be an excellent nurse at work, but when you're not at work. Don't be a whiner. Nursing can be tough and its okay to talk about it, but also tell people about the good things in nursing. I've also heard many nurses say I don't want my son/daughter to be a nurse. Nursing has so much opportunity available that I don't know

why we say these things. What needs to happen is nurses need to take a stand individually and professional to make their career as positive as it can be.

How do we get at the youth? Well, the hospital I work at has been involved in the Youth Apprenticeship of Wisconsin. It is an excellent program that helps youth get jobs in healthcare while they are in high school. It gives healthcare professionals a chance to promote their profession. Again, nurses need to show them the great job that they do. I believe that if we get youth in the door and let them be the judge many will choose nursing.

So what can we improve about nursing so nurses aren't whining all the time and so people want to join our profession. Here are some ideas:

1.Promote nursing in the schools when young people are making career choices. Promote it to the counselors.

2. Positive image through the press versus articles about med errors and needlestick injuries. How about an article about how nurses make a difference!

3. Control work risks. Limit problems with liability (improve systems) and decrease risk of needlesticks by safe needle devices. Make sure they know nurses help to facilitate these changes.

4. Improve opportunities at nursing schools. Allow them to be big enough to meet the demands of our society, but continue to have strong requirements to select good candidates, but not strict enough just to cut down numbers.

5. Improve wages and benefits for nurses.

What can be done to help out rural settings? Rural settings must compete with larger ones that have more resources to attract nurses and "more" opportunities. Noticed I put more opportunities in quotes. It's all in how you look at things. I have worked in one of the largest and one of the smallest settings in the country and I saw a much more diverse group of patients in the rural setting than I did in larger setting. In a large institution all of our patients get categorized and divided up according to their similarities and nurses get very good at taking care of a certain group of patients. In a rural setting you must get used to seeing a whole array of patients and taking care of them with limited resources. Again, this can promote either a certain level of discomfort of a great deal of opportunity to advance in nursing skills and autonomy. So if we want nurses to work in these settings we must promote the latter and show them how we will foster their growth. One way of doing this is through a comprehensive orientation and mentoring program. Also, have potential employees meet with other nurses as you interview them. Talk about what some of the nurses have done with the experience they have had. For instance, one of our nurses who worked many units eventually developed an interest in skin care and became an enterostomal therapy nurse and another a specialist in diabetes management.