

PRESENCE

As I reach the end of a long and rewarding nursing career and looking towards my future retirement, I often reflect on the many personal and professional experiences which have shaped me into the person I am today.

I began my nursing career in 1970 as an extremely shy 16 year old. After spending 20 months as a cadet nurse, I started my training to become a registered nurse in 1972. At the time, I would never have thought that an encounter during the first year of my training would have such a profound effect on shaping me as a person and in my profession as a nurse.

Nursing was slowly evolving and moving away from task driven care to viewing each patient as an individual person with their own unique needs, irrespective of their medical diagnosis. However, this was still a new concept and not willingly embraced by all nurses and doctors.

Mr H. was a gentleman in his late 60's. He had been admitted to the male medical ward 2 days ago, following a stroke which had left him with a dense weakness down one side of his body. He was an obese man, and had been labelled as a 'difficult patient". His power of speech had not been affected by the stroke, and he was often rude and uncooperative with staff. I had limited experience with how to look after someone like him and looked up to the senior nurses to guide me in my approach and treatment of patients.

On this particular day, Sister had partnered me with a third year student nurse. It was early afternoon, and the late shift had just arrived. Whilst Sister gave a handover, she asked both of us to tidy the ward. This involved attending to every one of the 28 patients in the long nightingale ward. We had to make sure everyone was comfortable by positioning their pillows and smoothing

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out bedding, tidying their bedside lockers, emptying urinals and ensuring their call button was within reach.

Having attended to Mr H, we started to move onto the next patient, aware we had another 25 patients to see to. "That's right", Mr H said in a loud voice. "Move on and leave me. I'm not worth spending more time with". Mr H seemed angry. "Oh, oh" I thought "what now?" The other nurse ignored him and continued walking towards the next bed. My initial thought was "I'll quickly pacify him and then move on, we've got so many more patients to see to".

"What's the problem Mr H" I replied. "Is there anything else you need?" "No, I just want someone to talk to". Inside, my stomach churned. "I can do that" I replied. "What do you want to talk about?"

I hoped I wouldn't get into trouble from Sister for not continuing with the ward round, but something urged me to stay and talk to Mr H. "Are you worried about anything?" I asked. "I don't know what's happening to me, no-one tells me anything" he replied. I explained that he had had a stroke and he was here so we could help him to recover. "I just want to go home" he said. I asked him who was at home. "Just my wife" he replied. "Have you any children?" "No" he replied, "we were never blessed with children; it's just been me and Betty. We've had a very happy life. She's the love of my life. I'm sure I annoy her at times, but we have 'words' and then make up, that's always the best bit" chuckling as he said this.

"Our pets have been our children. We have a dog, 3 cats and a parrot."

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Mr H. went on to tell me about his pets, in particular recounting the funny antics between the parrot and the cats. The parrot would stare at the cats as they nonchalantly walked past him in a dignified manner, their tails held high in the air. Once they had passed, an almighty squawk and torrent of abuse would emit from the parrots beak "Piss off" he squawked. "Danger, danger, man the guns", frightening the cats and sending them scurrying to escape the loud noise. Mr H and I roared with laughter. "I wonder where he got that from," I laughed. Mr H was animated as he recounted this tale, his eyes shining.

All too quickly, Sister had finished the hand-over and I was asked to go to lunch. I took Mr H's hand and told him I would be back after lunch so he could tell me more about his pets. "I'll look forward to that" he replied. "Have a little rest now" I said. He gently closed his eyes, looking a little more relaxed. I left the ward to have lunch.

Forty-five minutes later, I arrived back on the ward for the rest of my shift. The curtains were pulled around Mr H's bed, as well as having the mobile screen in place. "What on earth is going on?" I thought. The mobile screens were only used when someone has died. I asked another nurse if Mr H was alright. "No, he died" she said. During my short lunch break, Mr H had suffered a cardiac arrest and was not able to be resuscitated. I was so shocked. How could this man I was talking to such a short time ago, now be dead? He seemed fine when I left, not complaining of any pain or anything. I was told "he probably had another stroke."

Mr H's wife, Betty, had been called. She was alone when she arrived, and quite distraught. The staff nurse called me over, and asked me to be with Betty whilst she went in to see her husband. This was my first experience with a bereaved relative and I felt completely out of my depth. But in

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the early 70's, you didn't question your seniors, so I pulled the curtains apart so we could both enter.

Mr H looked peaceful. Betty took his hand, and leaned over, kissing him gently on the lips, tears streaming down her face. "How can he be dead" she said in a quiet voice. "He was alright when I saw him yesterday". I had no answer for her. I told her I was also shocked and went on to explain how I had been speaking to him a short time ago. I told her how he had described her as "the love of his life", to which she quietly nodded her head. "We've been together since we were 22 and its' just been the two of us". I told her he had been telling me about their pets, and the funny antics between the parrot and the cats. She quietly laughed, a sad look passing over her face. "That parrot rules the house, it's already missing Bert." The parrot would sit on his shoulder at meal times and Bert would offer him morsels of food from his plate. "I told him not to do it, but he just ignored me, he loved that parrot. The only reason I let him keep it, was because it was company for him as I was often away travelling".

Betty was an artist and would go away for short periods to paint landscapes. "I've also painted that parrot a few times" she said, "such lovely colours in its feathers".

All the time she was talking, Betty was holding one of Mr H's hands and stroking his face with the other. The tears had stopped, replaced by a gentle smile as she spoke fondly about her husband. The staff nurse returned, and explained that she had some things to give to Betty and could she come with her into the office. Betty leaned over, kissed Bert and gently said "goodbye my sweetheart". Betty looked at me as she left, unable to speak, fighting back tears. I said goodbye quietly, not trusting myself to say more, as I was also struggling to contain my emotions.

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I was left alone with Bert. He was no longer Mr H, the difficult patient with a stroke in bed 3. He was Bert, a husband, a friend, a companion, a lover of animals, a person with feelings and people who loved him unconditionally. But he was now dead, and as I touched his cooling hand, I felt sad that I had not spent more time with him before he died, enabling me to know the person he was.

I have had 44 wonderful years in my chosen profession. In this time I have nursed many people of different ages, cultures and background. I have been present at the first joyful moment of a birth, held the hand of a dying person as they have taken their last breath and tried to comfort bereaved relatives during those agonising, confusing first moments without their loved one. I will never know exactly what Bert was thinking after I left him and went to lunch. We had only spent a few minutes together, with him doing most of the talking. But in that short time, I felt I knew Bert a little and had been looking forward to learning more about him and his menagerie of pets.

I often relate this story to other people, especially young nurses starting out on their careers. Letting them know it's OK to spend some extra time chatting with their patients and not to rush away despite having a huge workload. Those few minutes **will** make a difference.

Bert will never know what a profound impact he has had on my life, helping me to grow into the person and nurse I still aspire to be, understanding and never forgetting that a patient is not their disease, but a person who has feelings, emotions and loved ones who support and care for them. Who would know that I was probably going to be the last person Bert spoke to about his wife and his pets, the loves of his life? And that I still continue to think about this 'difficult' patient from bed 3 who taught me so much so long ago. I thank you Bert.