

## REFLECTIONS ON A NURSING LIFE

**\*\*\*Editor's note: Names have been changed to protect patient confidentiality.\*\*\***

May 2015 marks a significant time for me; forty years ago in May 1975 I qualified as a registered nurse. For some time now, I have been reflecting on my nursing life. When I saw this competition in The Lamp, it provided the ideal opportunity for me to really reflect and examine it. So armed with old personal journals, mementos and photos, I went back down memory lane.

January 14<sup>th</sup> 1972 was a red letter day for me as I walked up to the door of the Nurses' Home of a large Dublin hospital. The day was cold and bright as I knocked with anticipation on the dark green door. I was 18-years-old. I was let into the hallway where a gaggle of girls waited to begin their nursing training. It wasn't long before we met Sr Mary, the home sister. Tall, thin and elderly, she introduced herself.

"Welcome girls", she said. "I will be in charge of you while you are living in for the next six months. One late night pass is issued a week, when you can stay out until 2am, the rest of the time it is in by 11pm," she told us.

After settling in, the format of our nursing training was explained. We had 2 x one month blocks in the classroom for lectures each year, and the rest of the time we were on the wards.

Nursing training in the 1970s was different to the present, but it took about the same length of time – three years. First-year student nurses were at the bottom of the hospital ladder and were assigned to bed pan rounds, enemas, and bed baths. Second-years did observations, bed baths, and occasional dressings. Duties escalated by third-year when you could do medications, IV fluids, injections and dressings.

We did ten week rotations on a variety of wards.

“What ward are you going to next?” we asked each other as we crowded around the noticeboard in the nurses home to look up the next rotation list.

Feelings of dread arose if you found you were going to Male Surgical. The ‘Dragon of Dragons’ ran this ward. Tall and imposing with steely grey hair, she walked like a sergeant major. Every morning she would stand at the top of the stairs leading to her ward, while we students walked sprightly on to the ward to start our shift. Her eagle eye would scan us with military precision.

In spite of her hovering presence, I enjoyed working on the ward. It was here I came to nurse a young man from County Cork. A quiet and gentle man, he had surgery for testicular cancer. He had multiple admissions over my three years at the hospital. He died there too, and it broke the hearts of all the staff who knew him. This was in the days before chemotherapy was established. Oncology had yet to become a specialty.

Patients at the hospital came from the Dublin area, as well as other parts of Ireland. The hospital specialised in thoracic surgery, as well as cardiology. The patients were an interesting array of humanity – many of them were frightened upon arrival as a Dublin hospital seemed so big and busy. They appreciated very much any kindness shown to them. Needless to say, my nursing training went by quickly. I learnt a lot, and knew I had chosen the right career. Providing comfort and relief to people who were sick fulfilled me, and I felt a deep satisfaction when patients felt better under my care.

My first job as a staff nurse in the summer of 1975 was on a children’s ward. Here, the Nursing Unit Manager was tall and very thin. She was nicknamed “Twiggy” after the stick thin English model of the 1960s.

It was on this ward I looked after little Brid Connors. She was one of Ireland’s “travelling people” otherwise known as itinerants. At the time, many travellers were poor and disadvantaged, moving from town to town in a bid to pick up work. Brid was about three, and a small frail little girl. She had many admissions to hospital with injuries sustained from “falls”. Over time, it became apparent that abuse was involved and the perpetrator was her mother.

When I first met Brid, she was undergoing surgery for a broken leg. During this admission it was decided she needed foster care. The social worker had found a suitable foster home, and I was on duty the day she was to be taken there. It was a cold Dublin day as I hurried across the top floor of the hospital carrying the little girl bundled up in blankets. I moved quickly down the stairs and out into the back of the social worker’s car.

“You will need to lie down,” Julie the social worker said to me. “Brid’s mother could be on her way up to the hospital. We don’t want her to see us.”

Off we sped to an affluent Dublin suburb, and into the luxury and comfort of a lovely home. The woman who lived there was warm and friendly, and had fostered children before. She had two little girls of her own. We spent some time with Brid, getting her acquainted with her new surroundings and foster family. That evening as we went back to the hospital, Julie and I wondered how she would settle. This experience touched me a lot.

A year later, nursing led me on an amazing adventure to the “Land Down Under”. In September 1976 I found myself working in a major teaching hospital in Sydney. I was feeling anxious as the ward allocation was Intensive Care, and I had no real experience of working in a unit like that. However, I need not have worried, the staff there were wonderful.

One of my most vivid memories whilst there was Rugby League Grand Final Day. It was my first experience of this major sporting event, and I couldn’t believe the power and impact of the game. There were very ill patients with drips, drains, tubes, and machines everywhere. Perched near every bed was a T.V. providing coverage of the game. I realised then that Australians took their football very seriously.

My next position was a Monday to Friday job in a chest hospital in Sydney. At this stage in history (1978) many Vietnamese boat people – refugees of the war – had come to Australia and many of them had active pulmonary tuberculosis. As in-patients with active

tuberculosis, medication was started immediately. When the sputum no longer contained the active bacillus, they were discharged but medication was continued for up to eighteen months to affect a cure. Supervision was necessary as due to language barriers, compliance may not have occurred. Part of my job was to give these patients their medication on an out-patient basis. I got to know many of these gentle people, and was often amazed at the resilience and strength they possessed.

I returned to Ireland in 1979 as my mother was diagnosed with breast cancer. On the first day of January 1980, I started a job on the gynaecology ward at a large Maternity Hospital near Dublin city. This is where I began to gain a real interest in Women's Health. I enjoyed looking after the women in this 18 bed gynaecology unit. I found the work very satisfying. The other nurses on the ward were lovely, and their friendship helped me through a difficult time in my life.

I returned to Sydney in 1982. Shortly after arriving, I decided to do some agency nursing. My first job was looking after John Burke, an army captain in his early forties. He had fought in Vietnam, and unfortunately had been exposed to Agent Orange. As a result of the exposure, he developed renal cancer. Despite surgery, the illness was terminal; the cancer had spread to his liver. The army were paying for a private nurse while he was in hospital. I did 5 x eight hour shifts a week, and looked after John for eight weeks. We got on very well, and he really enjoyed being pushed in his wheelchair around the local park near the hospital. He referred to me as Sergeant Schultz; clearly, he thought I was a bossy nurse!

My next patient, Marjorie, lived in one of Sydney's affluent harbour suburbs. She was in her mid- seventies, and suffered with hypertension. A trust fund had been set up for her, and she had a nurse looking after her 24 hours a day. She was an unusual woman, and I had been warned she gave everyone a hard time. One day just before Christmas she wanted to go into the city to do some shopping. The city was crowded, and the weather hot. Marjorie's permanent bad mood turned to rage.

"I want to go home, I am hot and tired, take me home now," she wailed.

"You stay here outside David Jones, and I will hail down a taxi," I said.

I walked away quickly, got a taxi, and walked back to fetch Marjorie. She was nowhere to be seen; she had disappeared. I was very concerned I had lost her. What was I to do? I rang the nursing agency, and felt very embarrassed telling them what had happened. However, they thought it very funny, apparently she had done this before. It transpired she had gotten a taxi herself, leaving me high and dry.

Agency nursing was an interesting experience, and there was a lot of variety. I worked in most of the major hospitals in Sydney and even did some shifts in a nursing home for retired nuns. In fact, agency nursing brought me to the hospital that I still work in today.

It is a large teaching hospital, and I have found it a pleasant working environment. I started working in the casual pool in 1987, and spent the next four years working all over the hospital in various wards and units. This suited me, as by then, I had two young children.

In 1991, when the children were older, I was offered a job on the medical immunology ward. It was here I came across the devastating effects of the HIV virus. In all my nursing life these people have been the sickest I have come across. I witnessed some very loving gay relationships during my three years on this ward. We got to know these patients very well, as they had frequent admissions and re-admissions. Very often the healthy partner tended to the sick one with immense loving care.

Keen to upskill, I did a Gynaecological and Women's Health post graduate course at the NSW College of Nursing in 1994, and in October 1995 I started working on the Gynaecology ward. I have been there ever since. On the ward we look after women undergoing surgery for gynaecological malignancies, as well as women who require routine gynaecological laparoscopic surgery. Urogynaecological surgery is a speciality on our ward and we also look after women with pregnancy-related issues such as miscarriage, ectopic pregnancy, and hyperemesis gravidarum.

As I write, this year 2015, will mark my twentieth year there. What makes this ward so special is the staff. They are a great bunch of people – kind and caring. The Nursing Unit Manager is a very capable, calm, wise, and level-headed woman who genuinely cares for her staff. As a result we feel valued, and this enhances our performance in the workplace.

One of the highlights of my nursing life occurred whilst working on this ward. I was looking after a lady who was recovering from a hysterectomy. She was quite a demanding woman, and her husband was very attentive to her needs. I noticed he looked pale and possibly anaemic. "When you get a chance, go and visit your G.P. for a check- up. You look very tired,

Mr Boland," I suggested one morning as he was busily trying to keep his wife happy. Some months later I had completely forgotten the event. He arrived up to the ward looking much better. He handed me a box of chocolates smiling broadly.

"I feel so much better, I went to the G.P as you suggested," he said. "He did some tests and sent me to a specialist. I had early bowel cancer, I had an operation and now I feel very well." I was overwhelmed – it was a great feeling to have helped this man.

The most traumatic incident of my nursing life also happened on this ward. Anne, a delightful lady in her mid-sixties was battling advanced ovarian cancer. We were chatting as I helped her walk over to the toilet. I knew her well as she had previous admissions under the care of a wonderful gynaecological oncologist. I saw her sit on the toilet, and suddenly there was a real WHOOSH sound, and Anne slumped back on the toilet, her face deathly white. I knew instantly she was almost dead. A massive haemorrhage had occurred, and she died from exsanguination (extensive blood loss). Her death was sudden, dramatic and very sad.

Despite the trauma and sadness you can encounter on the wards, nursing provides so many opportunities for you to grow and develop.

I am now a 61-year-old Clinical Nurse Specialist and enjoy the role very much, particularly interacting with the nursing students. When they finish their clinical placement on our ward and are moving on, I always say to them "I am coming to the end of my nursing life, and I'm



handing on the baton to you – take it, go forward, make a difference. This is the best job in the world.”

Reflecting on my nursing life as I write this essay, I realise nursing has given me so much. It has allowed me to travel, gain experience in a variety of settings, provided family friendly hours when my children were young, and led me to find my niche in women’s health. It kept me grounded and grateful, but also afforded me further educational opportunities that enhanced my career. Most importantly, I have met some amazing people along the way, and have formed some very strong, loyal friendships as a result. In short, I have had a very fulfilling working life as a nurse, and for that I am very grateful.

Much has changed in the nursing world in the past 40 years, a lot of it for the better.

Importantly, the profession continues to attract people who are kind and caring, and as one sentence I read in the newspaper during the Bali bombings said, “Simple human kindness is an extraordinarily potent force.”

To anyone thinking of joining this special profession, I strongly recommend it. As long as you are kind, committed and open to new experiences, I can guarantee you will have an immensely enlightening, exciting, and rewarding career.