MY FIRST YEAR AS A NURSE

REAL-WORLD STORIES FROM AMERICA'S NURSES

Edited by

BARBARA FINKELSTEIN

Foreword by

Anne Griswold Peirce, R.N., Ph.D.

A SIGNET BOOK

Dedicated to Max

SIGNET
Published by the Penguin Group
Penguin Books USA Inc., 375 Hudson Street,
New York, New York 10014, U.S.A.
Penguin Books Ltd, 27 Wrights Lane,
London W8 5TZ, England
Penguin Books Australia Ltd, Ringwood,
Victoria, Australia
Penguin Books Canada Ltd, 10 Alcorn Avenue,
Toronto, Ontario, Canada M4V 3B2
Penguin Books (N.Z.) Ltd, 182–190 Wairau Road,
Auckland 10, New Zealand

Penguin Books Ltd, Registered Offices:
Harmondsworth, Middlesex, England

Published by Signet, an imprint of Dutton Signet,
a division of Penguin Books USA Inc.
This is an authorized reprint of an edition published by Walker and Company with the title *The First Year of Nursing*. For information address Walker and Company, 435 Hudson Street, New York, New York 10014.

First Signet Printing, June, 1997
10 9 8 7 6 5 4 3 2 1

Contents

Acknowledgments

Grateful acknowledgment to the following people for helping me find some of the nurses interviewed here: Dr. Neil Halpern, Marcie Horowitz, Eric Levy, Jean Murray, R.N., Daphna Pollack, and Mary Reynolds Powell, R.N. My thanks also to Carolyn Zagury, R.N., for suggesting a bibliography and to Pesha Rubinstein for her help in preparing this manuscript.

5

Giving Kids Hope: The Mission of Child Psychiatric Nursing

SISTER MAUREEN D'AURIA

When I entered the Catholic Congregation of the Sisters of St. Joseph of Peace, I wanted to become a nurse. At first this order directed me to teach primary and secondary school and to obtain a baccalaureate degree in biology. Both endeavors ultimately provided a solid foundation for nursing, which I was able to pursue at the Columbia-Presbyterian School of Nursing in 1970. I would have served in whatever mission the congregation deemed right, but I have always been grateful for the mutual discernment that led me to nursing. I know now that my path, beginning with my young students, was a journey better than anything I could have designed for myself.

My first job as a nurse was at Columbia's Babies Hospital. Usually, one L.P.N., an aide, and I cared for

thirty-six children, most of them victims of cancer or other devastating diseases. My colleagues were supportive, and I was fortunate to have a mentor who spent most of her career working with grief-stricken families. She led support groups in which we could ventilate our anxieties about the children, and about their parents, some of whom were wrestling with drug addiction and alcoholism.

One of my first patients was a four-year-old boy named David Benton. When I was still a nursing student, he was diagnosed with leukemia. His parents' marriage was shaky, and David's illness destabilized it further. The Bentons got divorced. David himself was a wise child. He did not want to die, and yet, as he approached his seventh birthday, he started making provisions for his death. (I have seen many dying children do this. They will say, "I want my sister to have this doll." Or, "It's time for me to put on my new pajamas," meaning, "I want to be buried in these clothes." Frequently, a child near death holds on until the parents visit one last time. As soon as they leave, the child passes on to the next world.) David died at 5:00 A.M. with his mother at his bedside. I confess, I was relieved when he left us because he had suffered so much.

I respected my mentor's attitude about dying. She said that it was our job to give the kids hope. She encouraged us not to fixate on the child's symptoms, but rather, to see the child as a human being who had symptoms of a particular disease. She would never let a terminally ill child languish all day in his pajamas. In her characteristically kind manner, she would say, "Would you like me to help you put your clothes on?" Her implicit message was, "I'm not giving up on you."

Virgin Campbell was another child from the early days of my career. She was thirteen years old and seven months pregnant. The "father" was a sixty-year-old man who had also raped two other young girls. He used his young niece as a pimp. Virgin's mother was heartbroken. She herself was a woman in her thir-

ties with three other children. The beautiful part of this story is that Virgin's family helped raise the child while Virgin went back to school and got her high school diploma.

Four years later I ran into a girl in East Harlem who looked at me and said, "Maureen, remember me? I'm Virgin." I hadn't recognized her. She was now seventeen, a high school graduate, and the mother of a four-year-old child. Although her life was full of hardship, Virgin, with the help of her family, was on a better, if not perfect, path. I felt privileged to share in Virgin's life, and in the lives of others who, like Virgin, invited me into their family circle, no matter how broken it may have been.

Eventually, I became a clinical specialist in child psychiatric nursing. In my first year as a visiting nurse, I was on my way to see a family in East Harlem when it dawned on me that I was in dangerous territory. Instead of feeling afraid, however, I was visited by a sense of peace, as if I were not walking alone. I understood that fear would inhibit my work, so I simply let it go. Now my real work as a nurse and as a sister of peace could begin.

I used to go into people's homes to do family therapy. Nobody knew I was a sister. One time, in fact, a man named José Vargas confided in me that he could not talk to a particular nurse because she was a sister. He proceeded to unburden himself to me because, as he said, *I,* a "plain old nurse," understood. José told me that he had dealt drugs and used them, and now had AIDS. His wife, he said, was in jail for armed robbery. José used to say, "Poor people need a revolution so they don't have to resort to criminal activity, like dealing drugs, to survive." He was perceptive about the relationship between poor, broken families and antisocial behavior. I thought him a wonderful man, especially because he, and his wife, too, loved their young son. Although they themselves had engaged in criminal behavior, they strove to protect their child from going down the wrong path. José was a good man, and I considered him a gift in my life. I spoke at his funeral when he died—and so did the other sister whom he couldn't talk to.

I learned early in my career that in New York City, people's basic human needs are frequently not met. You see this plainly in the health-care arena where poor people do not get continuity of care. Because they rarely have a personal doctor, they wait until their symptoms turn into a full-blown crisis before seeking help. For example, one of my patients, whom I'll call Alvinia Newcombe, was a seven-year-old girl with sickle cell anemia. Her grandmother, her sole caretaker, had let the disease progress for so long without observation or treatment that Alvinia could no longer walk. Like many poor patients, Alvinia ended up in a hospital emergency room, where an anonymous doctor and other health-care providers touched and prodded and probed. Before she was transferred to a children's rehab hospital, I said to her, "I hope that when you come back to visit, you'll walk here on your own two feet." In one of those extraordinary professions of faith, Alvinia said, "Maureen, I'm not going to walk. I'm going to dance." And she did!

For every Alvinia, however, there are many more people who cannot even tell you the name of the doctor, nurse, or social worker they have seen. And many times, the doctor does not know the patient's name. It's often an inhuman system for both patient and health-care provider. In poor urban communities, some people are resigned to the fact that just about anybody in the health-care field has a right to touch them, and that they themselves cannot be involved in their own care.

As a visiting nurse, I had to win my patients' trust. Sometimes I had to visit a home several times before the people inside would let me in. I think they wanted to be sure I was committed to them. Once inside, I could take in their financial circumstances at a glance. Perhaps they had a TV. Toys were scarce because they cost a lot of money, and a bike rarely lasted more than a few weeks; bikes were easy prey for thieves.

I would do play therapy with the children. Just as important, though, I had to parent the parents. When parents are struggling to meet basic human needs, they don't have much energy left over to spend time with their children. The people I saw worried constantly about getting money, paying rent, and buying food. Poverty of spirit and economics are intertwined and intergenerational: Their own parents had been in the same boat. Given such stressful circumstances, child abuse was always a possibility in these homes. Anticipating it, I would give the mothers puppets and crayons and let them dramatize their anxieties. They thought this was fun. *Nobody had ever played with them like this before.* How can people be creative with their own children when the stress of survival is their daily plight?

I was careful not to be negative or overbearing with my patients. Instead of saying, "You watch too much TV," or, "You don't have any marketable skills," I would enlist them in the creation of their own care plan. That is really what psychiatric nursing is about: getting the *patient* to figure out how to improve his or her own life.

Whenever I got frustrated by the degradation in my patients' lives, I thought back to a statement that one of my Catholic sisters made: "Change comes only from the grass roots, and that's *you*." José, the man who died of AIDS, understood this too. My mission as a nurse, and as a sister, is to encourage people to embrace their human rights for good health care, a decent education, and a safe place to live.

I do not have to go to farflung places like Bangladesh or Rwanda to "save" bodies and souls. The people who need me are here in East Harlem, Newark, and Jersey City. I need them too.

Sister Maureen D'Auria is a clinical specialist in psychiatric nursing with the York Street Project in Jersey City, New Jersey.

6

Have We Created a Medical Monster?

ELAINE BRENNAN

Forty-one ailing veterans made up my first patient load. In the course of eight hours, I had to give each one of them multiple medications. I worked on a medical floor at Manhattan's Veterans Administration Hospital and took care of men who had fought in World War I, World Wear II, and Korea. Twenty or thirty years of hard drinking had turned the livers of many of them to Jell-O, and now they needed round-the-clock care.

I was twenty-one years old and a recent graduate of the Seton Hall University School of Nursing in South Orange, New Jersey. Seton Hall was one of the few four-year baccalaureate nursing programs in the late 1950s, and because we students were viewed as pioneers, our instructors treated us like little princesses. My education, along with my own desire to care for people in need, emboldened me to take on any nurs-