

Sensing strength

by Melanie Dutton, RN

In her book, From Novice to Expert: Excellence and Power in Clinical Nursing Practice, Patricia Benner describes what she calls the helping role of the nurse, noting that it entails “sensing a patient’s strength, drive, desire, and ability to improve,” and using that insight, in the context of the nurse-patient relationship, to powerful effect. It’s an example of what is meant by the “art of nursing.” Melanie Dutton, RN, clinical nurse III on Farr 3, has exquisitely described this kind of artistry in practice. She sensed her patient’s strength and the depths of his resilience, even as his faith in himself had begun to falter. She used courage and compassion to buoy both body and spirit, enabling a very sick individual to feel for a time “determined, confident, and hopeful.” She describes how caring for this patient helped her learn valuable lessons about the essence of nursing care.

“There is much more to being a nurse than vital signs, medications, and assessments. Nursing has allowed me to be present for some of the most personal and pivotal moments in my patients’ lives. Moments filled with happiness and sorrow. Moments when I have provided comfort, companionship, and strength. Moments when I have made my patients’ illnesses less of a burden for them and their loved ones.”

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He opens his eyes. *Pupils equal, round, brisk reaction to light.* I place my stethoscope on his chest and listen as he breathes deeply. *Lungs sounds diminished, crackles bilaterally. Respirations symmetrical, easy, unlabored.* Next, the heart. It tells his story. I shift my stethoscope to the lower left side of his chest and listen. *Hum, hum, hum* is the sound I hear, rather than the familiar *lub-dub, lub-dub, lub-dub* of a normal human heart. *Good,* I tell myself. The continuous low pitched sound tells me that the left ventricular assist device (LVAD), the mechanical pump that is helping his heart to function, is working.

He has been critically ill for many weeks, lying in bed. He is unable to stand. *He needs to start moving if he ever wants to walk again.* His muscles are weak and atrophied. *No excuses.* I use the mechanical lift to get him out of bed for every meal. *If he can’t walk, he won’t get a*

heart transplant. I stretch his arms and legs and do range of motion exercises throughout the day to keep his joints flexible. His strength slowly improves.

He used to take great pride in his appearance. I help him wash his body in bed. *Healthy mind, healthy body.* He tells me he can’t remember the last time he used shampoo. I wash his hair. He shaves his face and I apply lotion to his dry skin. He looks at himself in the mirror. For the first time, I could have sworn I saw a smile.

It is after lunch when I feel the vibration of my pager against my scrubs. I see the light above the door illuminate. “Will you get me back in bed?” he asks as I walk into the room. “Sure thing!” I tell him, but quickly turn and leave. He stares at me wide-eyed when I return a moment later with a walker in my hand. “Let’s do this,” I say. I place the device in front of him. “I can’t.” His eyes shift from

mine to the floor. *Fear and shame.* “Yes you can. You are strong and I am right here to help you.” He sighs reluctantly and pushes off the chair, myself and another nurse supporting him on both sides. He grimaces. The muscles in his arms and legs shake as he struggles to lock out his knees and straighten his spine. I feel his weight shift backward to the chair. *He is giving up.* “No. You can stand,” I tell him. *He has been through so much. I can’t let him give up now.* I watch with reverence and regard as he stands for the first time in over 100 days. By discharge, he is no longer the hopeless, withdrawn patient that I initially cared for. He is determined, confident, and hopeful for the future.

In the months following however, he is frequently readmitted to my unit. The right side of his heart has started to fail. His chest x-ray shows severe pulmonary edema and the echocardiogram reveals worsening mitral regurgitation. We

start him on a Lasix drip to remove the excess fluid from his body, but he soon stops responding to the medication. His shortness of breath is worse, his urine output is dropping, his extremities are cold, and his lactate is elevated. *Cardiogenic shock.* I transfer him to the ICU, where his condition worsens. It is days later when the LVAD coordinator pulls me aside. She explains that he is being transferred to a transplant center for surgery. Her eyes are red and glossy as she encourages me to go upstairs and say goodbye.

I walk into the room in the busy ICU. He is sitting slouched over in a chair beside the bed. His breathing is labored and his skin is tinted grey. *He feels horrible.* He sees me, sits up straight in the chair, and smiles. We speak briefly as the nurses ready him for transfer. Before leaving, I hug him and say, “Be brave, I’ll be seeing you soon.” As I turn to walk out of the room, he grabs my wrist and squeezes it tightly. I was unaware at the time that we were saying our final goodbye. He would never wake up from the surgery.

As a nurse on an advanced heart failure unit, I see the balance of life and death during each of my shifts. I have experienced the decision to stop chest compressions, have seen the monitor flat line as a heart stops beating, and have

heard the sound a person makes when they take their last breath. One would think I would have become used to death by now, but this is easier said than done. I had spent hours, days, weeks, and months caring for this man in order to prevent his death. I made sure he got out of bed. I advocated for his care. I put in sweat and hard work to make him better. Yet here he was, gone. Not only was I sad, but I also felt like I had failed. I failed him, his wife, and his son. I dug through my brain to think of something, anything, that I could have done differently. I found nothing.

His death forced me to realize that there are times when no matter how much I give, no matter how far medicine or technology has come, the body is still going to do what it wants to do. There is much more to being a nurse than vital signs, medications, and assessments. Nursing has allowed me to be present for some of the most personal and pivotal moments in my patients’ lives. Moments filled with happiness and sorrow. Moments when I have provided comfort, companionship, and strength. Moments when I have made my patients’ illnesses less of a burden for them and their loved ones. These are the moments that have left a lasting impression on me. I will keep them close to my heart and carry them with me forever.

Identifying details in this case have been changed to protect patient privacy.

