

## The Evidence for Listening and Teaching May Reside in Our Hearts

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### **Article:**

When Debbie talks about being a nurse, she says, “Some days I really like my job. I made a difference, I made it better for 12 hours. Then there are days when I stop and think, ‘All I am doing is shoving medicines down a tube.’” In this article, we look at 1 day when Debbie made a difference for her patient, the patient’s husband, and herself. On that day, Debbie purposely took the time to listen and teach “Mr. and Mrs. Logan.” Listening and teaching were not a priority for Debbie, but they were for the Logans.

Mrs. Logan has been treated with intraperitoneal hyperthermic chemotherapy, often called “shake and bake.” She was in the intermediate care unit on hemodialysis and was being weaned from the ventilator, and her cancer was complicated by shingles. Staff members sometimes thought her level of consciousness varied because she did not respond or follow commands. She later told her husband there were times when she had chosen not to respond, when she was not being “treated like a person.” Another patient once told Debbie, “I feel like a ‘trick dog’ when I’m constantly asked to ‘stick out your tongue, squeeze your eyes tight, squeeze my hand.’” One day, Debbie was assigned to take care of Mrs. Logan. She had worked with Mrs. Logan before, and she knew it was important to take time to ensure everything was “done right” for Mrs. Logan. Getting the Xeroform™ dressing and ointments on the herpes zoster (shingles) lesions on her back and keeping the sheet taut were crucial for the patient’s comfort. Debbie talked with Mr. and Mrs. Logan while performing this care, explaining what she was doing and acknowledging their need to participate in Mrs. Logan’s care. Debbie also listened to Mr. Logan’s concerns. He was worried the liquid ferrous sulfate was making his wife nauseous when it was administered through her gastrostomy tube. Debbie explained because the medicine was ordered twice daily, it was given at default times. She then contacted the pharmacy to have the times changed so the medicine would be given at the same time as her bolus tube feedings when Mrs. Logan had food in her stomach.

### ***Sustaining Relationships***

While Debbie was performing Mrs. Logan’s care, her husband saw a medical resident he knew. Unfortunately, that resident had come to see another patient and was no longer on Mrs. Logan’s care team. When Debbie offered to call one of the residents on Mrs. Logan’s team, Mr. Logan told her he was unable to watch one more doctor read his wife’s chart and then come to talk to him; he started to cry. His response showed the importance of sustaining relationships with care providers. In any hospital, especially in a teaching hospital where teams rotate frequently, it is inevitable patients and their families will encounter strangers every day. Debbie could not do anything about this except listen to Mr. Logan, but she took the time to do that and thus reduced the impact of this event; she also helped Mrs. Logan avoid getting fractionalized care.

Earlier in Mrs. Logan’s hospitalization, physical therapists (PTs) had stopped working with the patient because she was not making progress and no longer met her insurance carrier’s criteria for treatment. Debbie took the time to read through her chart, and she and Mr. Logan realized this occurred during the time when Mrs. Logan was choosing not to respond. Debbie contacted PT staff to let them know it was time to start therapy again.

Debbie also ensured she talked directly with Mrs. Logan throughout the day to help the patient feel validated as a person.

Realizing that Mr. and Mrs. Logan needed to know more about the ventilator weaning process, Debbie asked a respiratory therapist to explain the process and tell them what the settings on the ventilator meant. One lesson Debbie learned from nursing school and has practiced consistently involves staying with patients when they are being placed on tracheostomy collar trials. She knows patients and their families need to be assured they can breathe on their own and will not be left alone. Help is not far away, and the monitor alarms do not signal an emergency or life-threatening situation.

### *PR and Empathy*

Mr. Logan was very thankful; he became more open in body language and less guarded. He talked more to staff. He thanked Debbie for her kindness, compassion, honesty, help, and hard work for his wife. He appreciated the time and effort she made to educate, validate, and answer their questions. He appreciated the “little things” she was willing to make a priority for them. He understood the present but also wanted to see and understand the plan of care. A great deal of the nurse’s role is public relations, and empathizing with patients is important in fulfilling this role.

When her mother was in the hospital and dying, Debbie recalls she only cared about her mom. She knew the staff had other patients and her mom may not have been their priority, but Debbie did not care. For Debbie, the only patient in the hospital was her mom. Debbie remembers this often, and takes the time to assure her patients know they are her priority. Debbie often says, “If I say ‘yes’ a few times when a patient or family makes a request of me for some non-essential task, then they will listen when I have to say ‘no.’ It may not be politically correct, but it may be necessary to say, ‘This time, you are first, but next time, you may not be.’” Just as research has shown nurses’ performance of regular rounds leads to decreased call light usage (Tea, Ellison, & Feghali, 2008), taking care of needs earlier in the day also makes the day go better for the patient, family, and nurse.

At the end of the day, Debbie was able to say, “This was a good day. Today, I made a difference.” The Logans did not have the high- priority needs her other patient had that day, but she was able to meet the other patient’s needs and take care of the Logans as well. A crinkle in a sheet may never be the priority for a nurse but if it means the patient is pain free that day, it is a priority for the patient. Likewise, controlling nausea and understanding the ventilator were keys for the Logans. Because Debbie took the time to explain, the Logans better understood the plan of care, Mr. Logan was able to express his feelings, and Debbie felt good about what she had done that day. Both the Logans and Debbie had new hope. Debbie was implementing the themes identified by Hawley and Jensen (2007) in their study of how critical care nurses make a difference. Debbie was in essence making the inhumane humane, making the unbearable bearable, making the life- threatening life-sustaining, and making the unlivable livable.

### *Presence*

Nurses regularly describe patients who have had a profound effect on them. Occasionally they describe the care of a patient who was in a coma, or only minimally responsive. Griffin (1992) recounted caring for an 18-year-old multiple-trauma patient on Thanks - giving night. He would talk to her, saying, “Carol, it’s Bruce. The sun is starting to come up, I love to watch the sun rise in the morning. That’s one reason I love to work nights” (p. 43). One night, years later, Bruce was shopping in a grocery store. He told the checkout clerk how he worked nights, and loved to watch the sun rise. A woman in line behind him tapped him on the shoulder and asked if his name was Bruce and if he was a nurse. She then kissed him on his cheek, and told him she was Carol. She remembered very little about her ICU stay, but she remembered Bruce had taken time to talk to her. Bruce and Carol’s story shows the need for nurses to talk to their patients and families, be sure they are involved in their care, show they realize the patients are more than their illnesses and treatments. The same was true for Debbie and the Logans.

Presence is one way nurses can promote hope. They often are so focused on tasks they forget the value of taking time to just be with patients and their families, right here, right now. All any nurse has is this moment in time, and when he or she chooses to be present with a patient and family, the nurse is saying, “You are worth my time, right here, right now.” Debbie illustrated this when she took the time to sit with her patient’s husband, listen to him, assure he understood her care, and make small changes in that care. She was able to make his needs a priority. Debbie’s story illustrates how little things can combine to make a day profound for the patient, family, and nurse.

Spending time with patients and their families also helps establish a sustaining relationship with them. If they spend a few minutes listening to the patient and family early in the day, discussing the plan of care for the day and assuring the nurse, patient, and family are all aware of the plan, nurses often say the day goes easier for everyone. The following days require even less time because the patient and family know the nurse has their best interests at heart. Nurses often become frustrated and incredulous when they think families do not trust them, or imply they might neglect a patient. They may forget this family and this patient do not know them. A few minutes early in the shift can make a dramatic difference.

### *A Good Day*

Miller (2000) has studied and written frequently about strategies nurses can use to promote hope in any health care setting. Listening to and educating a patient and family member support three of Miller’s interventions: developing sustaining relationships, increasing the patient and family’s scope of control, and expanding the patient and family’s coping repertoire. Miller’s 2007 synthesis of research findings supported these interventions. However, the primary evidence for listening and teaching may be in the gratitude of patients and families, the nurse’s knowledge he or she has done the right thing, and a feeling today was a good day to be a nurse.

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