

Reflections on NURSING

strength inside sorrow

By Joanne Jones, Clinical Education Leader,
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When I first started working in mental health after graduating in 1984, people often said to me “that really isn’t nursing, you just do that touchy-feely kind of stuff.” But, to me, the skills I have learned as a mental health practitioner over the last 25 years are the core of what nursing is all about.

Throughout my career, I have quickly realized how important the nurse-client relationship is, and how nurses partner with patients. I have developed excellent assessment skills and discovered that mental health nursing is not a practice that occurs only from the neck up. It truly requires a holistic assessment and understanding that mental pain can affect the physical body, and that physical pain or distress can affect a person’s psychological well-being. I have to really get to know my clients and listen to their stories to find out what will improve their worlds.

Clients’ stories are often filled with despair, fear and sadness, so it’s essential to build trust with them. Mental health nurses provide hope and focus on clients’ strengths to support them through their journeys to recover their best health. We promote a sense of responsibility, autonomy and a preferred identity in our clients. As I think of the privilege it has been to help so many people, I cannot help but reflect upon what the clients I work with have given back to me. Despite the loneliness and stigma they live with each day, they show me what strength is during times of despair, rejection and loss. They show me courage during times of fear, panic and vulnerability. They remind me that a kind word can mend a broken heart. And they prove to me that hope, trust and respect can rejuvenate an anguished mind, a broken spirit, and a battered body.

high stakes nursing

By Kate Langrish, Emergency Room Staff Nurse,
The Hospital for Sick Children, Toronto

It’s 4 a.m. and the triage line has finally dwindled to a halt. For the first time tonight, I have a moment to wonder if I was too swift in rushing the pale infant to the resuscitation room, or too harsh with the parent who interrupted me for the third time to ask about the wait. My mind wanders to a radio program I heard recently that called triage “high stakes nursing.” It’s a glamorous label for the endless stream of assessments and interventions that make up each shift. It’s the subtleties that make all the difference here. The seemingly small detail that makes one patient stand out against the hundreds who have presented with the same complaint. It’s the fine balance between knowing when to react – and not reacting every time.

I glance up from my thoughts and mechanically push my password into the keyboard as I see a new family approach. The woman greets me like an old friend, and I’m too embarrassed to admit I have no idea who she is. Finally, I vaguely recall starting her daughter’s IV the previous week. I make light-hearted small talk while sussing out the reason for their visit. After checking the girl’s vital signs and listening to her chest, I pull together enough information to come to a triage decision.

“You know,” her mother says as I plug the new details into our electronic tracking board, “the last time we were here I watched you run around, and I thought you must be nuts to do this job.”

I don’t bother to explain the rush of coming across a vital bit of information that pulls the puzzle together, or the softness of an infant wrapping her finger around mine. I don’t describe the great laughs I have with my colleagues in the middle of the night, or the pride I take in achieving a difficult skill. I don’t discuss the time I literally watched a child come back to life, or the many other moments when I have witnessed the deepest sorrows. There’s little time for conversation. A line up is growing again. I send my patient and her mother off to the crowded waiting room, knowing it’s bound to be a long night. “Next, please,” I call out.

