



The Power of Storytelling

2023 Nurse Stories Collection



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WELCOME

As nurses, we value order, procedures, and protocols because these are what keep our patients (and ourselves) safe. Much of medicine is structured in the routine, the known, the data and science. We aim to provide highly reliable care because it is just that.

Just as the procedures we follow aim to reduce variation in care, it's no surprise that most nurses also share similar traits and characteristics. We are critical thinkers, empathetic, and excellent multitaskers.

But as alike as we are, we are also very different. We have different backgrounds, different upbringings, and different perspectives. What both brings us together and celebrates our differences are our stories. Stories that have brought us into the nursing profession and stories that have made a profound impact on who we are and how we deliver care.

And while there is safety and comfort in the known, the unexpected stories are what change us the most. Nurses care for patients of all ages, in all care settings, under any condition. As we share these stories we feel less alone, more inspired, and grateful for other nurses in our lives.

The following pages feature powerful nurse stories collected by Nurse.com. Written and submitted by nurses across the country, this collection brings honest reflections that honor the joys and challenges of what it means to be a nurse. We hope you enjoy these stories and reflect on some of your own that have made you the nurse you are today.

Nurse stories reflect life's most precious and most vulnerable moments. Our stories have far too much meaning not to be shared.



Felicia Sadler, MJ, BSN, RN, CPHQ, LSSBB

Vice President of Quality for Relias,
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A 'Thank You' Keeps Me Going

By Mary Jane Prieto, RN

I've been a pediatric hematology/oncology nurse for 24 years. A few years ago, I was starting to feel burned out. Taking care of patients, some of whom I watched pass away, was taking its toll on me. It was emotionally draining, and I was beginning to dread going to work. I contemplated whether it was worth staying on my unit or if I should even consider a career change. Yet I still went to work.

One day, as I was walking out of the hospital garage about to start my shift, a former patient's mom called out my name. She was dropping off treats to my unit to express her gratitude to us for taking care of her daughter. She thanked me and said I made a positive impact on their lives. And then she hugged me. I left the garage tearful, feeling so touched that she took the time to thank me in person.

Talking to her bolstered me that day. It renewed in me my purpose for being a nurse — that I was where I was meant to be.

When it starts to get challenging on our unit, I remember special moments like that one. They help sustain me.

Mary Jane Prieto, BSN, RN, CPHON, is a nurse at UCSF Benioff Children's Hospital in Oakland, California.



A Cry for Help

By Alexis Cariaga, BSN, RN

One spring a few years ago, I was working as the charge nurse on an inpatient psychiatric unit when I received a random call at work. It was a woman asking for help. “I want to kill myself,” she said.

She was crying so hard that I could barely understand her. I started asking her questions so I could figure out how to help. I asked for her name, where she lived, her phone number, who was home with her, if she took any medication, and if she had a gun.

“No, but I wish I did,” she said.

While I was asking her questions, she kept repeating, “I can’t take it anymore — this life is so hard.”

“I know it’s hard, but you have to stay strong and hold on,” I said.

I asked her if she called the police. “No, they’re mean,” she said. “They’re not going to believe me. I just need to talk to someone before I hurt myself.”

So I stayed on the phone — listening. I distracted her a few times. I heard her dogs barking in the background, so I asked about them. And I made her laugh a few times.

She told me she had been diagnosed with mental health conditions a long time ago, but the medications were not helping. She had been in and out of psychiatric facilities.

“Do you want to go to the hospital to get treatment and go under observation?” I asked. Through tears, she said, “Yes, I think I’m ready.”



“I had **chills** afterward and realized I had **saved a life** that day.”

“OK, let me call 911,” I said. “I will send help to your house.” She said, “OK,” as she continued to cry. I stayed on the phone with her. “Let me know when they get there,” I said.

While we waited, she asked, “Should I go outside or stay inside the house?” She mentioned she lived close to a busy street, so I suggested she stay inside. At the end of the call, she asked for my name. “Alexis,” I said.

“Alexis. That’s pretty,” she said. “I think they’re here, so I will go now. Thank you!”

“You’re welcome,” I replied and instructed her to hand her phone to a police officer, so I could make sure she was taken care of.

I had chills afterward and realized I had saved a life that day. I’m so used to working on the psych floor that it has become a routine, but that unexpected conversation was a wake-up call for me.

My manager and director thought I did so well in this situation that they nominated me for a DAISY Award. Most importantly, though, was a lesson that resonated with me.

I realized mental health shouldn’t be stigmatized. It’s OK to not be OK. It’s OK to ask for help. And when caring for someone with a mental health condition, see the person, not the condition. Listen to them, be attentive, and be available.

Alexis Cariaga, BSN, RN, is a clinical nurse at Northwestern Medicine in Glenview, Illinois.



The Calling

By Tanya Taylor-Edwards, MSN, BA, RN

I was born in a poor rural community in Mississippi filled with hate and systemic oppression. But I was always told, “Never let your circumstances determine your destiny.” As a Black teenager, hearing those words over and over taught me that I was destined to be great and to rise above the circumstances I faced.

My mother was a single mom, so my grandmother raised me most of the time while my mother pursued a business degree and then later when she went to work. My mother wore suits and worked with the public. I wanted to be just like her. I started my career in the non-profit sector, then education, and back to non-profits, but I was never fulfilled until I got the calling to become a nurse.

One day the CEO of a local hospice organization asked me to join the company as the chief administrative officer. That’s when I witnessed what it meant to be a nurse — their compassion, comfort, and care. I believed they were doing what God called them to do.

Forging my way like my ancestors

Despite systemic inequality, my ancestors forged the way for me to enroll in nursing school. People who typically go unrecognized in nursing history — Sojourner Truth, Harriet Tubman, James Derham, and Mary Eliza Mahoney — were prominent advocates for equality in nursing and in the suffrage movement. Mahoney, for instance, is documented as the first Black nurse to have earned a nursing degree. I kept my ancestors in mind as I researched schools and submitted my nursing school applications.

My first challenge was an interview with the dean who described my community in terms of its racial breakdown and said that at least “I was a step above the statistics” because I had a bachelor’s degree.



TANYA TAYLOR-EDWARDS, RN

The dean also asked me if I would feel better at a Black school. She even questioned my undergraduate degree and asked the registrar's office for a description of my coursework. My transcript apparently puzzled the dean. My undergraduate degree was in history, but it was from a private liberal arts college in Minnesota, and the course names didn't always align with what they're called in other colleges.

Despite the dean's efforts to distract or discourage me, I remained determined, patient, and passionate that I was going to be a nurse. I continued to pursue the dean and keep my eyes on the prize. After three interviews, the dean finally accepted my application for admission. "But it is your job to complete the curriculum successfully," she said.

I went through two years of tears and many tiring nights of studying. "What have I gotten myself into?" I often asked myself. But I never gave up, even though the program was rigorous, time consuming, and stressful. After I graduated from nursing school with my associate degree, I felt that I could change the world one patient at a time.

Braving the rough times

Early on, I was taught, "Nurses eat their young." I had no idea what that meant until I began my first job working on a med/surg floor with my new co-workers and my preceptor. Nurses would scold each other and sometimes undermine their peers or tattle to get them in trouble. I kept my nose to the grindstone and remembered the words of my late husband, "You're there to do a job to the best of your ability. You can't be involved in petty, insignificant stuff. That's not your purpose."

“After I graduated from nursing school with my associate degree, I felt that I could **change the world** one patient at a time.”

I learned to ask questions or to say, “I don’t understand how this works. Please show me.” Admitting your limitations keeps you humble and out of trouble. Nursing school only gives you the basics of a glorified nursing career, but preceptorship is where you learn your skills as a nurse and what nursing is really like.

I learned that some nursing environments are tougher than others, and nursing has a broad range of opportunities. I seized those opportunities by gaining experience in hospital nursing, long-term care, home health, hospice, corrections, case management, and administration. And I often worked in more than one setting at the same time. Unfortunately, this resulted in burnout, so I decided to return to nursing school to complete RN-to-BSN and BSN-to-MSN programs.

Life today

Research shows disparities exist in nursing, and I’ve been a victim of or personally witnessed many of them. But despite the disparity I see as a Black woman — disproportionately lower wages, exclusion from certain job positions, and other disadvantages — I have always been determined to succeed and move forward.

Today, I’m a DNP student and continue to work as a travel nurse and volunteer. I believe an advanced degree will lead to my desired leadership role and that my education will set me apart. My aim in life is to never let my circumstances determine my destiny.

Tanya Taylor-Edwards, MSN, BA, RN, lives in Clarksdale, Mississippi, with her family and is a travel nurse. She also volunteers at a local Delta Diaper collection program for low-income families and teen mothers, which was developed because of shortages of supplies for babies during the COVID-19 pandemic.



COVID-19 Class of 2020

By Ray Goodwin, BSN, RN

During my hospital residency in 2020, I worked in several ICUs, all of which had been converted to COVID-19 wards. My residency class had to deal with circumstances nurses haven't had to deal with since the 1917 Spanish Flu pandemic, or ever before.

At the start of the pandemic in North Carolina, student nurses were removed from all hospitals during our final clinical rotations because of a “mysterious disease.” This was supposed to be the time that we rolled up our sleeves and got to work. But because we weren't registered nurses yet, we weren't allowed or expected to provide care or comfort to patients — even though that was the expectation after graduation, which was just around the corner.

Graduation and beyond

As part of the college graduation process, my class made oral presentations to the Board of Nursing, explaining how the non-traditional student learning processes of those last few weeks had prepared us to become nurses — as if we really understood what that meant or what we would have to do to when we became nurses. NCLEX exams were suspended for a while at the start of the pandemic, so we were to be called “graduate nurses” until we could take the licensure test.

As a graduate nurse, I got hired by my first and current employer. What a great feeling, right? I had a job! I would finally experience my first rotation on the night shift, while taking residency-based classes during the day. I must admit that losing sleep to attend classes was the worst part, but it got me closer to my goal.

What have I gotten myself into?

The night of my first rotation, my very first patient was lying alone, dying. I did all I could to comfort him — but to no avail. I guess I looked a little overwhelmed when I walked out of the room because another nurse came over and tried to reassure me. When that didn't work, he introduced me to the fire escape stairwell.

I found out that the stairwell wasn't just a heart healthy method for getting from floor to floor; it was where nurses and residents went to cry.

Normally, a patient with a poor prognosis was transferred to palliative care, but what happens when the palliative care unit is closed due to the pandemic? For the first time, I saw patients dying alone, and by the time I finished that tearful trip to the stairwell, I vowed, "No more!"

My colleagues and I proceeded to do what nurses have always done — we figured out how to fix the problem. We set up video chats to make sure our patients had some way to be with family when they passed.

When we found a problem, we fixed it.

"I found out that **the stairwell** wasn't just a heart healthy method for getting from floor to floor; it was **where nurses and residents went to cry.**"

Each new rotation in a COVID-19 ICU made us feel like we were patients who had just undergone CPR, been brought back to life, and were back on a ventilator for the next round. On every new rotation we started over with new preceptors who had no new details about COVID-19, just new requirements for what must be documented and when. Do I take vitals every hour or every four hours? Do I have to turn that patient every two hours? What if they are prone?

Finding a home

My second rotation was when I began to get the hang of it all. But I was exhausted. I needed to find some semblance of a work-life balance. Then nurses started getting COVID-19. When my preceptor got COVID-19, I was left alone. Everyone on the unit said if I needed anything just ask, but they were all so busy trying to save lives. Who was I to bother them?

That's when the doubt creeped in. Am I good enough for this? Will my patients suffer needlessly because of me?

I think about how I felt then and how I feel now, and I realize how far I've come.

On my third rotation, my new preceptor began teaching me the specifics of my job specialty. No more strictly COVID-19 nursing. I was now able to look for a home — a team to be part of. It took me until my fourth rotation to find my home on the neurologic science ICU, but I'm so glad I did! It meant I was finally able to achieve work-life balance.

I found a tightly knit, welcoming team and, surprisingly, discovered that the work wasn't as scary as I thought it would be. Suddenly, everything was in balance and I felt better than I had since I started as a nurse.

Coming out of this pandemic and residency at the same time made me a COVID-19 nurse and survivor. When I graduated from the residency program, I felt like I was part of history. Everyone was talking about "the year of the nurse" and healthcare heroes, and I had been part of it.

I owe a big thanks to the surgical, palliative, orthopedic, and med-surg nurses who temporarily gave up their regular jobs to help shore up the hospital's COVID-19 ICUs. That's what nursing means to me — find a need, fill a need.

Ray Goodwin, BSN, RN, is a Neuro ICU staff nurse in Winston-Salem, North Carolina.



Nothing Could Stop Me From Becoming an ICU Nurse

By Jess Ferreira, MEd, BS, RN

I grew up in a household in which parental guidance wasn't readily available and higher education was considered an unattainable goal. I realized that in order to get an education and create a better life for myself, the only one I could rely on was me.

Mom was an alcoholic and Dad struggled with mental illness. They always fought, mainly when Mom had been drinking. Dad's usual response to Mom's alcohol-fueled rage was to pull me out of bed in my pajamas and hide in the bushes until things settled down. He didn't know how to deal with confrontation.

When I was 15, Mom left. Dad couldn't handle it and attempted to take his own life. Since then, I was the parent for both of us. I was the one who filled out the public assistance forms, so we had a roof over our head. I was the one who made sure the house was clean, food was on the table, and that all my homework was done.

Somehow, I graduated high school with honors and was fortunate enough to attend Suffolk University for both undergrad and grad school, finishing with a Master's in Education. I wanted to help young students like myself navigate the same challenges I experienced. But trying to enter the workforce as a new grad in 2010 after the country's job crisis in 2008 brought new challenges.

To keep a roof over my head, I worked multiple jobs outside of my field of study, while I applied for academic adviser positions at colleges and universities. After five years of interviews without callbacks, I decided I should try and help people in other ways.



“With going to school and working full time in the **ICU** during the height of the **pandemic** and witnessing hundreds of deaths, that first semester of nursing school **challenged me** in ways I didn’t even know were possible — physically, mentally, emotionally.”

Persistence and dedication

In 2015 I decided to start over and took classes at Northern Virginia Community College (NVCC). I also started working as a clinical technician at INOVA’s Cardiovascular Neuroscience ICU. Working as a tech gave me a glimpse of what it was like to be an ICU nurse. Over the next few years, so many nurses took me under their wings and showed me everything there was to know about being a nurse — how to think and how to react in crisis situations.

I eventually applied for an accelerated BSN program. When I didn’t get in, I was heartbroken, but I didn’t let that stop me.

In the spring of 2020, I started my first semester of NVCC’s RN program. COVID-19 was on the rise, shutting everything down. With going to school and working full time in the ICU during the height of the pandemic and witnessing hundreds of deaths, that first semester of nursing school challenged me in ways I didn’t even know were possible — physically, mentally, emotionally. But I never wavered from my goal to become an ICU nurse. If anything, the pandemic showed me what real heroes look like.

Momentum and gratitude

The greatest success I have had as a nurse is seeing the impact I have on patients and their families. Being told by a daughter how much they appreciate what I have done for their mom, a patient's wife saying thank you for giving her more time with her husband, or having a patient say they were going to miss me as they were being discharged, has meant so much to me.

Over the years, my father and I would eventually become estranged. I never received the support that I desperately needed. He passed away in November 2022. I didn't attend the funeral, and I haven't been in contact with any other extended family. Even though it pains me to not have that close family support, I have created a new family and get support from my loving partner, Rico; our two beautiful cats, Ozzie and Earl; and close friends who have been there for me every step of the way. Their support has given me the strength to continue when I didn't think I could. I will forever be grateful to the family I chose to share my life with.



It's been a long, hard journey, and there's still a long way to go. I've faced many challenges throughout my life, but I've learned that if you can overcome them, there is opportunity on the other side.

Jess Ferreira, MEd, BS, RN, is a CVNICU nurse at Inova Alexandria Hospital in Alexandria, Virginia. She graduated from an RN-to-BSN program in December 2021 and became an ICU nurse in May 2022. Ferreira will complete the BSN program in 2023.



A Personal Tragedy Changed My Perspective

By Insook Kim, RN, RCIS

Every Saturday, my husband John would prepare for his golf outing. The house filled up with his happy hums as he gathered his clubs and shoes. At the same time, I would be working on project papers and packing them in my briefcase for school. This was our Saturday routine for the past 10 years. But one Saturday was different.

That Saturday, my husband and I sat silently in a room at the hospital. He was on a stretcher waiting to go to the operating room.

“Your husband has kidney cancer that metastasized to the right hip,” said the doctor who had scheduled him for the emergency surgery. We said goodbye outside the OR.

As I watched him disappear down the long hallway, I felt like I was standing in the pouring rain without an umbrella. When I think about it now, I realize I never asked him how he felt when he left me at that moment.

The surgery went well, but the fight against the cancer cells was still on. Chemo, radiation, more surgery, rehab, hours, days, weeks in the hospital. For 30 years, I had worked in the hospital as a nurse. But until then, I had never felt what it was like to be on the other side.

I always thought that people who were ill were born to live another destiny. But here I was, going down the same path that everyone will inevitably face one day. As a nurse, I talked to patients and their families all the time. But I never realized the importance of connecting deeply with them, until I saw my husband on a patient bed.

One night, the nurse who took care of him noticed that I was in deep distress. She left and returned with a big cup of tea and a lemon wedge for me, and asked me to sit down and relax. "He'll get better," she reassured me. I still remember her deep, sympathetic eyes.

After we had returned home, the hospital called me with my husband's blood work results. His glucose level had shot to over 1,000 from the steroids he was on. We rushed back to the emergency room at 3:00 a.m.

After he was admitted, I prepared to leave. (I had to report to work later that morning.) It was dark, and nobody was on the street. I was frightened. As I was about to walk toward the parking lot, Matthew, one of the floor nurses, saw me hesitate. He was on his break and offered to walk me to my car. I still remember his warm smile.

On the day of John's kidney operation, my children and I sat in the waiting room. There was no giggling or laughing from the kids. We just sat there scared of the unknown. A nurse in blue scrubs came by every so often to update me. I still remember her footsteps as she walked through the OR's automatic doors. She was my connection to John as he lay on the operating room table.

Sadly, John passed away a few days after the surgery.

When I returned to work a week after my husband passed away, my attitude as a nurse had totally changed. I had a new equation driving my work ethic. $1+1+1$ doesn't equal 3. The real answer is: Patient + Family + Nurse = 1. Three groups with one heart, one mind, and one goal.

This was the most painful experience of my life, but I came away with valuable lessons. The final stretch of my nursing career became a golden opportunity to give my very best to patients and their families, because I saw John in every patient I treated. And that was a gift.

Insook Kim, RN, RCIS, worked as a nurse for 40 years and served as an electrophysiology lab manager for 15 years at St. Barnabas Medical Center in New Jersey. She retired in 2020.



Welcome to My World

By John Schiavone, BS, RN


I was born at home during a blizzard. My parents couldn't get to the hospital because of the snow. By the time the family doctor made it through the storm, I was already born.

I was afflicted with a rare congenital abnormality known as ectrodactyly, commonly known as "Lobster Claw Syndrome." Ectrodactyly is a condition that involves the absence of one or more digits of the hand or foot. In my case, both hands and feet were affected, leaving me with three fingers on each hand and two toes on each foot.

Surviving a virus

At age three, I contracted viral encephalitis. The physicians in the area had never seen anything like it and were unable to help me. My aunt mentioned my condition to one of her tenants — a neurologist. He told my aunt to get me to Thomas Jefferson University Hospital as soon as possible.

My parents brought me to Philadelphia, and I was immediately admitted to the hospital. The only other case the physicians were aware of was a little girl who came in the week before with the same symptoms. She didn't survive. They ran many tests and tried several drugs to make me better. Some of the drugs caused me to hallucinate.



“Growing up **visibly different** from everyone is difficult. Kids can be very cruel, and I got in my share of fights. Although I wasn’t exceptionally big or strong, **I learned tenacity** and to keep getting up after you’ve been hit, and move forward.”

My mother stayed beside me the entire time. Back then, she liked “Ben Casey,” a popular television program about a handsome, young neurologist. My mother would watch this show and the next morning, in an attempt to be helpful, would talk to the neurologist about the disease that was explored on the latest episode. After several of my mother’s morning briefings, the neurologist finally offered her some advice: “Stop watching Ben Casey.”

I was at Jefferson for six weeks. A few weeks in, Mom later told me, “You weren’t getting any better, so I told God, ‘If you want him, take him. But don’t make him suffer.’” It was right after that I started to get better.

Bullies and other battles

Growing up visibly different from everyone is difficult. Kids can be very cruel, and I got in my share of fights. Although I wasn’t exceptionally big or strong, I learned tenacity and to keep getting up after you’ve been hit, and move forward.

All my life I’ve done whatever I wanted. I played little league baseball, high school football, and college football. Yet I’ve always felt the need to be better than everyone else, just to be “good enough.” Much of the discrimination that I have felt through the years has been attributed to the way I look. There is a common misconception that if you are physically handicapped, you must also be mentally challenged.

Life's different phases

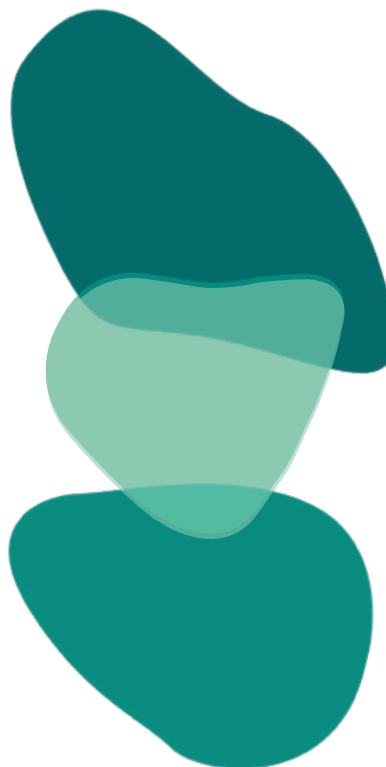
I graduated from college in 1980 with a bachelor's degree in health and physical education, yet the only job I could find was as a substitute teacher making \$4 an hour. I went back to school to get my master's degree in kinesiology, but I ran out of finances before I could finish. Next, I took a job as a janitor at the local power company. A supervisor suggested I go back to school to get a degree in electrical engineering. "The power company will pay for it," he said. And that's what I did.

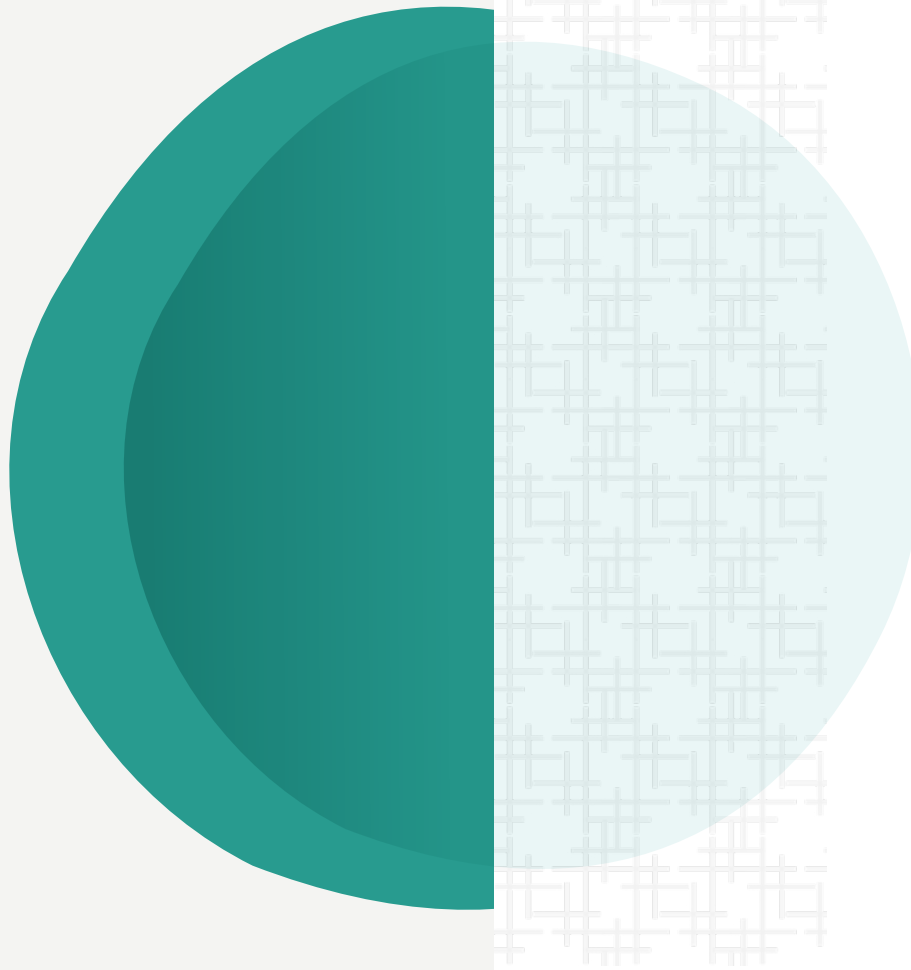
I was working the swing shift at a local generating company and going to college at night. After 12 years of night school, I graduated with a bachelor's degree in electrical engineering from Lafayette College.

Just as I graduated, the power company I worked for was sold, and the new owners decided that anyone who wasn't 100% healthy would be put on disability retirement. This included me.

Through networking, I found a job as a consulting engineer for a company two hours away from my house, in Cranbury, New Jersey. When my contract with the engineering company was fulfilled, I knew I had to find another occupation because of an influx of cheaper labor in the field.

I had always wanted to go into the medical field, but at that time, there were very few male nurses. I thought I would take on the challenge of becoming a nurse and enrolled at Saint Luke's Hospital School of Nursing in Bethlehem, Pennsylvania, graduating in 2005.





Where I belong

After two years on a med/surg floor, I transferred to the ER where I stayed for a decade. My nursing director, Ed Knuth, was an amazing individual and saw past what some perceived as my “handicaps.” Ed saw the ability and intelligence that I brought to the ER. He was my mentor, as well as my friend.

For the next few years, I worked in level 1 trauma centers, small community hospitals, and a substance use recovery center. But eventually I found myself back in the ER — I felt like I had gone back home.

I loved engineering, designing circuits, troubleshooting, etc., so why go to nursing school? Becoming a nurse is like completing the circle and giving back to the nurses who took care of me. Thanks, Ed, for helping me get there.

John Schiavone, BS, RN, lives in Pen Argyl, Pennsylvania.



First a New Heart. Then Hot Chocolate

By Sandy Tysinger, MSN, RN

When I was a young nurse on the day shift, one of my patients, who I'll call Joe, was awaiting a heart transplant. His heart had been damaged by amyloidosis. Joe and I got very close and talked about everything — family, friends, politics, money, dreams, hopes, and holiday traditions.

I loved to cook and bake during the holidays, while one of Joe's favorite Thanksgiving traditions was to drink hot chocolate with his family in front of his fireplace in North Carolina.

Joe had been in the hospital for several months waiting for a heart, and he was getting weaker by the day. He would pass out almost every time he stood up.

“That Thanksgiving, Joe called me at work to tell me he was drinking hot chocolate in front of his fireplace! That was one of the **highlights** of my career.”

One day as he was lying on a stretcher waiting for an X-ray, he said to me, “My doctor told me if I don't get a heart soon, I will get so weak that I will not be able to lift my head off the pillow.” He looked at me as if he had already gotten to that point.

Joe and I just stared at each other as tears ran down both of our faces.

The next day, I got a call from the heart transplant team saying they may have a heart for Joe! I was given orders for prepping him in case the heart was a good match.

Several hours later, the heart transplant team called again to give me the news I longed to hear: The heart was good, the transplant was a go, and I needed to tell Joe!

It was an honor for me to be the one to give him the news. There was so much excitement and even more tears — but this time happy ones. Joe made it through the surgery. He was hospitalized for several weeks but eventually was able to go home. I visited him every day before he left.

That Thanksgiving, Joe called me at work to tell me he was drinking hot chocolate in front of his fireplace! That was one of the highlights of my career.



Joe and his wife gave me a sweet gift — a cookie plate for putting homemade cookies out for Santa. We aren't allowed to accept gifts, so I had to get it approved through our compliance department before I could accept it! I still pull out the plate every year.

About a year and a half after the transplant, Joe collapsed and passed away. I was devastated, but a call from his wife made me feel a bit better. She told me that because of the transplant, Joe was able to have more time with his family, and they were immensely grateful for that.

Revisiting this story makes me cry all over again. Joe and his family left a beautiful impression on me, and for that, I'm truly thankful.

Sandy Tysinger, MSN, RN, PCCN, is a nurse at Kernersville VA Clinic in Kernersville, North Carolina.



Empathy Became My Guide

By Valeria A. Esposito Kubanick, MS, RN, PMH-BC

It was almost over before it began. I was 18 and in my first semester of a highly competitive associate in nursing degree program. I had also just started my weekend home health aide job. My first patient was a terminally ill woman who had decided to die at home surrounded by her loving family.

My shift started at 8:00 a.m., and when I arrived it was clear that the patient had very little time left. I was young and inexperienced and didn't know what to do, so I just made the patient as comfortable as possible. She passed away at 10:00 a.m.

The family was distraught. Having never been in this situation before, I didn't know what to say, but I couldn't help but feel their pain. I cried with them. We all sat there sobbing. After some time, more family members arrived to mourn. I went home that day and thought hard about my decision to be a nurse.

Do I have what it takes?

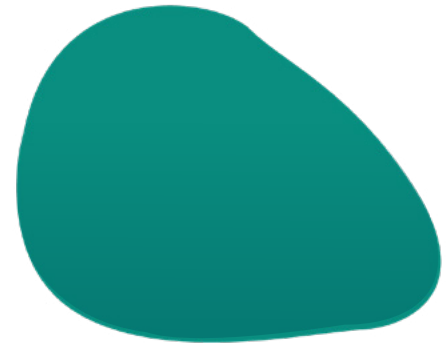
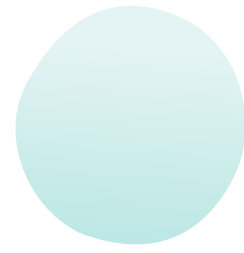
The next week before my class started, I informed my professor that I was going to withdraw from the nursing program and needed her to sign my withdrawal slip. She asked me why, so I told her about the home health patient who passed away. I began crying as I recounted the story and said that I felt I was too emotional to be a good nurse.

My professor looked at me, paused, then laughed and said, "You cried. You will make an excellent nurse. Now go and sit down and get ready for class." I didn't know what she meant at the time, but I stayed in the program.

After graduating, I worked in medical/oncology and floated to other units in the hospital. I was gaining a wealth of nursing experience, but I still felt like something was missing. Then, a nursing administrator from the psychiatric hospital where I did my nursing school rotation gave me a call. She offered me a job, but I declined, saying I had no interest in psychiatry.

She said she was desperate for nurses and offered me a sign-on bonus and a six-month contract. I took the offer thinking that six months would go by fast, and I would move on to something else. I ended up staying at that job for over 18 years!

This job is where I learned why my nursing school professor said I couldn't leave the program. I had a natural sense of empathy that was needed and I was able to grow in psychiatry. I learned so much about communication, coping skills, and what it truly means to be patient focused.



We learned from each other

A while back I was assigned to give medications on a research unit. One patient was awaiting a court date for “medications over objection” for refusing to take his meds for weeks. I was told not to bother trying to engage him in conversation because he was accustomed to being alone.

The patient was homeless and had been diagnosed with schizophrenia decades before. When I entered his room, I offered his medication, but he didn’t answer me. I decided to sit with him as he hid under the covers of the bed. I told him I would keep him company, pulled up a chair, and started charting my notes.

After some time had passed, he started responding to my questions. I learned he was scared to go to court. I told him he wouldn’t have to go to court if he takes the medication. When I asked him why he refused the medication, he simply said that he wished to take a vitamin with it. We agreed that he would take the medication with a vitamin.

I asked him why he just didn’t tell the other staff that all he wanted was a vitamin included in his regimen. “No one asked me,” he said. I shared this with the staff members on the floor. They were shocked, but grateful.

Another patient who was depressed and about to undergo treatment for cancer taught me how my words can make an impact. I was working during a holiday when I found the patient crying in his room because he was not home with his wife and children. We sat and talked for a while, and after a lot of encouragement, I walked him to the phone and sat with him while he called his family. He was so grateful.

After he hung up, he insisted that I call my family for the holiday. He was reciprocating the empathy I’d shown him. How could I say no? I agreed to call my parents, but only if he sat with me.

The patient passed away later that month. I was sad but thankful that he was able to have a heartfelt conversation with his family before he died.

Today, I’m a college professor, board certified in psychiatric and mental health nursing, and have over 34 years of experience. I share these stories and many others with my students so they can understand that nursing — just like life — is a journey. Sometimes, we don’t know where we’re going until we get there. Building our skills helps us along the way.

I also teach my students that trusting our mentors, understanding empathy, and being open to new possibilities give us a better chance at success.

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From Horses to Humans: My Unconventional Path to Nursing

By Julie Adkins, RN

I never imagined how particular moments in my life would bring me to where I am today. I remember wanting to be a veterinary technician — essentially an animal nurse — all through high school. I even shadowed a vet tech back then. But life took me in a different direction.

At the end of my senior year of high school, I got married and began raising a family. Five years later, my young son, Brandon, was run over by a tractor at the horse barn I was managing.

Once the tractor was removed, the farrier and I were able to get him to the emergency room (it was taking too long for the fire department to arrive). Brandon's injuries were extensive: a crushed lung, broken ribs, and torn liver. After being stabilized, he was transferred to a trauma center where he was rushed into surgery.

For three days, the doctors were not sure he would make it, but then he started to improve. The doctors said he would be in intensive care for at least two months. But miraculously, he was able to walk out of the hospital eight days after the accident.

After Brandon's recovery, I spent a lot of time thinking about how responding quickly to emergencies is so important. The whole ordeal with my son led me to consider becoming an emergency medical technician (EMT). But pursuing that path would have to wait. I still had three little ones to raise and an acreage to look after.

Vet tech here I come

Thirteen years after graduating from high school, I began studying to become a vet tech. After so many years away from school, I was back in class with 30 other new students. Two years later, it was time to graduate, and the 31 students had dwindled down to just seven graduates.

After a couple of years of working as a vet tech, we moved to our forever home on 28 acres, and I got my chance to become an EMT. I joined the local McClelland Volunteer Fire Department and completed my training, but I didn't stop there. I also became a firefighter!

Being a new EMT was intense, but exciting. Making new friends and joining a family of first responders was a great honor, and learning the ropes was incredible.

You cannot prepare yourself for every situation, but you go on each emergency call concentrating on how you can help when you arrive.

“You cannot prepare yourself for every situation, but you go on each emergency call concentrating on **how you can help** when you arrive.”

The worst call I went on was a house fire. Several departments responded. When we arrived, we learned a woman was still in the house. Unfortunately, our efforts went from a rescue to a recovery.

It takes time to deal with some of the things we see, but doing what we love and having a great support system helps.

Sometimes there are funny moments. One night, I rode my motorcycle to the fire department after a bike event in town. As soon as I arrived, we were called to a multivehicle collision with a deer. I put my motorcycle away and jumped in the truck to head straight to the scene.

When we arrived at the site of the accident, I didn't think about anything else but the patients, and I forgot that I still had on my leather chaps. I rode all the way to the hospital with the patient in the ambulance and still didn't notice my attire, that is, until the ER doctors got a glimpse of me. Their expressions were priceless! We had a great laugh about it later.

On to nursing — finally!

As time moved on and my growth continued, I became the Emergency Medical Services captain for our department — a position I held for 12 years. Yet, after several years as a vet tech and with the fire department, I felt something was missing. I decided to take the plunge and devote time to becoming a nurse for humans.

It all happened so quickly. My friend, Kelly, told me about the nursing program she was enrolled in and asked if I would join her. Before long, I was enrolled in a licensed practical nursing program (LPN).

One year later, I started my first LPN position as a triage nurse at a community health center in Omaha, Nebraska. Soon after, I was offered the perinatal nurse coordinator position and given full rein to make the OB program a success. It was invigorating, and I was building bonds with women, some of whom requested that I was present during the birth of their children. I was being allowed to share in their cherished moments — an experience I'll never forget.

A few years later, I took an LPN position at a community health center only 10 miles from my home. I had set my sights on becoming an RN, but first I had to find the finances to do it. I found the STARS scholarship program through the Iowa West Foundation, a non-traditional scholarship program for parents and custodial grandparents, to help me pay for school.

I practically had to start from scratch, since almost none of my course credits from my associate degree in veterinary medicine transferred over. It took a while, but I earned my associate's degree in nursing.



Given all that I had done during my time as a student, working two jobs, being a wife and mother, and taking care of all the farm animals, I feel good about my path.

Now, after three years of being an RN Team Lead, supervising medical assistants, and providing support for multiple medical providers, I love what I do and I'm doing my best for my patients.

Don't get me wrong! I sometimes miss being a vet tech full time, and yes, I still take care of my own animals — horses, cows, pig, chickens, ducks, geese, dogs, cats, and the occasional raccoon. But I am proud of where I am today. Everything I have done to this point has made me a well-rounded person and a better caregiver.

Even though I have finally found my niche, I still work with the fire department and enjoy many other fun things in life like customizing a 1958 Renault Dauphine antique car alongside my dad who is working on his Studebaker. Life is too short to not enjoy everything it has to offer.

Julie Adkins, RN, ADN, EMT, is a team lead at a community health center in Council Bluffs, Iowa. She also continues to volunteer with the local fire department.