



September, 2001

Volume 1, No. 1

Caring moments in the stress lab

Jackie Greenleaf Schirn

Working in the cardiac stress testing department of a mega-hospital complex is a little like working in a factory, except that instead of producing widgets, our “factory” produces completed cardiac stress tests. There is pressure from supervisors to get patients’ tests done quickly, so that more tests can be done. The department’s emphasis on efficiently running patients through the testing process is so dehumanizing that I feel a strong need to make a meaningful connection with each patient.

As a nurse, my role in cardiac stress testing consists of explaining the test to the patient, taking the patient’s cardiac history, putting EKG electrodes on the patient, and monitoring the patient while s/he exercises on a treadmill as long as s/he is able. I also monitor the patient while resting after exercise and interpret the EKG after the test.

Our patients have all been injected with radioactive isotopes for their electronic imaging, and this radiation emanates from the patients’ bodies throughout the test. The closer I stand to a patient, the more radiation exposure I receive, and this radiation accumulates in my body. I try to balance my desire for good human-to-human contact with patients and my need to minimize my exposure to the radiation. It’s not easy to make a connection with someone while trying to maximize my distance from him or her.

I look for meaningful moments with a patient that can occur before or during the stress test, nurturing these into exchanges that can be satisfying for both of us. Such moments may arise particularly when a patient is fearful. A few patients are claustrophobic about being in the enclosed space of the camera for the cardiac imaging. Before offering reassurance, I acknowledge the patient’s feelings, and suggest that there might be a reason based on the patient’s previous experience that s/he feels afraid.

For years, my favorite part of nursing has been “tucking people in.” When I worked in inpatient units on the evening shift, I loved getting people settled in bed for the night and tucking the covers around them. The temperature in our cardiac stress testing department is so cold that I get many opportunities to wrap blankets around people while they are waiting to go under the camera. I like to tuck the blanket around them in a cozy way. Then I, in turn, am warmed by the patient’s grateful smile.

A meaningful exchange can occur when I encourage people to figure out how to stop smoking—as they fidget and wish they could have a drag in this no-smoking zone.

All of this is not in my job description. My department cares only about testing. Healing is someone else’s concern. But sometimes I find a patient who wants to quit smoking, has already made some steps in that direction, and is glad for someone to help to work out how to progress further.

By far the most satisfying interaction is when someone tells me a story about their life. When a patient shares an important memory or significant problem with me, I feel I have been given a gift. Some are eager to talk, while others have to be drawn out. I lead them on with openers like, “Tell me about what it was like growing up.” Or “What is something you’ve done that you feel good

about?" It's difficult to do this talking with someone who is exercising on a treadmill, but some of them lie on a bed while I give them a chemical stress test. This offers more time for talking.

Here are three treasures from the stress lab.

"George," an elderly man from a distant rural area was having his test before major surgery. He seemed all alone, with no one to visit him. He told me without any emotion that his son, who lived quite far away, had stated that he did not feel like making the trip to see his father, although the son was retired and had enough money for the trip. George didn't show any of the fear or loneliness that I guessed he was feeling, but chatted about a group with whom he sings in church. After the test, when I had helped him back into a wheelchair, he suddenly grabbed my hand in both of his hands and declared that he wanted to sing a song from church. His hymn was about Jesus being there with him, and with his song, he gave me a gift: He risked showing me how scared and alone he felt. My gift back to him was to listen and to understand what his song meant.

"Sally," in her late forties, had already suffered two heart attacks. She was much more able to express her feelings in words than George had been. I had previously done her first stress test following her initial heart attack. At this point she was feeling desperate because she had not been able to quit smoking, was at least fifty pounds overweight, and had not been able to make any changes in her lifestyle. Her first, tentative statements about her feelings were followed by a burst of emotion. I affirmed that she had a right to feel the way she did, that her feelings deserved to come out rather than to be buried. Sally's story tumbled out with sobs. She had not been able to make herself or her health a priority. . . She had continued working too hard and kept putting the needs of others first. . . No one had offered support, and asking for help was something she had never done. . . After her test, before she left the room, I made a quick decision to hug this woman who had opened herself to me. She cried some more on my shoulder. The prolonged, full-body radiation exposure I received was made up for by the meaning she gave to my work and my day.

The third patient, "Albert," was an African-American man in his early fifties. He was an in-patient, so I scanned his chart for his cardiac history. It indicated he was unemployed, and that he sometimes used drugs. During the ten or fifteen minutes I was with him while preparing for the test, I repeatedly tried to draw him out. He answered my numerous questions with monosyllables and did not look at me. Something about him must have encouraged me to keep trying, and I asked further questions about his work history. Suddenly, he began telling a long story from his childhood.

Albert had grown up in a small Southern town, where black children did not have the opportunity to go to school. He told about going to pick up the family's mail with his older sister at the small store in town which also served as a post office. The white store owner frequently made fun of his older sister because she couldn't read, so young Albert became fiercely determined he would learn. The store owner had a little girl his age with whom he played, and when she started school, they played "school" every afternoon. She would be "teacher" and would teach him what she had learned in school that day. Some time later, while at the store to pick up his family's mail, the boy was able to tell which mail was his family's by reading the names, and the store owner noticed it. Realizing what had happened, the man forbade his daughter ever to play with the boy again, and his education ended until he went into the military.

This man became so engrossed in telling me about his work history, which had been limited because of racism and lack of education, that he was still talking rapidly when we were done with his test. I would have loved to spend more time listening, but his "time was up" and I had to move on to the next patient. I felt moved by his story, and deeply appreciated his gift of trust.

There are many times when the stress tests are very routine, the patients seem to need nothing from me, and I go from one person to another in rapid succession. But then there will be one who is discouraged about his health to whom I can point out signs of hope. Next will come another who doesn't know whether her chest pain means that she has had a heart attack, and I can offer information and reassurance. When I reach out to patients, I am helping them feel they are unique individuals whose feelings matter. By having these human-to-human

interactions with patients I assert my individuality in our test “factory” and prove to myself I am not a robot. I am a nurse!

Jackie Greenleaf Schirn

137 Sylvester

St. Louis, MO 63119

TERMS OF USE

The International Journal of Healing and Caring On Line is distributed electronically. You may choose to print your downloaded copy for relaxed reading. Feel free to forward this to others.

The International Journal of Healing and Caring

P.O. Box 76, Bellmawr, NJ 08099

Phone (609) 714-1885 - Fax (519) 265 0746

DB@WholisticHealingResearch.com: <http://www.ijhc.org>

Copyright 2001 IJHC. All rights reserved.