

NIGHTINGALE SONGS

MAY 12, 1990

VOL. I No. 1

SONG OF THE NIGHTINGALE

The nightingale has its song...
so have I
I want to walk with those
who need my help.

Let my hands bring gentleness
and healing,
my smile, humor and
friendliness.

Let my heart give freely,
never holding back,
my skills reaching the
individual entrusted to my care.

Let understanding be my
guide,
wisdom my cloak and
patience my virtue.

Let me be known for
my caring...
and nursing - my love.

Naomi B. Poston
1990

There were three women, and a call from each. Nana was dying; Laura, her granddaughter had peace to make and love of family to share; Ruth, Nana's daughter and Laura's mother had anger and fear and frustration and anger and fear and loneliness. Nana was dying but this didn't keep her from living - the drama, the pleasure, the red/gray hair to style and the blue nightgown saved for twenty-six years to wear for the ride to Hospice.

Nana saw bats, and bugs, all black in a strange place with no sunshine and no fresh air. Sleep was fear; awake was fear. Then there was the possibility of warm sun on her shoulders as she walked high on the bluff above the Pacific. She could see

blue and white - the sky and ocean. The birds soared and floated and were at peace in their world. She smiled, her eyes closed and the skin over her eyes smoothed. Maybe she could choose this vision. Maybe she could join the birds.

Ruth asked for listening, accepting, understanding. Ruth asked for protection. From her daughter? her mother? her self? from years of living apart? from fear to join? Ruth went away. Yet, she was there at the end, with her daughter, to send her mother, Nana, on her way. Ruth was grateful for listening without judgment, for unconditional love, for being there.

Laura asked for loving, supporting, for advising, for affirming, for information. Laura needed to care for Nana as Nana had cared for her. Nana was in Laura's bed, Laura slept near on the floor. The house was full of babies and children, of friends bringing food and reading Psalms, of Ruth and her other grown children. It was Christmas, and New Year's, and a few days of a new decade. Laura was left with no one to help and with no milk and with no sleep and with only sobs of hurt. She needed love to give love and there was so much of all there can ever be.

And there was another woman, and another call. To trust and learn to be, to listen for, more than the sounds, to know that knowing doesn't matter, to speak more than the words. To wonder at the chaos and harmony in the same place and what to do, how to be. Gifts.

Nursing is the offering and choosing of a gentle, safe holding of each and all together as birthing continues and the mysteries unfold; its strength and power is enough; its possibilities a gel.

Marilyn Parker

HOME CARE PRAYER

Julia Howell

Most Holy and Divine Spirit,

We ask for your guidance and protection
in every aspect of caring each day, that we have the
appropriate words and action to teach, share, heal and
comfort as we serve the many and varied needs of
clients and families struggling to regain
hope, strength and well being.

Renew us in our work and help us to stay open to the
many divine insights that connect with us with the
meaningfulness of love and service.

Assist us in healing ourselves in whatever moments of
silence and reflection, whether driving from
one home to the next or on days of rest.

Grant that our gifts be made manifest with clarity and
courage and in the most difficult and perplexing
interactions may we know that you are near
guiding and blessing us, if we but allow it.

In your most holy and divine name,
Amen.

Nursing's story is a magnificent epic of
service to mankind. It is about people:
how they are born, and live and die;
in health and in sickness; in joy and in
sorrow. Its mission is the translation
of knowledge into human service.

Nursing is compassionate concern for human
beings. It is the heart that understands
and the hand that soothes. It is the intellect
that synthesizes many learnings into
meaningful ministrations.

For students of nursing the future is a rich
repository of far-flung opportunities
around this planet and toward the further
reaches of man's explorations of new worlds
and new ideas. There is the promise of deep
satisfaction in a field long dedicated to
serving the health needs of people.

Professor Martha Rogers, Sc.D., R.N.

The Education Violet, June 1966

New York University (reprinted by permission)

CONNECTIONS

I was working in a large teaching hospital, the only RN on the night shift for 34 very ill children. With so many tasks to complete in eight hours, I had already begun to organize and set my priorities according to the kardex orders. As I listened to the change of shift report, I remember getting a strange feeling in the pit of my stomach when the evening nurse reviewed lab results on Tracy P. Tall, strawberry-blond, and freckle-faced, Tracy was struggling with the everyday problems of adolescence and fighting a losing battle against leukemia. She had been readmitted to our pediatric/adolescent unit numerous times over the past year, and I'd grown quite fond of her. She rarely had visitors and I admired her courage as she faced the usual battery of tests, chemotherapies, and transfusions alone. Some of the nurses even expressed resentment toward her mother for the infrequent visits, even though Tracy never complained.

When I made rounds, Tracy was alone. She looked more pale and tired than I'd ever seen her before. As we chatted and I did my usual "nurse" things with vital signs and IV adjustments, an unexplained feeling told me her mother should be there. I even felt some resentment toward her mother creep in. "Tracy?" I asked, "do you mind if I call your mother tonight?" She looked away, but said it would be okay. I probably should have picked up some cues, but I didn't.

I hurried to finish rounds and dialed the phone, half-expecting her mother to make an excuse not come. "I really think Tracy needs you tonight," I said, after a brief introduction. Tracy's mother had been asleep when I called, but said she would come as soon as she could. When she explained that she was a working single parent with two young children, and lived almost two hours away, I felt humbled and almost sorry I had called. But that feeling persisted and I was relieved when she arrived on the unit about 1:30 in the morning.

Tracy was awake when her mother and I went into the room. I wasn't prepared for the interaction between them. I watched Mrs. P. stop about three feet from the end of the bed and stand still. Neither of them said much while I was in the room. I left to answer a call bell and returned perhaps 15 minutes later to find the scene virtually unchanged. The distance and silence made me feel uncomfortable. I felt confused and so helpless—it wasn't at all what I expected between a mother and her dying daughter.

"Mrs. P?" I asked, hesitantly, "won't you sit on the bed with Tracy and me?" "I don't think we're allowed", she said. I closed the door and pulled the curtain around the bed as I replied, "I think it will be all right. Why don't you sit here and I'll sit on Tracy's other side." I steered her to the edge of the bed where she sat rather stiffly, looking ill-at-ease. I sat on the other side and began stroking Tracy's arm, talking softly to her. Later, as Mrs. P. began to relax, I was relieved

to see her reach out to tenderly touch Tracy. I left them alone for a while to make rounds again on the other children.

When I returned to her room, Tracy was drifting in and out of sleep and her mother, still sitting on the edge of the bed, was fighting to stay awake. "Tracy", I called softly, "is it okay if we lie down on the bed with you?" She opened her eyes and nodded. I shifted Tracy's thin body over to the make more room for her mother, then lay down beside her on the opposite side of the bed.

Over the next hour or so, the three of us lay together talking quietly. Though she was drifting in and out of a sleep-like state, Tracy roused occasionally to ask a question or comment about something on her mind. At one point, she asked me, "Gayle, why are my feet and legs feeling tingly and falling asleep?" Well, having seen the movie "Coma" just a few nights before, I of course, considered myself an expert on that subject. I smile now as I remember giving her some lengthy explanation regarding oxygen deprivation and carbon dioxide accumulation due to poor circulation. Anyway, she seemed satisfied with my rambling and fell back asleep.

I left them alone for a while to attend to my other mounting responsibilities. The medical intern, having been awakened by another call, inquired about her vital signs. "I don't know and it's not important right now," I remember telling him, "just leave her alone." I don't know how he knew not to argue, but he did not press the issue and left.

It was close to five in the morning when I returned to the room. Tears came to my eyes as I stood at the foot of the bed and saw Tracy wrapped in her mother's arms, their bodies pressed closely together. Mrs. P. lifted her head up from the pillow when I approached the side of the bed to adjust the IV. Tracy felt cool when I touched her arm. I reached for her wrist. There was no pulse and I detected no respirations. My eyes met the gaze of her mother. "She's gone," I whispered.

The routine of postmortem care was all too familiar to me - remove IV, identification tags on wrist and toe, body to the morgue within the hour—it all came clearly to my mind step by step. Her mother was still looking at me. "Please don't take her yet," she pleaded with me, "please let me stay with her a while longer." I left the room and closed the door quietly behind me.

It was after 6 o'clock when I slipped back into the room just as the early morning light was coming through the window. "Mrs. P.," I reached out and touched her arm. She raised her tear streaked face to look at me. "It's time," I said and waited. When she was ready, I helped her off the bed and held her in my arms for a few moments. We cried together. "Thank you, nurse," she said as she look into my eyes and pressed my hand between hers. Then she turned and walked away. The tears continued down my cheeks as I followed her to the door and watched her disappear down the hall.

Gayle Maxwell, RN, MSN

You loved me fiercely
You must have
Because you lived your quiet dignity
While you gave me time to grow up
You must have
Because you forgave me
And let me know
That when I forgave myself
There was no longer anything to forgive
You must have
Because you opened yourself to me
And trusted me to be worthy of your trust
You must have
Because I loved you fiercely.

Savina Schoenhofer

FROM THE EDITORS:

The purpose of this publication is to create a forum for nurses to share their silent moments of reflection on their nursing. We intend that nurses who write for these pages will both offer and receive encouragement and support for the love of nursing.

Nightingale Songs is free to be used by nurses and for nursing. We encourage the copying and sharing of its contents; there is no protection by copyright. We will print only stories which have been signed and submitted by the authors. We plan to publish at least one issue each season.

We invite nurses to contribute their stories for publication in Nightingale Songs. We encourage responses to this effort and we will appreciate financial support for future issues.

Editors:

Marilyn E. Parker, Ph.D., R.N.
Savina Schoenhofer, Ph.D., R.N.

Editorial Panel:

Charlotte Barry, Marie Porcena,
Maureen Rock, Seyed Sadeghi

Nightingale Songs

P.O. Box 057563

West Palm Beach, FL 33405-7563

800 copies printed and distributed.

NIGHTINGALE SONGS
P.O. BOX 057563
West Palm Bch, FL 33405