Female patient. Male nurse.

Trust is crucial in establishing nurse-patient relationship

Betty had been diagnosed with a rare cancer of the cartilage in her spine called, chondrosarcoma. She had undergone treatment, including two surgical resections. Both were unsuccessful, which is why she was seeking treatment at MGH.

My name is Daniel Huntington, and I am a nurse on the White 6 Orthopaedic Surgery Unit. It was a typical day on our typically eventful 30-bed unit; census was high, and we were anticipating several discharges. Every so often, you get a patient who grabs your attention, gives you a new challenge, and leaves a lasting impression. When I first met 'Betty,' she was a soft-spoken, anxious, reserved woman in her late 50s. She had two daughters who worked in demanding jobs. They cared deeply for their mother but were unfortunately not able to travel to Boston to be with her. Betty was married to an entrepreneur who had built a successful career. Unfortunately, he was physically present but often emotionally absent, which was a big contributor to Betty's emotional unrest.

Within the past year, Betty had been diagnosed with a rare cancer of the cartilage in her spine called, chondrosarcoma. After receiving the diagnosis, Betty underwent treatment, including two surgical resections in her home state on the west coast. Both surgeries were unsuccessful, which is why she was seeking treatment at MGH. Once well enough to travel, Betty and her husband came to Boston for a two-stage approach to resect the rest of her tumor.

That's when Betty became my patient.

On my first shift as her nurse, I introduced myself to Betty and immediately noticed her discomfort with a male nurse. This wasn't the first time I'd encountered this challenge, but I had overcome this obstacle many times before, and I was confident I could do so again with Betty. She didn't actually say anything as she wasn't the type of person to voice her concerns regardless of how uncomfortable she may have been. But after leaving her room, Betty's husband came and found me at the nurses' station. He confirmed my suspicion. I knew I'd have to make a special effort to gain Betty's trust.

Daniel Huntington, RN, staff nurse
White 6 Orthopaedic Surgery Unit

Betty was very sick. She'd had multiple surgeries to resect the tumor and stabilize her spine She required a large wound vac dressing on the incisions on her back to facilitate drainage; left- and right-side chest tubes for pleural effusions; and a G-tube for overnight feeding. She was far from home, away from her family and friends, and terrified.

I went into Betty's room and held her hand. I told her, "I'm going to be here for you, whatever you need. My goal for today is to make you as com-

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Betty rated her pain at only 3 out of 10, but she was so fixated on the fear of pain that she practically froze, unable to move her rigid body. I calmly looked into her eyes and asked her to trust me. Her grip on the walker relaxed, and I could see her fear and anxiety soften. I realized she had put her faith in me and was ready to take the next step.

fortable as possible and remove any hesitation you have about letting me take care of you."

She looked up with a surprised expression and smiled. "Okay," she said.

To reduce the risk of urinary-tract infection, we remove indwelling Foley catheters at the earliest possible opportunity. During the morning shift, the nurse had removed Betty's catheter, and she was due to void. My first effort to gain Betty's trust was assisting her in going to the bathroom. This is almost always more difficult and uncomfortable for women than men. I decided to try to have her use a bedside commode as she was uncomfortable using a bedpan, and she hadn't been out of bed yet. The team hadn't put any orders in place restricting her from ambulating, but Betty lacked confidence in her ability to mobilize and get out of bed. She was afraid of experiencing pain or injuring herself, which is why she had refused physical therapy the day before.

My hope was to instill in Betty a sense of confidence that she was unable to summon on her own. I was careful not to hesitate or give her any reason to think she'd fail.

I said, "Betty, I know you'll be able to get yourself over to this commode, and I'll be right here to help you in the process."

I knew she wanted to get back to a normal routine, and being able to use the commode represented one step closer to that sense of 'normalcy.' I grabbed a rolling walker, adjusted it to her height, and began to help her into a sitting position on the side of the bed. As this was her first time out of bed, one of my main concerns was the possibility of orthostatic hypotension, a significant drop in blood pressure when going from a supine to upright position. I kept a close eye on her vitals and physical presentation, monitoring for any signs of diaphoresis, tachycardia, or dizziness. Falling can have a devastating effect, so I was doing everything in my power to safely complete the task at hand.

Betty's vital signs remained stable, she had no complaint of dizziness, and I was confident in her ability to ambulate. Betty rated her pain at only 3 out of 10, but she was so fixated on the fear of pain that she practically froze, unable to move her rigid body.

I calmly looked into her eyes and asked her to trust me. Her grip on the walker relaxed, and I could see her fear and anxiety soften. I realized she had put her faith in me and was ready to take the next step.

I can still remember the scared but excited look on her face as she started to stand. Betty had not stood in more than three weeks. Once she was steady on her feet, I placed one hand on her arm and the other around her back for support and to make her feel safe. Gradually, she lifted her foot and before she knew it, she had ambulated to the bathroom door. As anticipated, she was able to do most of the work herself, requiring very little assistance from me. She did so well and was so excited not to feel pain that she just kept going.

Since Betty was doing so well and standing under he own strength, I felt it would be safe for her to use the actual bathroom as opposed to the commode as we'd originally planned. Being able to get to the bathroom gave Betty a sense of normalcy and privacy that meant the world to her.

Betty re-discovered the confidence that had been stripped away by her diagnosis. I didn't give her false promises of curing her cancer, but I did give her hope and motivation, both of which had been missing from her life the day before.

From that time on, Betty routinely requested me as her nurse and no longer had insecurities about male nurses. Regardless of the many physical ailments that plagued Betty during her stay on White 6, I was able to connect with her on a professional and personal level. Ultimately, Betty got well enough to travel back to the west coast where she continues to thrive and live every day to the fullest. She updates me on her recovery whenever she returns to MGH for check-ups. Every time she visits, she reminds me how much she appreciated my care.

Comments by Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse

This story could have played out very differently. Dan could have accepted Betty's discomfort and requested another assignment. But he knew he had something to offer; he was confident in his nursing skills and wanted to help Betty overcome her fear. So gently, respectfully, and with great regard for her safety, Dan helped Betty get out of bed and go farther than she ever thought she could. By helping Betty walk to the bathroom, Dan not only put Betty's fear of pain to rest, he established a bond that superseded her discomfort with having a male nurse.

Thank-you, Dan.