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Recommended Citation
Spear, Hila J., "Lesson in Caring and Compassion: "I saw some of the nurses crying."" (2003). *Faculty Publications and Presentations.* Paper 9.
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"I Saw Some Nurses Crying": Lessons in Caring and Compassion

by Hila J. Spear

For several years, one of my teaching responsibilities as a college professor and experienced labor-and-delivery nurse was to teach and supervise junior nursing students during their clinical rotation in the birthing unit of a regional hospital. One particular experience stands out in my memory because of a life-and-death event that provided my students the opportunity to learn some important lessons by observing how the staff nurses demonstrated genuine caring and compassion. The following account details selected aspects of this clinical day.

Prior to making assignments, I was pleased to learn that a number of women were scheduled for induction, a few mothers were admitted in labor, and one mother, pregnant with full-term twins, was scheduled for a cesarean delivery. My students and I were thankful that it appeared that there would be plenty of action in the unit. No need to watch educational videos and talk about case studies. The students would actually be able to work with patients and their families. If the mother who was scheduled for the cesarean delivery agreed, one of the students would be able to perform the abdominal prep and insert the Foley catheter. We knew that at the very least, two students would most likely observe the birth of twins during our eight-hour shift. The students were eager to learn about obstetric nursing and to assist women and their families during the childbirth experience.

When the mother of soon-to-be-born twins was admitted to the treatment room, I introduced myself and asked her if it would be all right if one of the nursing students assisted with her care. She readily consented and said that it would be fine for a student to perform the abdominal prep for surgery and insert the foley. The patient's nurse said that the student would be able to carry out these procedures after the standard twenty-minute external electronic fetal monitoring assessment was completed. A few days before, the mother had been to the obstetrician's office for a routine visit and the fetal heart rates for both twins were easily audible and within normal limits. The nurse began the process of applying the monitor by placing elasticized belts around the mother's large abdomen.

One twin's heartbeat was easily located and the sound of the strong galloping beat was reassuring. To locate the second twin's fetal heart beat proved to be far more challenging. The nurse moved the ultrasonic transducer several times in efforts to locate the fetal heart beat. More gel was applied to obtain better conduction of the fetal heart sounds. Another nurse entered the room with a Doppler. No heartbeat was detected. What had started as a routine procedure for assessment of fetal well-being prior to the cesarean was turning into a tense and high-anxiety situation. The primary care nurse immediately notified the physician who soon appeared at the patient's bedside with equipment to perform an ultrasound.

Everyone's worst fear was confirmed — one of the twins had died in utero.

With this devastating news, the student and I decided that it would best for her to forego the clinical experience of prepping the patient for surgery. The mother and father held onto each other and somehow managed to contain their emotions as soft cries were heard and tears streamed down their faces. The nurses offered comfort, shared tears, and provided support just by their presence. Grandparents were patiently waiting in the reception area anticipating the birth of their twin grandsons. They had no idea that they would be celebrating the safe delivery of one baby and mourning the death of another.

This turn of events was very upsetting for all of us. Even so, students were encouraged and inspired to see that in the face of such an overwhelming and painful life crisis, nurses were able to make a difference as they provided tender compassionate care to the mother, father, and extended family. One student commented to her peers and me, "I saw some nurses crying." This provided us the opportunity to talk about the importance of providing safe and appropriate physical care for patients while conveying a sense of caring about them as unique individuals. We also discussed the need to balance the technological skill side of nursing with authentic concern and sensitivity that fosters an intimate nurse-patient connection.

I will never forget the sight of the father carrying his twin baby son to the nursery. He was holding him close and looking at him with eyes that reflected both joy and sorrow. How excruciating to be holding your tiny newborn, pink and warm, while trying to comprehend the death of his baby brother. While in the recovery room, one of the nurses gently ushered in the grandparents as the grieving mother expressed the desire to have some private time with members of her immediate family. Far more important than the technical side of practice, I believe that my students had the opportunity to observe caring and compassion modeled by seasoned nurses. They also witnessed the awesome responsibility and privilege that we as nurses have to make a positive difference in the lives of patients and families that we care for in what are sometimes unexpected and almost unbearable life-and-death experiences.

■ *Hila J. Spear, PhD, RN, is professor of nursing and director of graduate studies at Liberty University, Lynchburg, Virginia. Her primary research interests are adolescent health behavior, teenage pregnancy, childbearing, and related issues. She also maintains clinical practice as a lactation consultant and is currently studying the perceptions, behaviors, and experiences of adolescent mothers who breastfeed.*

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