Journal of Professional Nursing 35 (2019) 3–4

Contents lists available at ScienceDirect

Journal of Professional Nursing

journal homepage: www.elsevier.com/locate/jpnu

News from AACN

2018 Hope Babette Tang Humanism in Healthcare Essay Contest

The Arnold P. Gold Foundation holds an annual essay contest to encourage medical and nursing students to reflect on their experiences and engage in narrative writing. The contest began in 1999 focused on medical students and expanded to include nursing students in 2018. Students are asked to respond to a specific prompt in a 1,000-word essay.

For the 2018 contest, students were asked to reflect on the following quote and share a healthcare experience with a patient or fellow clinician that led to a new, unexpected understanding or perspective:

"It's not what you look at that matters, but what you see." — Henry David Thoreau

More than 200 essays were submitted. A distinguished panel of judges, ranging from esteemed medical professionals to notable authors, reviewed the submissions. Three winning essays from medical students and three winning essays from nursing students were selected, along with 10 honorable mentions. The winning essays were published on The Arnold P. Gold Foundation website (www.gold-foundation.org) and in consecutive issues of *Academic Medicine* and the *Journal of Professional Nursing*. (For this journal, the third-place winning essays were published in the September-October 2018 issue, the second-place winning essays appeared in the November-December 2018 issue, and the first-place winning essays appear here in this issue.) The contest is named for Hope Babette Tang-Goodwin, MD, who was an assistant professor of Pediatrics. Her approach to medicine combined a boundless enthusiasm for her work, intellectual rigor and deep compassion for her patients. She was an exemplar of humanism in medicine.

The Arnold P. Gold Foundation champions the human connection in healthcare. The nonprofit organization engages medical and nursing schools and their students, health systems, companies, and individual clinicians in the joy and meaning of humanistic healthcare, so that patients and their families can be partners in collaborative, compassionate, and scientifically excellent care.

Here are the essays from the first-place winners:

NURSING STUDENT ESSAY

Ashley Edgar, 1st Year, University of Texas Medical Branch

"Seeing Stephen"

I was nervous, to say the least, when I got assigned to the schizophrenia unit of a major psychiatric hospital for my second ever clinical rotation as a nursing student. My initial reaction was how am I, a 22-year-old second semester nursing student, equipped to deal with people with serious mental illness? Nerves were transcending down my entire body when I heard where I had been assigned. Going over one PowerPoint lecture about therapeutic communication does not necessarily make one prepared to interact with these patients one on one, I thought to myself. It's one thing to read a textbook and take a test, and another to see these disorders affecting actual people in real life, to look at them face on, eye to eye. Feeling completely unprepared and expecting the worst, here I was at 6:30 a.m. on a Saturday. Nursing school has numerous moments like that, sheer panic with an overwhelming feeling of 'what did I get myself into.'

Forcing myself to stop the internal dialogue in my head, I started walking towards the doors of the unit. I tugged nervously at my one pair of slacks, the ones I bought for my nursing school interview, and contemplated briefly on how far I had come since that day. I remember talking passionately about wanting to be a nurse and here I was being thrown into the ocean it seemed. I was shaking as I fiddled with the key to open the double doors to the unit. I could feel myself starting to sweat. Past those doors was yet another set of locked double doors this time with "CAUTION ELOPMENT RISK" plastered across them. That's a comforting sign, I thought sarcastically to myself. The mechanical doors opened slowly and there I stood, blankly staring.

I paced slowly around the unit, finding myself judging and examining each and every patient in the day area. Are they going to hurt me? Why is that guy mumbling under his breath constantly? Why is this other woman yelling at the nurse? I was ashamed at how quick I was to pass judgment, but I felt completely out of my element. I was tempted to hide in the conference room and pretend to look at patient charts all day. "Get it together," I mumbled to myself and continued pacing and examining the day room of the unit. The walls were neutral, the couches were neutral, and the tables were neutral. What a therapeutic environment yet somehow my mind could not stop racing. My attention shifted and I quickly noticed a young man sitting alone at one of the tables. I wanted to talk with him; I yearned to learn his story. But the idea of talking to a psychiatric patient alone riddled me with fear. Shaking off my self-doubts, I walked up to him nervously and introduced myself. "Hi, I'm a student nurse. Today is my first psychiatric rotation. Honestly, I'm not really sure what to do," I said offering my hand hesitantly.

I felt my cheeks turn pink and realized none of that was in the script I had prepared for my patient interviews. I was technically supposed to use a broad opening, and most definitely was not supposed to tell him I had no clue what I was doing. Regardless, a sweeping grin spread across the young man's face as he shook my hand in return. "Hey! I'm Stephen. It's okay, I'm not really sure what to do here either," he said jokingly. I immediately felt myself relax. I quickly learned that we were actually the same age, freshly 22. He told me about his dreams to go to college and how much he loved his mother. Our conversation was easy, natural, and flowed. I was amazed at, for a lack of a better term, how normal he seemed. We sat in silence for a few minutes and towards the end of the conversation I could tell he wanted to tell me something. He finally

https://doi.org/10.1016/j.profnurs.2018.12.002

8755-7223

looked at me intensely in the eyes and said “You’re the only person who has talked to me like I’m a normal person.” I swallowed hard. He continued, “All the other students that have been here just stared at me like they were scared of me.”

I felt myself tear up, ashamed at how 15 minutes prior I was tempted to hide away in the conference room and do the same exact thing. His words made me realize how easy it is to look at a psychiatric patient and see only that. In reality, these patients are so much more than a label or diagnosis. Stephen, recently diagnosed with schizophrenia at age 22, is more similar to me than I would have ever guessed. Maybe it is human nature to try to focus on the obvious, to keep our distance, put people in a box, and perhaps that makes working in healthcare easier. But easier is not better, and when you dig beyond labeling a patient with an illness, healthcare can become more encompassing by treating the entire person and not just the illness. Stephen’s words that day changed my perspective of what it really means to be a nurse because sometimes just treating someone as a human and simply talking to them makes an immeasurable difference in their level of care.

When I left the unit that day, I walked up to Stephen to say goodbye. He handed me a picture that he drew me, a picture of a beautiful, vibrant sunset. He proudly told me that he used all the crayons in the box and even mixed some colors to make it just perfect for me. On the sheet of paper above the sunset, it read “Thank you for truly seeing me.” I vowed that day to never write off a patient or to let their illness define them. There is so much more to people than what meets the eye. Walking out of the unit that day and waving goodbye, I did not look at someone who was a psychiatric patient, I just saw Stephen as Stephen.

MEDICAL STUDENT ESSAY

Antoinette Esce, 3rd Year, University of Rochester

The man was running. One hand on his wide-brimmed black hat, keeping it pressed to his head. His handmade linen pants pressed against his thin legs. His temporary Children’s Hospital ID badge flapping in the wind against his chest. The scene was almost comical; it was dusk and he did not fit among the streetlights and cars and hospital parking lots. I knew this man. But I did not know why he was running.

Perhaps he was running to something. Maybe in search of non-hospital food or a bit of fresh air. Perhaps he was merely stretching his legs, which were otherwise bent in a seat next to a hospital bed. Perhaps he was running away from something. Maybe from the overwhelming hustle and bustle of a complicated life he had chosen to avoid. Or maybe from his child, in the tower behind him, who was slowly dying of cystic fibrosis.

I knew this man, as well as one can come to know the father of a new patient. His son Jonah is 10 years old, gaunt and pale, with fingertips and toes swollen from chronic hypoxia, reminding me of the black olives I shoved onto my fingers as a child. He is cheerful and doesn't complain, except to confirm his mother's advocacy about his thirst or discomfort. His large and loving Mennonite family, speckled with cousins who have lived and died with cystic fibrosis, come in and out of his room, reading with him, cheering him up, and diligently providing the ritual of chest therapy every hour without fail. They know that Jonah will eventually die from his lung disease and they do all they can to ease his suffering.

Still, Jonah had presented to our emergency department in respiratory distress and an oxygen saturation half of what it should be. His family gets free medications from a different hospital, but can never make it to Jonah’s follow up appointments. They don’t believe in accepting government assistance, because their life revolves around their religion and they want it separate from the state. Their community is still paying off the bill from his last hospitalization.

The experienced pediatric pulmonologist says, "this is what cystic fibrosis looked like when I started fellowship." The care coordinator is distressed, because these patients can live well into middle age with aggressive therapies. The provider team is torn between the out of pocket expense of a now questionably beneficial, conventionally aggressive treatment regimen and the unnerving complacency of a more pragmatic approach. The social worker reflects that "if this was any other family, we would have already called child protective services."

The facts of this case are straightforward. We’re looking at a ten-year-old Mennonite boy with severe cystic fibrosis, who has not been receiving the standard, rigorous, inpatient treatment protocols, presenting in respiratory distress. We’re all looking at the same thing. But what did each of us see?

Some of us saw a helpless young boy, born into a world that he didn’t choose, whose life and opportunities had been unnecessarily taken from him by his community. We saw a negligent family, letting their child die from a terminal, though treatable disease. We saw a world and a culture that we couldn’t begin to understand, a set of values that we rejected as immoral. How could they put their desire for a simple life above the health of their child? It was wrong.

Stopped at a red light outside of the hospital that night, watching Jonah’s father running along the side of the road, I realized that I saw something different. His stance was resolute, his face was sad, he looked tired. Maybe he wasn’t running from Jonah’s illness or the hospital. Perhaps he was running away from us, our discomfort, and our judgmental stares.

I had been conflicted that afternoon. The narrative of neglect was convincing, but it didn’t seem to fit with the devoted and loving family or the happy child for whom I had spent all day caring. How could they neglect him without scarcely leaving his side? Was he malnourished from an incapable family or because his pancreas was shutting down? Was his lung disease so severe because of stubborn parents or because the cystic fibrosis that ran in his family was particularly deadly? Was his family’s approach to this illness truly wrong or was it just different? Didn’t they have the right to treat it with culturally sensitive medical care?

I sat with Jonah and his family for a while. I saw a well-worn book at his bedside table. He told me that it had belonged to his many siblings before him. It comforted him. I saw his family’s innocent fascination with the helipad outside his window. It made Jonah laugh. He told me how he wanted to go back to his farm, to his pony, to his home. I saw that he knew he was sick. I saw his mother’s face set in resigned sadness, but laced with pride for the brave and mature boy in front of her. I saw a loving family, gracefully coping with tragedy. It was beautiful.

The red light had turned to green. Jonah’s father turned a corner and was gone. I wondered what everyone else, in all the cars around me, thought about him, in his foreign garb and robust beard. Stranger in a strange land. Mennonite man on a medical campus. Henry David Thoreau said, “it’s not what you look at that matters, but what you see.” But where was the truth in what we saw? I don’t know. Probably somewhere in the middle. Somewhere between neglect and beauty. Somewhere hard to find.

I returned to the hospital the next morning, no surer about what I saw, only confident that there were many ways to see it. I went in to say hello to Jonah’s family and handed them walking directions to a nearby park. “I hope you see something beautiful the next time you go running.”