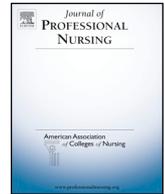




Contents lists available at ScienceDirect

Journal of Professional Nursing

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

News from AACN

2019 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 2019 contest, students were asked to reflect on the following quote and share an experience in which they or their healthcare team engaged compassionately and respectfully with a patient to help them feel accepted and seen:

“I long, as does every human being, to be at home wherever I find myself.” — Maya Angelou

More than 300 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 will be published in consecutive issues of the *Journal of Professional Nursing* and *Academic Medicine*. (For this journal, the third-place winning essays are published in this issue. The second-place winning essays will appear in the November-December 2019 issue, and the first-place winning essays will appear in the January-February 2020 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 infuses the human connection into healthcare. The nonprofit organization engages schools, health systems, companies, and individual clinicians in the joy and meaning of humanistic healthcare, so that they have the strength and knowledge to ensure patients and families are partners in collaborative, compassionate, and scientifically excellent care.

Here are the essays from the third-place winners:

NURSING STUDENT ESSAY

The Bubble Bath
Chelsea Huffhines, 2nd year, University of Kansas
E-mail: chelsea.huffhines@gmail.com

It was my first time sitting in a hospital room as the family member instead of as the nurse. My grandma had been admitted to an observation room for chest pain, and I was immediately struck by how boring everything was. A cinderblock wall obscured most of her window, and the volume on the TV was stuck at a low growl. I always love getting to spend time with my grandma, but it was hard to ignore

the heavy silence, ugly blue wallpaper, and sterile smell that weighed down on both of us. I was excited to talk to her nurse, but she hurried out before I had a chance to say anything. I couldn't blame her. I know how busy nurses are, but I still felt a little disappointed. I wanted something to slice the boredom.

After making sure my grandma was settled in for the evening, I headed off to the opposite side of the hospital. I'm a night-shift nurse in the ICU, and boring is not a word I would use to describe my job. Between complex trauma patients and code blues, I'm on my toes for most of the shift. As I made my way to my unit, I wondered if my patients and their family members feel as bored as I did. Probably. I felt a wave of guilt pass over me. I had never really thought about it.

Boredom and guilt became distant memories as soon as I set foot on my unit. The day-shift nurse gave me an apologetic smile. Never a good sign. I would be admitting a new patient at the very beginning of the shift. “It should be an easy assignment,” I was told reassuringly. I dashed into my other patient's room to try and get as much completed in there before the new patient arrived. That patient may have been bored or lonely sitting there in his room by himself. I didn't have time to ask.

The reason I was told my new patient should make an “easy assignment” is because there wasn't much wrong with her physically. She had attempted suicide a few hours ago but was found before any permanent bodily damage could be done. “Physically she might be okay, but mentally...” I thought to myself as I prepared her room. As standard practice, all suicide patients are admitted into an ICU, so any object that might be dangerous must be removed from the room. It was left even more stark and bare than usual. My mind drifted back to how ugly and sterile I found my grandma's room earlier that day. I heard the wheels of a hospital bed rolling down the hallway. I was a little nervous. I know how to care for someone's body. I can piece back together a body that has been through a car accident or brain surgery or a nasty fall. But do I know how to care for someone's mind?

The girl was a stark contrast from my usual patient. For starters, she could breathe, walk, and talk. She was also just a few years younger than me while most of my patients are several decades older. I still greeted her with my usual chipper introduction, but I wondered if she found me annoying. I imagined she had no interest in talking to some random nurse moments after trying to end her own life. I take great care to look after my patients emotionally and spiritually as well as physically, but this situation felt different. I knew I had to ask her if she was still having thoughts of suicide, but I was dreading the question. What should my tone of voice be? Do I look her in the eye while I ask? I don't remember what I ended up doing, but I do remember her muffled response: “Kind of.”

“Can I take a bath?” she asked tentatively. She was not permitted to be left alone and the tangle of EKG cords snaking across her chest and

<https://doi.org/10.1016/j.profnurs.2019.08.012>

arms had to stay in place. I quickly assembled the crème de la crème of bath supplies in the hopes that it would give her some comfort. I filled up one of the pink plastic buckets with water from the coffee machine and added a few squeezes of baby shampoo. Coffee machine water guarantees a hot bath and baby shampoo makes the best bubbles. Topping it off with some shaving cream will leave the entire room smelling fresh.

It's not uncommon for patients to feel awkward while taking a bath in front of a nurse, so I preoccupied myself with making a miniature snowman out of shaving cream. "Isn't that a waste of supplies?" she asked. "I won't tell if you won't," I whispered as the misshapen snowman wobbled in my palms. She smiled for the first time that evening and scooped up a handful of bubbles. Blowing them toward me, we both giggled as they danced across the floor.

She was my patient for the next few nights, and I remained diligent as her nurse. But we also showed each other photos of our dogs and complained about the smell of the broccoli being served and laughed about the floppy yellow hospital socks. I brought in sheets of paper and some crayons, and we tried our best to sign our names in fancy calligraphy. I explained how her heartbeat created the spikey green lines on the monitor, and she told me about an English literature class she was taking.

I don't always know what the right thing is to say to someone who just attempted suicide. But what I do know is that hospital rooms are boring and lonely and scary. I also know that sometimes we all just want to be seen. I wasn't the nurse and she wasn't the patient. We were just two girls laughing together.

MEDICAL STUDENT ESSAY

The Hallmark Store
Henry Bair, 2nd year, Stanford University
E-mail: hbair@stanford.edu

I was perched on the edge of the hospital bed watching the second hand on my watch close in on "11" when Eva reached up with her free hand and grabbed my wrist, surprising me. I lost track of her BP.

Her worried, crinkled eyes looked searchingly into mine.

"I really, really need to go home, Dr. Bair. Please, can you send me home?"

I couldn't send Eva home. And not just because I was only a medical student. Even though her partial colectomy three days ago had been successful, Eva had lost a significant amount of blood during surgery and her immune system was still weak. At this point I couldn't even hazard a guess at when she might be ready for home.

I smiled and nodded empathetically. "Miss your own bed, Eva?"

She looked down as she shifted awkwardly under her blankets and winced at something I couldn't see. When she looked back at me her face was drawn. "I miss everything. I miss my own bed. I miss Ms. Kitty, my Siamese cat. For all the noise in here at night, I miss the sound of my cuckoo clock ticking and chiming in the hallway. I've got every sound on the planet in here at night except for the ones I want. I miss Ben the mailman. He's more timely than Big Ben."

"I get it, Eva, I really do. I'll see what I can do to get you out of here as soon as possible. Also, I'm still a medical student, so call me Henry."

Medically speaking, there were many things the care team could do for this patient, yet it seemed we were powerless to accomplish the one thing that in her mind was the goal—getting home—even if she knew as well as we did that getting well was a step in that direction. I looked around her room. There were flower arrangements, balloons, cards, and stuffed animals from well-wishers on every surface. "It's pretty homey in here for a room in the general surgery inpatient unit, though, isn't

it?" I asked, attempting to sound cheerful. She looked at me and arched an eyebrow. "Your home is filled with flowers, balloons, and stuffed bears, is it?" She smiled wanly. "You live in a Hallmark store?"

I shook my head and sighed. "Fair enough, Eva, fair enough."

Later that day, I brought up Eva's feelings of displacement to my attending. "Well," he pondered, stirring his coffee slowly, "You might consider the question differently."

"How so?"

"Obviously, you can't get her the chiming clock or the mailman, unless he should decide to visit, I suppose. But you might devote some attention to the greater question of what those particular attachments do for her."

I thought about it. The things Eva pined for all spoke to predictability, routine, and familiarity. For patients, inpatient units are a hive of the unknown, with schedules seldom communicated to patients—and even then, often contingent on fluctuations in their condition and in staffing availabilities. It is as if we, as providers, are conducting an orchestra to which the patient is a captive audience, with an undisclosed program subject to change without notice. To know when one is going home is to know when one will regain a modicum of control, some degree of autonomy, some semblance of mental and physical freedom...which are all hard to come by when other adults appear seemingly arbitrarily and help themselves to one's blood, urine, stool, and vitals.

I went back to see Eva the next morning. She was staring in the direction of her window, though bundles of flowers on the windowsill prevented much of a view. "Good morning, Eva." She nodded at me. I sat down in the chair next to her bed. "How are we doing today?" She chuckled. "We? I'm the same, obviously. How are you?"

"I'm fine, thanks. I have something for you."

"Ooh, I bet you've got more fun things for me to not read and then sign."

Now I laughed. "Almost as good." I reached under my tablet and pulled out a small stack of papers held together by a binder clip. "Here." I extended them to her.

"Great. More documents."

I pointed at the top sheet of the stack she was holding. "Look, they're all schedules. I did some splicing, so what you have there is your treatment schedule for the next four days—or at least the parts that are scheduled—and the alternating sheets between them are the schedule of things happening in the hospital. There's a book fair, some kind of jewelry display, a few concerts, and a whole bunch of lunch presentations. There's no reason you couldn't go to these, so long as we grab a nursing assistant to take you in a chair."

She looked at the papers in her hands. "But what about the random medical stuff that I might miss if I'm not here?"

"Well, this is important. So if you find things you'd like to see or do, let's make sure we touch base with the charge nurse and plan accordingly so that you can feel less like a hostage up here. We just need to plan, and I think it'll be fine—"

"There's a farmers' market in the north building!?"

"Sure looks like it. Do you enjoy going to them?"

Her face lit up. "Since I became a vegetarian a few years back, I've made it a habit to go every weekend with my sister." She tapped the second page. "It says it's at ten this morning."

I glanced at my watch and stood up. "That's in an hour. I better get the charge nurse so we can arrange things and make sure you are free to go."

She beamed. "I'll call my sister. I bet she'd love to come with me."

I was halfway out the door when Eva called out, "Wait, Henry—thanks for giving me a taste of life before the hospital."