You’re hospitalized and not feeling right: Call the nurse. Your spouse has a question about your condition: Ask the nurse. Your dressing needs to be changed: Buzz the nurse. It’s time for your medication: In comes the nurse.

No doubt about it—nurses stand out. Every hospital employee has an impact on the quality of medical care, but no one comes into more contact or spends more time with in-patients than nurses do.

The result is that, as patients, we tend to develop an emotional bond with nurses. And with this familiarity comes curiosity: What do nurses really think…about patients who page them repeatedly? About coping with the death of a patient? About hearing the intimate details of patients’ lives? Even about lighter subjects, like the way nurses are portrayed on TV?

Well, wonder no more. Nearly two dozen JGH nurses have stepped forward, let their hair down and opened up about their chosen career. Along with their insights, they’ve got a lot of useful information to share. It’s everything you always wanted to know about nursing at the Jewish General Hospital—but never knew whom to ask.

Nursing has entered a new era—one that’s been embraced by nurses and doctors alike, says Lynne McVey, JGH Director of Nursing. Doctors’ specialized knowledge and expertise are crucial for a patient’s diagnosis and treatment, while nurses have specialized knowledge about the patient’s physical and emotional responses to illness and other traumas, and about how to promote health and healing. For this reason, Ms. McVey says, the old-fashioned hierarchy has been replaced by a partnership between nurses and doctors, complemented by teamwork between nurses and other healthcare professionals (such as nutritionists and pharmacists).

Since nurses see the patient over the course of many hours, they gather valuable information that helps them care for patients, while enabling physicians to make informed decisions about treatment. This means nurses must be prepared to speak up on the patient’s behalf, rather than play a subservient role. Nurses are contributing members of a team whose collective responsibility is the quality of care, Ms. McVey explains.

“Working in a hierarchy interferes with the open exchange of information,” says Dr. Paul Warshawsky, Chief of the JGH Intensive Care Unit. “The unspoken message of the hierarchy is, ‘Know your place.’ It’s as if I as a doctor am saying, ‘If you see me doing something I shouldn’t be doing, don’t correct me.’ That’s not in the patient’s best interests.”

For this reason, Dr. Warshawsky says, ICU nurses now have a more prominent role in the day-to-day management of patients. For example, during rounds in the ICU, residents used to present information about the patients; now this is done by nurses. The residents’ role is to use that information to develop a treatment plan.

“…our No. 1 concern is the patient, and it’s clear that the patient gains from the nurse-physician partnership.”

Dr. Ernesto Schiffrin, the JGH’s Physician-in-Chief, says he has watched this partnership evolve during his 35 years as a doctor, to the point where “it now contributes directly to the quality of the patient’s care. Teamwork, especially between doctors and nurses, helps to improve the flow of patients through the hospital, reduce re-admissions, and reduce costs by heightening efficiency. I get together regularly with Judy Bianco, the interim Associate Director of Nursing for Medicine, to discuss matters of concern and to develop new initiatives for quality and safety. Without this interaction, my own role as Chief of Medicine would be less effective.”

Dr. Warshawsky has had little difficulty convincing older North American doctors of the benefits of this system. However, it’s residents from foreign countries who are sometimes surprised by the cooperative approach. “I remind them that our No. 1 concern is the patient,” he says, “and it’s clear that the patient gains from the nurse-physician partnership. When you start with that assumption, everything else falls by the wayside.”
I think I might be calling the nurse into my room too often. Is that a problem? Am I being a bother?

Not in the least. “It’s what we’re here for,” says Amiel Vital, a nurse on the Internal Medicine floor in Pavilion D. “You’re in a vulnerable position; we understand that. Your security and comfort are what’s important, and we want to put you at ease.” Calling a nurse is not something to avoid, especially if you’re in pain, says Jackie Raboy Thaw, Nursing Coordinator in the JGH Intensive Care Unit. “Pain can be a side-effect of something larger and more serious. By not calling a nurse, you’re not doing yourself any good.”

In the modern healthcare setting, nurses and patients are considered to be partners: the patient is an expert on his or her own feelings, experiences and needs, while the nurse is an expert in helping patients deal with a wide range of health concerns. This is why nurses are engaged in such a broad range of activities—from dealing with sophisticated technology to attending to the patient’s daily concerns, such as sleep, diet, medication, comfort and safety. By getting to know their patients, nurses can customize the care to satisfy their patients’ needs and requests. So if something’s bothering you, you’re not doing anyone any favours by not speaking up.

Even if you’re not in distress, your nurse needs to know if you feel there’s been some change in your condition. “We rely on patients to provide us with the information we need,” says Cynthia Certosini, Nursing Coordinator for Quality of Care. “It’s vital for nurses to know whatever the patient feels is important—and that’s no bother at all.”

Is real nursing at all similar to what’s on TV shows like Nurse Jackie or Grey’s Anatomy?

Kind of, but not really. Nurse Jackie has some fans among nurses at the JGH, though they think the main character’s drug use is over the top. Cynthia Certosini, Nursing Coordinator for Quality of Care, says there’s a ring of truth to Jackie’s compassionate nature and her expertise in helping patients. Jackie Raboy Thaw, Nursing Coordinator in the JGH Intensive Care Unit, is also impressed by the character’s realistic thought processes, “even if her caseload does seem unusually small.”

Dr. Laurie Gottlieb, Nursing Scholar in Residence at the JGH (who agrees with comments by Dr. Diana J. Mason, editor-in-chief emeritus of the American Journal of Nursing), particularly appreciates the realistic depiction of nurses’ work. Nurse Jackie speaks up for her patients, provides life-saving care, supports patients in times of great vulnerability, and can sense deterioration in a patient’s condition. In short, she’s an everyday heroine. Even Jackie’s drug addiction has the ring of truth, since it arose from a back injury, which is not uncommon among nurses.

Other than that, don’t believe everything you see on TV, particularly hospitals settings—like the one on Grey’s Anatomy—where nurses fade to insignificance. “There might be a moment of realism, like the seriousness of some medical cases or the emotional nurse who’s reduced to tears in a back room,” says Ms. Thaw, “but those are isolated scenes. Shows like Grey’s Anatomy make it all look much too pretty.” Kelly Thorstad, Nurse Practitioner at the JGH Herzl CRIU Walk-in Centre, has a final cautionary note: “Sexually promiscuous nurses are a TV fantasy. It’s not real life.”

I’d feel more comfortable if my nurse cleaned her hands before touching me. Is it okay to ask her to do that?

Not only is it okay, it’s your right as a patient and an excellent way of preventing the spread of infection. It’s also in line with the best practices in which nurses expect patients to be actively involved in ensuring the safety of their own care. The nurses’ role is to protect patients by making certain not only that their own hands are clean, but that any healthcare professional who comes into contact with the patients does nothing to compromise the patients’ health.

“If for some reason I haven’t washed and the patient asks me to, I welcome the reminder,” says Kelly Thorstad, Nurse Practitioner at the JGH Herzl CRIU Walk-in Centre. “We put a very high value on safety and cleanliness, so even if I’ve already washed but the patient hasn’t seen me do it, I’ll wash again if I’m asked. Perceptions are important, and if it keeps the patient from worrying to see me rewash, I’m happy to do it.”
The nurses on my floor seem awfully busy. Does the Jewish General Hospital have all the nurses it needs?

Yes, though it could use a few more. Like all hospitals in Quebec (and Canada), the JGH is affected by a nursing shortage. Nevertheless, the JGH is in fine shape, with a nursing vacancy rate of only about 3 per cent, which is one of the lowest in Montreal, says Valerie Frunchak, Associate Director of Nursing for Staff Development, Recruitment and Retention. “That’s an extraordinarily good rate,” she continues, “given all the problems that nursing departments elsewhere have to deal with.”

Why does this matter? Because, says Ms. Frunchak, if nurses are satisfied enough to make the JGH their long-term professional home, patients reap major benefits from the stability of staff and from the ever-increasing accumulation of in-house expertise. There’s also a patient-friendly mix of veterans and newcomers who create “intergenerational cohesion” by combining their unique strengths.

Approximately 1,400 nurses belong to the JGH Department of Nursing, with about 200 recruited each year to make up for retirement and other types of turnover. That gives the JGH an enviable retention rate of about 90 per cent. In addition, about 700 nursing students pass through the hospital each year, owing to the JGH’s affiliation with McGill University, the University of Montreal and several CEGEPs.

This has made the JGH a desirable destination for young nurses, says Julie Fréchette, a Nursing Consultant for Recruitment and Retention. “We’ve built a network of contacts with schools, colleges, student associations, student groups and nursing associations across Quebec. We now recruit in Quebec City, Sherbrooke, Trois-Rivières, St-Jean-sur-Richelieu and as far away as Chicoutimi.”

The hospital’s reputation has even spread globally, adds Said Bouhari, a JGH Assistant for Recruitment and Retention in Nursing, who works with the Order of Nurses of Quebec to recruit candidates from France. In an average year, he says, about 25 foreign nurses apply to come to the JGH, of whom approximately 15 are accepted.

But once you’ve attracted nurses, how do you hang onto them? By making the JGH into what’s known as a “magnet hospital”—a place that nurses are eager to stick to. In fact, says Lynne McVey, Director of Nursing, the JGH has become such a leader in “magnetism” that other Quebec hospitals look to the JGH for advice. “Nurses want to stay in a hospital where they have autonomy, where their unique contributions are valued, and where their opinion counts,” Ms. McVey says.

One of the keys to making nurses happy is to offer them opportunities for career growth, explains Marsha Ptack, Coordinator for Nursing Recruitment and Student Placement. This is done, in part, by giving them the leeway to upgrade their education (with hospital support for nurses who apply for scholarships), participate in conferences, work in partnership with other institutions, and participate in humanitarian programs. Career planning is also important, enabling nurses to work in various clinical areas and improve their skills. “What we emphasize is that they have flexibility and the opportunity to make significant career advances within one institution,” says Ms. Ptack.

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The main reason is the priority that’s now placed on the nurse’s comfort in an often physically demanding job, explains Dr. Laurie Gottlieb, Nursing Scholar in Residence at the JGH. Starched uniforms are a familiar memory for Dr. Gottlieb, a 1966 graduate of the JGH School of Nursing, where this type of clothing was standard issue. “Those uniforms did have a smartness to them,” she says, “but the way that nurses dress has evolved naturally to reflect their changing roles, their additional responsibility for patient care, and their greater control over their own practice.

“The most important thing is to look and behave like a professional, no matter how you’re dressed. Nurses have to project competence and confidence, but they also have to be the kind of comfortable, down-to-earth people their patients can relate to.”

Marsha Ptack, Coordinator for Nursing Recruitment and Student Placement who was also also a mid-’60s graduate of the JGH School of Nursing, recalls the move from skirts to pants about 35 years ago as a monumental but welcome step. “When you have the proper demeanour, knowledge and skills,” she says, “people don’t concentrate on what you’re wearing.”

Sure they do. “It’s a safety precaution,” explains Kelly Thorstad, Nurse Practitioner at the JGH Herzl CRIU Walk-in Centre. “We need to be certain we’ve got the right person, especially when medication is about to be administered.” With so many thousands of patients treated at the JGH each year, it’s conceivable that a mix-up could occur. Asking your name is a quick and inexpensive way of making sure there’s no confusion.

Why don’t female nurses wear uniforms and caps any more? They used to look pretty sharp.

Yes, they did. But clothing, like medical technology, evolves to meet changing needs—and so does culture in general. No matter of what line of work you’re in, chances are your clothes are different from the ones your counterparts wore two or three generations ago. So why should nurses be any different? Today’s nurse generally wears a top and slacks in matching colours or with a patterned top. Caps are history.

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I’ve been in the hospital for a couple of days, but the nurses still keep asking my name. Don’t they know who I am?

Sure they do. “It’s a safety precaution,” explains Kelly Thorstad, Nurse Practitioner at the JGH Herzl CRIU Walk-in Centre. “We need to be certain we’ve got the right person, especially when medication is about to be administered.” With so many thousands of patients treated at the JGH each year, it’s conceivable that a mix-up could occur. Asking your name is a quick and inexpensive way of making sure there’s no confusion.
You bet there is—but we’ll get to that in a moment. The fact is, despite occasional frustrations and aggravations (the kind you’ll find in all walks of life), JGH nurses are proud of careers that enable them to use their talents in any number of ways, from research to bedside care. Many, like Cynthia Certosini, Nursing Coordinator for Quality of Care, say they take great satisfaction in seeing the positive changes in their patients. “This was especially true when I worked in Oncology, because I was helping patients during a particularly stressful time of their lives,” she explains. “In situations like that, you learn courage from your patients.” Similarly, Mouk Keophiphath, a nurse in the Internal Medicine unit on the seventh floor of Pavilion D, says nurses often gain a deeper appreciation for their own lives in witnessing the trials that their patients endure.

But the job does have its stresses. Fulfilling though nursing may be, its substantial emotional and physical demands make it “a career for the resilient,” says Valérie Vandal, Associate Director of Nursing for Surgery. Lynne McVey, Director of Nursing, adds that nurses also grumble about still being saddled with outdated stereotypes.

Also cited repeatedly by nursing staff is the understandably concerned relative whose tension escalates to rudeness in insisting that the nurse provide immediate assistance to the patient. Nurse Amiel Vital, a nurse in the Internal Medicine unit on the seventh floor of Pavilion D, says it’s sometimes necessary to assign priorities to the many requests. “If I’m with a patient who can’t breathe,” he says, “you just can’t expect me to drop everything and get your relative a drink.” “When there’s a further drop to 11 per cent by June.

The quest for quality also extends to what happens when a patient returns home or is transferred to another institution. That’s why François Aubé, a Clinical Nurse Specialist in Neurosurgery, phones patients one day after they’ve returned home from surgery. He fields questions, ensures that patients are taking their medications properly, and makes sure patients understand all of their post-operative instructions.

Surprised or intrigued, perhaps, but not shocked. After all, nurses are trained listeners and it all comes with the job. Besides, if a patient does happen to describe something extremely personal, it’s a compliment to the nurse, says Jackie Raboy Thaw, Nursing Coordinator in the JGH Intensive Care Unit. “The patient is in a vulnerable state,” she says, “and when we hear these kinds of remarks or stories, it means the patient feels that the nurse is a safe, sensitive, trustworthy person—exactly the connection we hope to establish.”

On the other hand, there are frequent instances where it’s the nurse who has to ask for information that the patient may feel uncomfortable or embarrassed talking about. “Frankness is sometimes necessary, because it’s the only way to get a clear idea of the patient’s condition,” says Kelly Thorstad, Nurse Practitioner at the JGH Herzl CRIU Walk-in Centre. “We keep all of this information confidential. And we’re not asking because we’re casually interested; we want to be aware of anything that may affect the patient’s care.”

“Quality” is a very broad subject, which encompasses preventing and reducing infection, making surgery safer, upgrading the cleanliness and comfort of patients’ rooms—and much, much more. Everyone on JGH staff plays a role, directly or indirectly, in improving quality, but it’s especially true of nurses because of their frequent hands-on contact with patients.

For instance, nurses have been instrumental in substantially reducing pressure ulcers (commonly known as bedsores). This is no minor ailment, since it can cause considerable pain while triggering other complications. As of mid-2010, about 25 per cent of JGH in-patients were developing pressure ulcers after being admitted—in line with the Canadian average, but still too high, says Cynthia Certosini, Nursing Coordinator for Quality of Care.

This prompted the Department of Nursing to introduce or upgrade a variety of preventive measures, such as assessing each patient’s skin on admission, regularly inspecting the skin of at-risk patients, customizing the patient’s diet, and ensuring that patients get out of bed as often as their condition permits. According to Ms. Certosini, the objective was to reduce the rate of hospital-acquired pressure ulcers to 10 per cent by 2013. However, the program proved so successful that by March 2011, the rate had already plunged from 25 per cent to 14 per cent, with a further drop to 11 per cent by June.

France Savoie, a nurse who helped implement the program on the seventh floor of Pavilion C (where infectious diseases and pulmonary and acute-care cases are treated), says the nurses in her area recognized the need for change and worked as a team to make it happen. This included turning at-risk patients an extra time at night, and having nurses or orderlies confirm in writing that they had moved a patient at a designated time.

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Checking on medication is particularly important, says Mr. Aubé, since misunderstandings can occur, especially among the elderly who sometimes take many drugs and may become confused. He recalls a patient who was in considerable pain, but was reluctant to take prescribed pain-killers because friends had scared her into thinking she might become addicted. “I reassured her that the risk of addiction was almost nil,” says Mr. Aubé.

The Jewish General Hospital has also established an innovative partnership with Mt. Sinai Hospital to ensure proper continuity of care for patients who have chronic obstructive pulmonary disease and are transferred from the JGH to Mt. Sinai. Esther Dajczman, a Clinical Nurse Specialist who has split her time between the two institutions since early 2010, says the objective is to deliver “the right care in the right place at the right time.” In other words, the JGH treats urgent medical problems, while Mt. Sinai takes over for rehabilitation or extended care.

The quality of care is heightened, because Ms. Dajczman can be on the scene in both institutions—as well as coordinate with local CLSCs—to get her patients the type of care they need. She adds that if patients experience difficulties once they’ve returned home, they can contact her to determine where they should be going for assistance. By deciding that it’s more appropriate for certain patients to be sent to Mt. Sinai, Ms. Dajczman helps to ease the pressure on the JGH’s busy Emergency Department, while enabling those patients to get help more quickly and efficiently at Mt. Sinai.

While this specific example deals with a nurse shuttling between hospitals, it typical of the broader role of nurses in continually re-assessing and refining the conditions that improve the patient’s quality of care, says Dr. Laurie Gottlieb, Nursing Scholar in Residence at the JGH. “This is known as situation-responsive nursing,” she explains. “In Ms. Dajczman’s case, the location of the patient happens to be very important. But in a general sense, location is only one of many factors that nurses take into account in making decisions in the best interest of patients.”

It is these types of pace-setting improvements that Lynne McVey, JGH Director of Nursing, is hoping to bring to other Quebec hospitals in order to strengthen the public healthcare system and benefit all Quebecers. Ms. McVey currently serves as Co-President of the National Consultation Committee of Directors of Nursing, whose goal is to adopt and adapt many of the JGH’s strategies for use across Quebec. This committee is seen as a new voice for nursing at the AQESSS, the province’s association of hospitals and social service institutions. In addition, Ms. McVey is working through the Association of Nursing Directors of Quebec (of which she is Co-President) to bolster the system by trying to have the province create the position of Chief Nursing Officer of Quebec.

At least two—French and English—and probably at least one or two more. Like JGH patients, JGH nurses come from just about everywhere in the world. In fact, the JGH is regarded as the most linguistically, culturally and ethnically diverse hospital in Quebec, and one of the most varied in Canada. This is in keeping with the hospital’s founding philosophy of providing “Care for all”—treatment of the highest quality for individuals of all backgrounds who come to the JGH from across Montreal and throughout Quebec.

An informal survey several years ago by the JGH Goldman Herzl Family Practice Centre found that roughly six dozen languages are spoken in the JGH over the course of a year.

Aside from French and English, you’ll probably hear about a dozen languages fairly regularly, including Greek, Russian, Yiddish, Italian and Tagalog. But you never know what else may turn up. For instance, in the Internal Medicine unit on the seventh floor of Pavilion D, nurse Amiel Vital is at home with Creole, while Nadine Yehya speaks Arabic and Mouk Keophiphath would be happy to chat with you in Lao. And let’s not forget non-verbal communication. Through training and experience, nurses often acquire a sensitivity that allows them to develop a sixth sense for the patients’ needs. It’s the same kind of sensitivity that, particularly at the JGH, leads to respect and accommodation for patients’ cultural, ethnic and religious diversity.

Absolutely—and not just nurses, but doctors and all members of the healthcare staff! The Jewish General Hospital is in the business of saving lives in all circumstances and ensuring that patients and their families are given the best end-of-life care. This means easing physical and psychological pain by being there for patients, while providing care that respects their dignity and gives meaning to this phase of their lives. “We do everything possible for each patient, regardless of their being organ donors,” says Jackie Raboy Thaw, Nursing Coordinator in the JGH Intensive Care Unit.
How many hours do nurses work? Do they ever have marathon shifts?

For the most part, nurses work five eight-hour shifts per week—that comes to a little over 36 hours of work time, and the rest in meals and breaks. Some may pull 12- or 16-hour shifts, but in these cases, they work fewer days per week. Marathon shifts of 24 hours or more just don’t happen. But regardless of how long nurses work, here’s a reassuring note: Even when their shifts are over, you won’t be left high and dry. The nurses’ code of ethical conduct obligates them not to leave unless they are certain the next shift is fully staffed with nurses to see to your safety, comfort and care.

When someone gets a cancer diagnosis, is there anything a nurse can do to keep them from being overwhelmed?

Definitely—that’s the role of the Nurse Navigator. The last thing cancer patients (or their families) want to feel is that they’ve been left to fend for themselves. A Nurse Navigator, like Clinical Nurse Specialist Christina MacDonald, guides the patient through the system and becomes a constant, familiar, supportive source of advice and reassurance at all points of treatment and care.

“When some patients hear ‘cancer’, there’s an understandable tendency for them to partly switch off while they sort through their feelings,” says Ms. MacDonald, who works in Head and Neck Oncology. “That’s why, when doctors provide them with information, not all of it sinks in. I make sure they know what to expect and what to do every step of the way. At the same time, I get to know them better as individuals, so that I can address their feelings, concerns and fears.”

Since repeated contact with a patient gives Ms. MacDonald insights into that person’s emotions and psychology, she works closely with Sonia Boccardi, a Clinical Nurse Specialist in Surgery, to ensure that the JGH’s healthcare professionals understand all aspects of the patient’s needs. “We also discuss the patient’s discharge plan,” says Ms. Boccardi, “because care doesn’t end when the treatment is over.”

“Patients really appreciate that I’m around,” says Ms. MacDonald, who recalls a family where everyone—not just the man who was being treated for cancer—looked to her for support. “At one point, his wife found a lump in her breast and I was automatically the person she turned to. I explained what to do next and where to be checked. Even if some patients don’t call me on a regular basis, they tell me they feel much better just knowing I’m there if they need me.”
The death of a patient must be tough, especially if the nurse and patient were fond of each other.

How do nurses cope?

By maintaining their perspective and relying on colleagues for support, says Bessy Bitzas, Head Nurse in the JGH Division of Palliative Care. It’s here, she says, that nurses make an enormous difference, since their sensitivity—their very presence—is crucial in situations where nothing more can be done to improve the patient’s medical condition. Nurses also take care to create a physical environment for the patient that is peaceful, quiet, respectful and dignified.

To help nurses regain their equilibrium, two Palliative Care staff rooms have been designed to create an atmosphere that Ms. Bitzas describes as “safe, comforting, homely, warm and inviting.” Time is taken to discuss deceased patients, especially if the death was difficult, the family highly emotional or the patient distressingly young. “There are tears among nurses, but there’s also laughter,” says Ms. Bitzas. “It’s not an unfeeling laughter, but a quiet laughter that reconnects us with the joy of life.”

She adds that nurses must do more than just deal with the patient’s death: They have to prepare the body, arrange for it to be taken to the morgue, speak with the grieving family—and then promptly admit a new patient. However, even after death, the emotional bond survives. Antoinette Ehrler, Nursing Coordinator in the Segal Cancer Centre at the JGH, notes that nurses often attend funerals for patients they have cared for, in order to demonstrate their deep regard for those patients and the special connection they had forged.

On a professional level, Ms. Bitzas and JGH Social Worker Vivian Myron have organized workshops that are geared to Palliative Care personnel, but open to all nurses who need advice about death in a hospital setting. On a personal level, many seek refuge in physically and emotionally fulfilling hobbies such as marathon running, photography and cooking.

“When I interview new nurses, I make sure they understand what happens here,” says Ms. Bitzas, which is why she tends to fill her ranks with experienced nurses. But, she adds, “I’ve recently hired several fresh-from-school nurses who have turned out great. It’s a changing field, and we’re finding that some young nurses’ personal traits are as strong as their professional qualifications.”

Quite the contrary, says Kelly Thorstad, Nurse Practitioner at the JGH Herzl CRIU Walk-in Centre. The Jewish General Hospital encourages patients to be informed healthcare consumers and to take an active role in their care. Thanks to the internet, access to a world of useful information is often just a few mouse-clicks away. However, Ms. Thorstad warns that the internet also contains a great deal of material that is potentially dangerous and just plain wrong. “Not all sources are reliable,” she says, “which is why I encourage patients to speak with me after they’ve done their research.”

This field is also the subject of considerable work by Dr. Carmen Loiselle, a Senior Nurse Scientist at the JGH Centre for Nursing Research and the Lady Davis Institute at the JGH. Dr. Loiselle has a particular interest in the way cancer patients seek and benefit from the information they are given online, as well as in cancer clinics.
Do nurses at the JGH ever try out new ideas to improve patient care?

Of course. New ideas are the life-blood of all fields, including nursing. However, if an idea is to become widely accepted as a genuinely useful practice, it needs to be tested and validated. That’s where the JGH Centre for Nursing Research comes in.

The Centre, headed by its Scientific Director, Dr. Margaret Purden, conducts rigorous, peer-reviewed research, while promoting evidence-based practice among JGH nurses. Four nurse scientists are involved in various projects as principle investigators, co-investigators or collaborators with more than 50 researchers across Canada. The Centre also serves as a clinical laboratory for many graduate students, including those at the Ph.D level, who are supported by training fellowships.

Take Dr. Céline Gélinas, for instance. In her four years at the Centre for Nursing Research, she has explored innovative methods of assessing and managing patients’ pain. Specifically, she has been looking at ways of measuring the amount of pain felt by patients who are unable to speak for themselves because they’re comatose, highly sedated or on ventilators.

Another area under investigation is the use of hand massage to lessen pain among post-operative cardiac patients. If this technique—now being tested in the JGH Intensive Care Unit—turns out to be scientifically valid, Dr. Gélinas hopes that hand massage will provide enough relief to allow some patients to receive lower doses of medication.

Dr. Laurie Gottlieb, Nursing Scholar in Residence at the JGH, notes that while research does yield important results that guide practice, those practices may not work in all instances. “Patient-centred care means taking the time to determine how each individual patient responds,” says Dr. Gottlieb, who is editor of The Canadian Journal of Nursing Research and a major developer of the McGill Model of Nursing. “A scientifically valid technique may work well for 100 patients, but not necessarily for the 101st patient.”

The best nurses, says Dr. Gottlieb, are those who take the best evidence from the scientific literature and combine it with formal theory and the knowledge gained from experience, as well as thoughtfulness and intuition.

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The nurse who looked after me was wonderful, and I just have to say a special “thank you”! How about money or some other gift?

Your heart is in the right place, but the Health and Social Services Act forbids nurses and other healthcare workers in hospitals from accepting money from patients or their relatives. Besides, a simple gesture can often be more rewarding than a material gift. For Nadine Yehya, a nurse on the Internal Medicine floor in Pavilion D, a face-to-face “thank you” and a smile are all it takes to feel appreciated.

Marsha Ptack, Coordinator for Nursing Recruitment and Student Placement, adds that if you’re writing to a nurse, the letter will make a bigger impact if you send copies to the Head Nurse on your floor and to Lynne McVey, the JGH Director of Nursing. And if you absolutely have to express your gratitude with money, Ms. Ptack suggests making a donation to the JGH Foundation’s Nursing Education Fund in honour of the nurse who cared for you, as well as the unit and department that treated you.