

A Day in the Life

BY MELISSA DI COSTANZO

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Jean Anderson is an emergency nurse in the Town of Fergus. Brenda Dunkerley works in acute surgical care more than 500 kilometres away, in the heart of Ottawa. They may work on opposite sides of the province, but geography isn't the only thing that sets them apart. RNJ shadowed each of them on one shift to get a glimpse of just how different they are despite having the same job title. We watched as their interactions with patients and staff unfolded, and talked to them about the challenges that define a day in the life of a staff nurse...

JEAN ANDERSON, 55

Emergency Department
Groves Memorial Community Hospital
Years of experience: 36



For Jean Anderson, working as a nurse is like getting paid to go and have fun.

This Fergus RN is so passionate about the profession, her license plate reads “Jeanurse.” Her email address contains the same moniker. Anderson has worked in emergency nursing for 25 years. She thrives off of the energy, learning experiences and unexpected nature of the ER, and especially enjoys being in a rural setting, where every shift is varied, and always challenging.

On average, 26,000 patients visit Groves Memorial Community Hospital’s emergency department each year. Staff at this rural hospital has seen it all, Anderson says: from accidents on the farm, to births in the back of pick-up trucks. “It’s amazing what comes in here,” she says. And that’s what keeps her going.

It’s 7:30 a.m. on a chilly Wednesday in January, and Anderson is ready to begin her seven-hour shift. The 13-bed ER is unusually quiet, she observes: one patient has been admitted, and the waiting room is empty. “On a typical day, at this time, three-quarters of the beds are already full,” she says. Anderson gathers with five other nurses for a recap of what happened in the department over the night shift. She learns it was quiet, and expects much of the same today.

Her hunch is correct. The first patient comes in an hour later, requiring an iron supplement. Anderson starts an IV.

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BRENDA DUNKERLEY, 47

Acute Surgical Unit
Ottawa General Hospital
Years of experience: 24



A typical work day for Brenda Dunkerley isn’t easy. It’s 12 hours long. Three 30-minute breaks give her a chance to rejuvenate, eat, and sometimes catch a nap.

For the last three years, the Orléans RN has taken on these difficult shifts at Ottawa General Hospital for one reason: she loves to provide hands-on, bedside care to patients who – most of the time – progress quickly and go home. These individuals frequently arrive on the acute surgical unit with bowel cancer or ostomies. Dunkerley’s job is to keep an eye on their post-surgical care needs. And she gets to work right away.

It’s 7:10 a.m. on a Wednesday, and Dunkerley is set to start her day. It will be a busy one because she’ll be caring for four patients – her usual workload. She begins at the bedside, one-on-one with the RN who was on night duty. Dunkerley gets a run-down of each patient’s progress or regression. The night nurse shares the results of the patient’s last trip to the washroom, or the last time they felt nauseous. Dunkerley rapidly takes notes as the patients quietly listen. They appreciate this bedside reporting because they feel included, she explains. Dunkerley also appreciates it because she’s seen a positive response from patients, and keeping them comfortable and happy is important to her.

Once the hand-over is complete, Dunkerley takes stock of the unit. Each of the 40 beds is full, and there are 11 admissions pending once patients are discharged. Three hours

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By 9 a.m., all but four of the beds are occupied, though Anderson says this is still slower than normal. She prefers a faster pace, since the hustle and bustle will keep her busy and engaged.

Anderson doesn't work according to assigned patients. She "does what needs to be done," and frequently helps other nurses manage their workloads. Just like the other RNs in the department, she wears a number of different hats at the hospital, and one is sometimes that of custodian. In fact, it's not uncommon for Anderson to strip and clean the beds and other surfaces because cleaning staff work limited hours. "I like to keep emergency room (beds) ready, because you just never know what's going to come through that door," she says. She also often functions as a clerk, triage nurse, and lab technician, picking up certain aspects of these jobs because, as she says: "who else is going to do it?"

"We do all kinds of everything. That's why I like it," she says.

SKILLED IN MORE THAN NURSING

That becomes obvious later in the morning, when the doctor-on-duty calls for Anderson because he needs an extra set of hands wrapping a splint around an elderly woman's foot. Anderson helps the woman out of the wheelchair and onto the bed. She holds the foot in place while the doctor wraps the splint. In larger hospitals, casting technicians would be administering the splint. Next, Anderson and a nursing colleague head to another treatment room to start an IV on a six-month-old baby, a tricky task because the child's veins are tiny. This is something a pediatric nurse would normally be tasked with, Anderson notes. She loves the challenge and need for versatility.

It's "a whole different kettle of fish" from what would be required in an urban setting, she adds.

Throughout the day, Anderson checks on patients, tidies work areas and stocks supplies when she has a free moment. These are luxuries on a slow day, and yet she's conducting herself with the same high energy and sense of urgency that's necessary when things get busy. She's almost always on her feet, barreling from one room to another. At one point, she bounces between the reception and triage desks, located side-by-side. Since the clerk is on break, Anderson steps in to register patients at one work station, while triaging at another. One moment she's questioning a woman who may have a urinary tract infection, and the next she's asking a patient for their health card.

On busy days, Anderson admits the process is "not pretty," because nurses are rocketing from one area to the next, sidestepping



Emergency RN Jean Anderson says that her crazy work hours leave many colleagues wondering where she gets the energy.

one another to avoid colliding in the small space. The waiting room and entrance become congested as patients and family members rush in and out. "That's a typical day – very busy, with a multitude of tasks to keep your eye on," she says. But Anderson is used to it. "I've been doing it so long, it's how I function."

Surviving on five hours of sleep is also something this RN has grown accustomed to. The self-proclaimed "night owl" is comfortable staying awake until midnight, but notes it took some practice to get used to it. "You have to do shift work as a student, so you learn early in your career how to cope," she explains. Today, Anderson will be off by mid-afternoon, but rather than head home, she will go straight to one of the other three hospitals where she picks up extra hours. At most, this mother of four and grandmother to five has worked a 90-hour week.

At least, it's 60 hours. She recognizes it's not a life all staff nurses yearn for, but says the issues of fatigue or burnout don't bother her.

"People tell me I'm insane; they all think I'm crazy," she says with a laugh, and then gets serious. "But if I thought it was affecting my patients, I wouldn't be doing it. There's a need. So I fill the need."

Over the course of the next two days, Anderson will have very few hours to herself. She will work two days, back-to-back, and a total of 29 hours. She says she's willing to work "these crazy hours" for two more years because she and her husband are paying off the mortgage on their dream property: a piece of land in Wellington County complete with farm animals, a large garden, and apple orchard.

PRECIOUS SPARE TIME

During the precious spare time that she does have, Anderson is still engaged in activities related to nursing. She is vice-president of the local *Nursing Shortage and You* committee, which informs the public and lobbies the government about the reality of the nursing shortage. She is not afraid to share her views on nursing issues with colleagues or prominent political figures. She's particularly passionate about standards of practice and about strategies to make patient charting quicker and easier. Anderson has contemplated a master's degree, but thinks she'd graduate too close to her target retirement date. She's decided, instead, to pick up the tab for

"You have to do shift work as a student, so you learn early in your career how to cope."

her son's master's degree, should he choose to further his education (he's also a nurse). As long as she's learning, Anderson says she's happy. She will write the nephrology nursing certification exam in April. Although she has yet to decide her next chapter in life, she's sure it will also involve nursing in some capacity. A few possibilities: travel nursing in Europe or Hawaii, or nursing in Africa. It is, after all, "what I do," she says. "I'm a nurse." **RN**

into her shift, an “overcap” patient is added to the mix, taking up a section of the hallway because there are no free beds elsewhere.

“These beds are always full,” she says. “It’s a rare occurrence if they’re not.”

Generally, there are about six admissions to the acute surgical unit each day, which amounts to about 15,000 patients per year. The four who are under Dunkerley’s care today have an array of issues: one has undergone multiple abdominal surgeries, while another had an ostomy reversal. The third was admitted following a bowel resection; and the fourth has vertigo (a condition that requires treatment on a medicine unit, but all of the beds there are full). It’s not unusual, Dunkerley says, to see patients who belong elsewhere in the hospital, but the level of care is no different from that she offers patients who do belong on the unit. The only exception is the absence of surgical issues that need monitoring.

Dunkerley begins each day by completing her physical assessments. She asks her patients if they’re experiencing any pain, if they’re feeling nauseous, and records the information. She checks their breathing, blood pressure and temperature. And, finally, she doles out medication.

During a visit with one patient, she catches a glimpse of something on the white board in a patient’s room. The unit recently acquired these boards as a way to share information like the name of the nurses and the expected discharge date. They’re updated daily by nurses working on the unit. “Brenda” is scribbled beneath the patient’s name, accompanied by a playful doodle. She spots the cartoon and the spiral earrings dangling from its ears, laughs and says “but I’m not wearing earrings today.” The patient smiles. Dunkerley is a knowledgeable nurse and a team player, and she also keeps staff and patients laughing, especially during hectic times, says clinical manager Maureen McGrath. This relieves tension and keeps everyone smiling, which contributes to the unit’s cohesiveness, she adds.

BATTLING FATIGUE

The morning is wrapping up and Dunkerley still has to change the dressing on one of her patient’s wounds. It’s an hour-long task, so to ensure the procedure goes smoothly, she calls for assistance from another nurse. Dunkerley enlists the help of other RNs to mitigate the stress that can stem from a heavy workload and hectic mornings. The early period is often the busiest part of her day because, in addition to completing physical assessments and handing out medication, Dunkerley checks the doctors’ orders, patients’ blood work results, and washes her patients.

Although the nurses on this unit work independently for most of the day, the camaraderie of the



As an RN on an acute surgical unit, Brenda Dunkerley monitors patients with bowel cancer or ostomies.

team is evident over lunch. Five RNs talk about the challenges of the night shift. “Patients think you’re sleeping,” says Dunkerley in amazement, pointing out the night is just as busy as the day.

She works two day shifts followed by two night shifts. Then, she has five days off. At the end of a 12-hour day shift, during which she’s almost always on her feet, Dunkerley goes home and heads straight to bed. Working nights, she admits, is more difficult. Coming off the 7:30 p.m. to 7:30 a.m. shift is hard because you have to readjust your sleep schedule, she says. For Dunkerley, it helps to combine three 30-minute breaks into one 90-minute nap during the night. “It makes a big difference,” she says. “Not everybody does it, but it helps me get through.”

The physical repercussions of shift work are difficult, but there is another kind of challenge that accompanies

this line of work, Dunkerley says. Compassion fatigue. She recalls one patient in particular who had complications from surgery. He would get better, and then experience setbacks. He ended up staying months, which isn’t typical on a surgical unit, where the average stay is about one week. He was patient and kind, even if she was delivering bad news that would delay his discharge, Dunkerley recalls. “Sometimes, there are days you feel like you haven’t done enough, even though you’ve done everything you can,” she says. The patient is doing much better, Dunkerley notes, but it took time for him to recover.

While providing care, Dunkerley tries to maintain an invisible barrier that allows her to maintain her composure. But it sometimes helps to unload emotions. “There are certain patients I think of a lot because they’ve gone through so much,” she says. “I’ll go home and...try to figure out what I could have done differently to help them if things didn’t go well.”

ON THE HOME FRONT

As the evening hours approach and the day wraps up, Dunkerley begins thinking about life outside of the hospital walls. Today, she has to pick up her son from his taekwondo lesson. With two children at home, Dunkerley has found it challenging to raise them while doing shift work. She used to work part-time on day shifts and eight-hour evening shifts to remain involved in some of their extracurricular activities. Now that they’re in their teens, Dunkerley has eased back into a mix of day and evening work.

Despite the many challenges of shift work, Dunkerley has had more than two decades to adjust, and continues on because she enjoys being at the bedside. She says she wanted to be a nurse when she was a young girl, and feels as though she’s made a difference in her patients’ lives. “I couldn’t imagine doing anything else.” **RN**

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Fatigue is one of the biggest challenges for staff nurses. RNAO has developed a BPG to help. Visit www.RNAO.org/nursefatigue for more.