

NURSES AT CENTRE OF CIRCLE OF LIFE

BY LISA QUEEN
Staff Writer

Newborn Nicholas Prencipe is in for life's first rude awakening.

The day-old baby sleeps peacefully, lying swaddled in blankets and nestled in his proud father's arms.

Suddenly, the comforting layers are peeled back and Nicholas experiences his first bath at the hands of York Central Hospital post-natal nurse Linda Hansen.

The infant's mewling cries quiet as Ms Hansen expertly washes him, a class of new and seemingly overwhelmed parents looking on to learn how to clean their precious new sons and daughters.

Ms Hansen explains how moms and dads should start at the baby's eyes, wiping outward to ensure they don't inadvertently push something into the infant's eyes.

As she washes Nicholas from top to bottom, she makes sure parents learn the fundamentals, such as checking water temperature, refraining from using soap on baby's face or cotton swabs in ears, avoiding scissors or clippers on rice paper-thin fingernails and toenails, supporting baby's neck and avoiding talcum powder after a bath as it could prompt asthma in the infant.

Ms Hansen also advises parents to massage their babies, shrugging off theories too much touching and cuddling spoils infants.

"We don't do enough touching with them. Babies are like us. We like to be touched, why shouldn't babies?" she said.

"You can never spoil a baby. Babies are very small for a very short period of time. They've been inside you for nine months. They got comfort from your heart and body warmth. Picking them up just makes them feel good."

Soon, Ms Hansen has Nicholas dried, diapered and wrapped in new blankets, placing him in the arms of his mother, Vanessa Prencipe. His father, Vince Prencipe, looks down at his son.

Ms Hansen also teaches new moms how to breastfeed, a task that doesn't come as naturally as many believe.

Nurses across Canada mark this week as Nurses Week (May 6 to 11).

Ms Hansen has been in the profession for more than 30 years, training in her native England before coming to Canada. She has also worked as a nurse in Denmark.

Ms Hansen has done medical, psychiatric and emergency room nursing. For a time, she was a nurse at Toronto's Princess Margaret Hospital, which treats cancer patients, before coming to York Central in 1991.



STAFF PHOTO/SJOERD WITTEVEEN

Markham Stouffville Hospital palliative and complex care patient Kathleen Cane receives care from Paulette Knaus, MSH RPN (left), Sue Taylor, Evergreen Hospice nurse, and Sherri Butterworth, MSH RN.

She is pleased with the role she plays now, teaching parents how to care for their babies before the new families head home for the first time.

"It's nice because I can impart a lot of my knowledge, not just what I learned from my own kiddies, but what I've learned over the years as a nurse here," said Ms Hansen.

"What moms need is encouragement and support. I enjoy working with moms and dads and babies. The discharge dates are so quick (after the birth), you have to impart knowledge so quickly."

Some days are more difficult than others on Southlake Regional Health Centre's inpatient surgery floor, where patients await or recover from major operations.

On this day, nurse Sharon Constable is greeted as she arrives for her shift with upsetting news about a patient.

A young woman has been admitted to the floor after suffering a particularly heartbreaking miscarriage.

Normally, Ms Constable would care for four patients during her shift, but another nurse has agreed to take one off her hands so she can devote more time to the devastated woman and her husband.

"The husband is crying. She's crying. I'm getting misty talking about it. I'm trying to keep it together for them," she said.

"You want to be there for that

patient and say, 'I want to be there for you and support you. You're part of these intimate health dealings with someone you're just meeting for the first time.

"It's a challenge for nurses to be up and ready for that all the time. But it's the better part of our jobs to be able to help people through that."

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Ms Constable has been a nurse for the past 10 years, taking the profession up as a second career after working previously as an early child educator.

"I just gravitated to the helping professions. The more I got into (nursing), the more I loved it," she said.

"I've been doing it 10 years now and it feels like the first year. It's like you are where you should be."

For the past three years, she has worked at Southlake following seven years at Humber River Regional Hospital.

Ms Constable, who sits on the hospital's nursing council as inpatient surgery rep, said there are differences between Southlake and Humber.

Few of her patients in the city spoke English and communication was often done through games of charades.

Southlake's patients are generally well educated and have often researched their illnesses before admission.

But working close to home has its challenges.

Ms Constable has often seen friends and neighbours come in for treatment at the community hospital. In fact, on her first day at Southlake, a friend came in for a lumpectomy because a cancerous lump had been found in her breast.

"A lot of days you can ask yourself what have you done. But you can always pick some bright light out. Even having tea with someone who has no visitors. This is my hospital, my community. This is where I come. This is where people I know come."

The emotional task of caring for the dying is a team effort on Markham Stouffville Hospital's palliative care ward.

Every day, the staff who care for these people gathers in a small office to discuss the status of patients and plan activities that help provide them with the best possible quality of life at this often difficult time.

"We focus on all kinds of care, not just nursing care," explains Lin Rousseaux, clinical manager for complex and palliative care.

Recreation therapist Curtis Geissberger, for example, rhymes off the names of patients who are looking to attend the hospital's Focus on Faith interdenominational service that day.

On other days, day passes home from the hospital will be organized. Sometimes, Mr. Geissberger takes his guitar to the bedsides of patients too weak to get up and sings to them.

Marj Lennox, a social worker, helps patients and their families deal with the shock, fear, frustration and anger they are feeling as they come to grips with their diagnoses. Often patients will talk about their impending deaths one day, only to rebound the next and plan their futures.

Nurse Linda Campbell tells the group how a patient with Lou Gehrig's disease is coping. For the first time, the patient began experiencing confusion that morning. Also, her breathing is becoming laboured.

But the patient still fights attempts to help her.

"It's frustrating trying to help people who don't want to be helped," Ms Campbell said, although her concern for the woman is evident.

Ms Lennox believes the patient's wandering mind may be a blessing in disguise. "I can't help thinking that the confusion may be a bit of a blessing for her," she said.

Sitting quietly in the morning meeting, which includes other nurses and an occupational therapist, is nurse Sherri Butterworth.

After the group disperses, Ms Butterworth cares for the four patients she is looking after this day.

Ms Butterworth said many family members and friends have questioned why she would want to work with patients with such complex care needs or those who are dying, suggesting her job must be depressing. But she doesn't see it that way.

"I don't find it sad at all. If you can go in and make that lady smile, that's all I need," said Ms Butterworth, who has been working in the field eight years.

While Ms Butterworth doesn't find her job depressing, she is emotional when she loses a patient.

"It's sad, as you get attached. I cry at every death. It's sad because you grow close to your patients and close to their families," she said, adding the staff support each other and attend the funerals or memorial services of their patients.

"Your hear stories. The family tells you what the person was like when they were young.

"Everybody has different needs. What you do for one family, you wouldn't do for another. I could never work at anything else. It kind of feels like home."



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