Nurses on the cancer ward
It's not all about witnessing suffering. It's about nurturing the human spirit

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Patients in the cancer-care ward at St. Mary's Hospital often acknowledge the nurses who care for them as "angels," says Christiane Morin, the nurse in charge of the unit.

"But do they ever stop to think of how we view them, as pillars of strength? Dealing with them is beyond rewarding for us as nurses. It's an honour," Morin said.

It's a telling comment that summarizes the way cancer-care nurses view their jobs.

"We're a bit like old hockey players," she said. "We do it for the love of the game."

And the patients.

Morin, 37, has spent her entire nursing career as a cancer-care nurse, helping people recover from cancer through chemotherapy treatments and comforting them in palliative care if the disease becomes fatal. And while the work exposes her to much sadness, it also brings great joy.

"When there's been sadness during a shift, we have to look deeper at the end of the day because there's always something good that's happened," she said.

Morin studied health sciences for a year at Dawson College before switching into the college's nursing program. And it was during her internship that she was exposed to the work she does now.

"I did my internship in St. Mary's oncology unit and I never left," she said.

She did, however, return to Dawson after completing her nursing diploma to complete her health science diploma and then headed to McGill University for a bachelor of science in nursing.

"I did two years at McGill instead of three because I had the health sciences diploma in addition to my nursing diploma," she said, adding that it was a busy time.

"I worked on weekends as a nurse and attended classes at McGill during the week. Often, I didn't know if I was coming or going. I was dating my husband at the time and he kept track of my agenda."

Morin said she liked oncology right away.
"When I started, there were nurses in the unit who had been hospital trained in the 1950s and '60s, and they taught us that oncology is always changing with the discovery of new treatments."

She keeps abreast of the latest research by attending professional development conferences throughout North America.

Because she's the "charge nurse" in the in-patient unit, Morin is responsible for coordinating the team that ministers to the patients on the ward. They include doctors, pharmacists, occupational therapists, dietitians, social workers, physiotherapists, volunteers, a spiritual counsellor and housekeepers.

"I bridge the gap with all the team members," she said. "And I communicate with the staff who work on the weekend. My job is to ensure that all 22 patients are accounted for."

Sometimes she suits up in a gown, mask and gloves to administer chemotherapy drugs if one of the other nurses calls in sick. Because the medications are powerful, nurses are covered to protect themselves from accidentally making contact with the drugs.

"I'll also stay with the patient if he's having chemotherapy for the first time and is afraid," Morin said. "In the 16 years I've been working here, we've seen improvements in anti-nausea and chemotherapy drugs."

The two questions patients invariably ask, she says, are: "Will I lose my hair? and "will I be sick?"

The work is both joyful and heartbreaking. There are 22 beds and six are dedicated to palliative care for patients whose illnesses are terminal.

"I tell the nursing students who come onto the ward that if they have to cry, they shouldn't hide their emotions. We're human and there's an emotional aspect to the work," Morin said.

Like other kinds of nursing, there's a strong teamwork component on Morin's ward.

"You can't do cancer care by yourself and if you think you can, you won't last long," she said. "It's too big and there's too much."

Occasionally, the work takes members of the team outside of the hospital. Morin recalls one man with terminal cancer who was determined to attend his daughter's wedding. The nurses dressed him and took him in a wheelchair to the church.

"We've also taken grandparents to their grandchildren's weddings. That's where you get the reward of this job."

And there are sad moments when the team is administering palliative care.

"Often, we have patients who don't have family and we're there with them as they take their dying breaths," Morin said. "It's an honour to do that work. You live your life and then there's that final point at the end of it, and we're there for that moment. We get to know these patients well enough that they
Morin's skills are in hot demand in Quebec's health-care sector right now. There are 65,000 nurses who are active members of the Ordre des infirmières et infirmiers du Québec, about 2,000 short of what the province needs.

Hélène Ezer, director of the McGill School of Nursing, says the shortage is likely to get worse.

"The forecast is that we'll be short 6,629 nurses by 2012," she said.

"We need a lot of nurses in the system, but we must not dilute the quality out of need for manpower," she said.

Ezer said the School of Nursing has conducted studies of nurses who work in cancer care and their attitudes toward pain remediation.

"They have a sensitivity toward the impact on families that a cancer diagnosis has," Ezer said. "And they bend over backwards to relieve pain. They advocate for their patients. And they're not afraid to show their emotions."

Morin would be the first to agree.

"Everyone has been touched by cancer. We all know people who have had it," she said.

Despite the challenges of caring for seriously ill or dying patients, she calls her job "outright rewarding."

"The joy of it always overcomes the sadness so we can go back to work the next day," she said.

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