Personal Courage Paves a Course for the Future

Lillie D. Shockney, RN, BS, MAS

The following is from a keynote address given by the author to the 2011 Johns Hopkins University School of Nursing graduating class.

After graduating from a three-year diploma RN program in 1974 at the age of 20, I became a nurse manager one year later. There were days when I felt like I really helped people. And there were days I needed help myself and went home feeling defeated and frustrated wondering why I went into nursing; dealing with demanding patients, demanding doctors, lack of time, and no solution in sight.

Then, however, I was diagnosed with breast cancer in my 30s and underwent a mastectomy without reconstruction. Despite episodic vomiting, I wanted to be as little a bother as possible to my evening shift nurse. She came in every hour to check my IV, my drains, and intakes and outputs. Each time she would say, “How are you Mrs. Shockney?” and I always answered “fine,” and then she would leave. This continued all evening.

My husband left my room at 10 pm, and that was the first time I was alone with my own private thoughts and the realization that I am, in fact, a patient with cancer. My nurse came in one more time at 10:45 pm, right before the change of shift. She hung another IV bag, emptied my drains, and again asked, “How are you Mrs. Shockney?” Again I said “fine.” This time, rather than her leaving, she put the side rail down and sat beside me so our eyes met (something I had purposefully avoided doing with her all evening—making eye contact) and she held my hand and said, “How are you?” I started to cry. I told her that I felt very scared. I didn’t know what was ahead, the status of my lymph node dissection, or how many tumors were found in the breast or how large they were; therefore, I had no idea regarding my survival. I told her that it is very scary to be on the other side of the side rail, being a patient. I cried and rambled on. She continued holding my hand, looking into my eyes, nodding as I talked. A tear also rolled down her cheek. I rambled a long time. It was now 11:10 pm. My door opened and the unit clerk said, “You are late for giving report!” My nurse never turned around to acknowledge her, or take her eyes off mine, or let go of my hand. She, instead, replied, “Tell them to wait. I’m taking care of my patient.” My nurse gave me what she had the least of to give, her time. She just as easily could have given me a sleeping pill and not engaged in a long saga of me telling her all of my fears. She also could have acknowledged the unit clerk and excused herself from my room, but she didn’t. She gave me what I needed most at that moment. She gave me herself. Her hand, her ears, her eyes, her sense of comfort that nurses do so well.

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My personal experience with breast cancer compelled me to reframe my nursing career to focus on patients with breast cancer. I joined the Johns Hopkins Breast Center officially after my second round with cancer two years later, when I underwent a second mastectomy and additional treatment.

I was able to finally become a candidate for breast reconstruction a decade after my second mastectomy. I worried that I would miss time from work and not be there for patients who depended on me. It made me feel guilty. I didn’t have the choice before to do reconstruction, and now choice was restored to me. What should I do? I went to church on a Saturday evening and, sitting alone on the back pew, I said, “God, give me a sign if you think it is okay for me to pursue breast reconstruction and, if I never get a sign, that is fine too.” I left the church certainly not expecting to see a burning bush or have a bolt of lightning hit me, but I got in my car, turned on the ignition, and the song “Sexual Healing” was playing on my car radio! The first full verse I heard sung was “I can’t wait for you to operate. I’m your medicine, let me in!” I got home and told my husband, “God just sang the song ‘Sexual Healing’ to me on my car radio! I’m going to have the reconstruction done!”

My reconstruction took place in December. I worried that my surgical breast team would be nervous operating on someone they knew and loved. So, I provided them a little comic relief. I typed

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up three signs that I taped to my torso underneath my hospital gown. Over my right mastectomy incision it said, “please supersize me.” Over my left mastectomy incision it said, “I’m here for a front-end realignment!” And over my naval it said, “Dear Santa, thanks for bringing me cleavage for Christmas!” The nurses who took care of me post-op celebrated, with me, that my silhouette had been finally restored. It was such a different experience than my breast cancer surgeries and treatments had been, and it felt good to be able to share this happiness with my nursing colleagues.

I am truly in the nursing role that was my destiny: taking care of newly diagnosed patients with breast cancer. By combining my nursing skills with my personal experience with this disease, I am—I hope and believe—a better nurse. I understand their emotional upheaval. I share goals with them, particularly of being here to raise our children.

You will see and help thousands of patients and their family members. The patient only sees one of you. The patient remembers you forever—if you helped her and if you didn’t.

Don’t get disenchanted with this profession if your first nursing job isn’t fulfilling in the way you ideally right now expect it to be. You will probably find that personal life experiences with your family, friends, a special patient, or yourself reframe your nursing career the way mine reframed it for me. You will find what brings you the greatest fulfillment and joy in your role as a nurse. I guarantee it.

You don’t have to cure a patient of her illness for her to value you and see you as an angel sent to her from above. You simply have to help her to the degree you are capable. In some of these situations, all you need to do is hug her and reassure her that she is not, at this moment, alone.

Some of you will choose a field of nursing because it is fast paced, exciting, and maybe sexy, like trauma nursing can be. Others may want to be present when a new life is brought into this world. Some of you will specialize in hospice nursing, helping someone die with dignity and in a state of readiness for his or her end of life. All are awesome responsibilities. Whatever you choose, I want you to feel passionate about it. Because, when passion meets purpose, incredibly wonderful things happen.

I have received 37 national awards and four state awards in the past 15 years for my humble efforts as a breast cancer nurse. Although almost all of my awards are made of lead, crystal, or mounted on plaques or something else to hang on my wall, one is different. I wear one of these awards from the American Cancer Society: the Lane Adams Award, a national award for demonstrating compassion and excellence in cancer care. It is a pin of a hand holding someone else’s hand.

No matter what your day is like, I want you to look back on your work day as you drive home and think about who you helped today. Whose hand did you hold and comfort? Who did you educate so she was less frightened about what lies ahead? You are the generation of nurses who can and will make a difference despite our nursing shortage or, perhaps, because of our nursing shortage. I salute you and can hardly wait to see what each of you become.

Do You Have a Touching Story to Share?

Heart of Oncology Nursing provides readers with a look at the compassionate and emotional aspects of oncology nursing. Length should be no more than 1,000–1,500 words, exclusive of tables, figures, insets, and references. If interested, contact Associate Editor Mallori Hooker, RN, MSN, NP-C, AOCN®, at hookermsl@slihs.org.

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