

The Mahogany Door

Jamaica Plain, August 19, 2007, Karl Haakonsen

Part of the instruction one receives when attending nursing school are the clinical rotations. These are practical instruction and take place in real-world settings, such as hospitals, health clinics, nursing homes and visiting nurse situations in the community. My first clinical rotation was at Massachusetts General Hospital. It was in a part of the hospital known as Phillips House 22, a lockdown medical-surgical unit on the 22nd floor of the Ellison Building, a modern glass tower that's part of the Mass. General main campus in the West End. Phillips House is a unit of private rooms with appointments that make most hotels I've stayed in look utilitarian by comparison. Part of the reason for its being a lockdown unit is because, Mass. General being what it is, if any major dignitaries were in Boston and needed hospitalization, they would likely stay in Phillips House, though most of the patients during my clinical rotation there were quite ordinary people.

On my first day there, after we had our orientation, the clinical instructor assigned a patient to pairs of students and told us to go take their vital signs, which involves taking their temperature, pulse, respiration rate and blood pressure as well as assessing them for pain or any other signs of distress. Now, during our first semester of nursing school, we had practiced doing this on each other a fair amount, and I had spent some time doing it at home on my wife, Cherisse for added practice. But none of this could prepare me for what it felt like approaching a 78-year old man who had just had a total gastrectomy and splenectomy due to recurrent gastric cancer. What that means is that he had just had his entire stomach and spleen removed. This was a man with some serious health problems and an uncertain future. How would he respond to two nursing students coming into his room to take his vital signs?

I distinctly remember the door to his room. Big and mahogany, the door loomed in front of us, very much closed and impenetrable. I had to muster all of my courage at that moment to open the door and enter his room. There was a split second where I actually

thought of not doing it. Perhaps I could just stand in front of the door for a while to see if someone else would open it. I pause at this point in the story because that big mahogany door is a useful metaphor for this whole experience of becoming a nurse for me, as well as a metaphor for the things that block us from making positive changes in our lives.

For the past twenty years, I have been a software engineer. Software engineering is a career that is generally well-respected by others in society, and rewarded monetarily more than most. There have been times when I enjoyed this line of work. I have enjoyed the ability to exercise creativity and, most of the time, independence over my work hours, and even the freedom to work from home sometimes. Over the years, however, I have been disillusioned by the corporate world. Furthermore, being a city-loving person who has chosen to live in the city, I have been tired of getting into my car and driving away from the city to spend the entire day in suburban corporate office parks where the majority of jobs are located, far from reasonable public transportation, and usually not within walking distance of anything interesting. I could go on about the cut-throat nature of the software business, and the bottom falling out of job security for software professionals in the post-9/11 world, but the fact is that for more than ten of the twenty years that I've worked as a software engineer, I have yearned to do something for a living that isn't so separate from my values, my home and my life. Yet nothing that fit that bill could support me, pay the mortgage on the house, child support and whatnot. So I felt trapped by my career and felt increasingly detached from it. It wasn't until 2004 when my six-year job at the pinnacle of my software career ended when the company closed its doors forcing me out into a world of extremely high unemployment in the software industry.

In 2004, the choice seemed so obvious when using practical measurements. I had to get out of the software business or else I'd find myself in the same predicament as so many people in manufacturing did in the 1980's. Outsourcing software development to countries like India, Ukraine and China was at its peak around then and had built into a large sub-industry. Some of my colleagues who still had jobs had gone into the business of managing outsourcing operations. It seemed that the future of finding jobs doing actual

software development was a fading reality, especially for senior-level people like me. I had to get out or else face a future of unemployment, underemployment, or selling my soul to manage teams of software engineers in developing countries who were being paid 10 dollars an hour.

I spent three semesters taking prerequisites for nursing school. I was accepted into a highly competitive accelerated 16 month BSN program. When I started the program in January of this year, I reached the point of no return. By this time, the software industry had recovered somewhat. Ironically, since many people had left software engineering in the wake of massive job losses in the first years of this century, the picture doesn't look quite as bleak for employment for those still in the field. In fact head-hunters sometimes hound me looking for people to fill open software jobs. Highly-publicized nursing shortage notwithstanding, software engineering jobs still pay significantly higher than nursing jobs, especially when comparing experienced software jobs to entry-level nursing jobs. Just as when I was standing outside the impenetrable mahogany door to my first patient's room, I am on the threshold of leaving something comfortable behind to walk into the unknown. Just like then, I have been filled with moments of self-doubt.

I opened the big mahogany door. The man, whom I will call Jake, was lying in his bed, looking pretty zonked out, with an intravenous line in his left forearm. His wife was in the room, standing, looking out at the spectacular view of Boston through the 22nd floor window. Both of them seemed indifferent to the presence of my classmate Michael and me. Neither of us knew what to say, so we didn't say anything, beyond introducing ourselves and stating our reason for being there. I knew I should say something; perhaps make some chit-chat to alleviate the tension, but I was afraid to speak. I felt like our incompetence was glaringly obvious as we fumbled with the equipment, muttering something about what we were doing, apologizing for inconveniencing the man. After much bumbling, fumbling and muttering, we successfully took his vital signs and quietly left the room, closing the big mahogany door behind us.

The next day, I had Jake as my patient again. It would be the last time I would share a patient with a fellow student before going out on my own and having my own patients. By mid-shift, I had developed a rapport with the patient and his family. Before the day was done, Jake's wife was taking pictures of Michael and me with her husband. My other patients responded well to me, and I was told by several that I would make a great nurse.

This past week, I started a new job as a Patient Care Associate (PCA) at that same unit. I wanted to capitalize on the good relationship I had with the nurses and the nurse director on that unit so I could get my foot in the door at Mass. General and have a better shot at getting hired to work there as a nurse when I graduate next spring. People might think I'm crazy to be so excited about a job that pays 12 dollars an hour. But each day this week, as I rode my bicycle to the hospital, I turned from Cambridge Street onto North Grove Street into the main entrance of Mass. General, my pulse quickened. The place is a beehive; alive with purposeful activity, 24 hours a day, 7 days a week. Nurses, doctors, patients, research scientists, construction workers, people in wheelchairs with IV poles, miscellaneous people of all stripes were entering and leaving the hospital; going from one building on the sprawling campus to another. The place is alive and exciting to me; like a city, bustling with activity.

I still feel a slight panic before I enter the room of a patient whom I haven't met before, whether or not the big mahogany door is closed. But once I do, my confidence comes back. I have found that if I just be myself that I can put patients at ease and gain their trust and confidence. I think I can speak for many when I say that it's not easy to feel confident enough to be myself. It's more comfortable to hide behind a mask; to hide one's true self. It takes a certain amount of confidence and courage to put one's true self out there. What if people reject it, or think that I'm incompetent, or just boring? Safer to keep myself inside and do the tasks I'm assigned without comment.

But, once again, by opening my inner mahogany door and letting myself out to these suffering and very sick patients, I am able to be more effective in carrying out my tasks. In fact, I enjoy carrying them out. I had no idea that I would love patient care as much as

I do. All of this joy would have gone undiscovered had I not opened that big, foreboding mahogany door.