

## Personal Courage Paves a Course for the Future

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*The following is from a keystone 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 gotten 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.

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

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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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