I was a new nurse working in an orthopedic rehabilitation department and becoming confident in providing care. I was assigned “Esther” on a Monday, which is when most new patients arrived. Esther stood out. She was young and had experienced a severe stroke. She had no prior medical history and had been healthy, yet her life had instantly changed. I remember her arrival with her husband, her eyes full of hope. Esther could motion or nod her responses but was otherwise aphasic. She had Medicaid, so I knew she would be admitted for the standard 21 days and then transferred to long-term care. She got settled in, and I earned her family’s trust that I would take good care of her. Physical therapists, occupational therapists, and speech and language pathologists all predicted Esther would make little improvement. I was afraid they were right. Yet, I looked forward to caring for Esther each day I worked.

I would spend a lot of time with Esther. I would say, “Cassandra’s here” over and over with a smile. She would try to smile back. Her eyes were big, and she had beautiful long eyelashes. Every day I could see the hope in those big, beautiful eyes. I would take the time to find things for her to wear that made her feel good, waiting for her nod of approval. After the 15th day, she was able to feed herself and get out of bed with assistance. She was pushing herself daily. Again, we would spend time together, and I would whisper “Cassandra is here.” Esther would look up and blink or nod to acknowledge my presence. She was improving more and more. I never stopped saying, “Cassandra is here.” On her last day, she looked at me and I looked at her and repeated, “Cassandra is here.” She blinked and said, “Sandra.” I thought I was hearing things. I ran and asked the occupational therapist to come and she said it again. Later, the therapists told me she had said my name the day before. I was so excited that she was speaking. I now know that forming ongoing caring relationships with our patients and recognizing them for more than just the care they need are two of the best ways nurses can inspire hope.

Esther’s husband would periodically come and update me, and she eventually became more independent and went home. I never forgot that look of hope. Now, 20 years later, my mother experienced a stroke that also left her aphasic. I had no idea when I took care of Esther all those years ago that she would be teaching me to see the hope in my mother’s eyes today.

ABOUT THE AUTHOR
Ms. Galloway is Nursing Professional Specialist II, Cone Health System, Greensboro, North Carolina.
The author has disclosed no potential conflicts of interest, financial or otherwise.
Address correspondence to Cassandra S. Galloway, MSN, MBA/MHA, RN, Nursing Professional Specialist II, Cone Health, 1200 N. Elm Street, Greensboro, NC 27401-1020; e-mail: Cassandra.galloway@conehealth.com.
Received: January 9, 2019
Accepted: January 29, 2019
doi:10.3928/00989134-20190213-01

Copyright © SLACK Incorporated