

Nurturing Our Nurses

Who helps those
who help the sick?

By C.S. Teitelbaum

NURSING THEIR NEEDS

Being a nurse is draining. They deal with devastating diagnoses, denials, and, sadly, death, and there's only so much a human being can handle. But until recently, being a *frum* nurse was even more demanding, as there was no support group for commiseration and advice. *Frum* nurses were plodding along without a vital outlet.



In 2008 Rivka Pomerantz, BSN, RN, a new graduate from Baltimore, noticed what was missing and decided to establish such a support group herself. With a flurry of emails she dragged 15 *frum* nurses to the table—er, make that desktop—and the online social group Orthodox Jewish Nurses Association (OJNA) was born. It slowly grew to 50, 100 and then 1,000, and currently comprises 2,000 members from across the United States, Israel and Canada.

For its first decade, it was primarily a social group where members could obtain support, ask questions and network with fellow *Yidden* in their field, but OJNA also organized occasional nursing conferences discussing issues specific to the *frum* community.

For example, being that our community runs on so much *chesed*, the forum receives posts asking for favors like “Can someone administer an injection for a new diabetic in her home?” or “Anyone available to change an IV line?” Sometimes the requests are simple, but the nurses also have to protect themselves, as even the slightest wrong move outside their workplace could end up with a disgruntled patient or family member. A special conference was held to address this hot topic with a lawyer on hand to answer questions.

Last year the OJNA decided to take its organization from an informal support group to support on a professional level. The board is comprised of Blimi Marcus, DNP, NP, president; Shevi Rosner, RN, MSN, vice president; Mara McCrossin, MSN, NT, treasurer; and Chaya Milkowsky, MSN, NT, secretary.

Blimi Marcus, a 33-year-old wife and mother and a practising nurse in New York since 2010 tells *Ami* more about it.

“Once you graduate from nursing school, you’re basically on your own. Our goal is to assist our nurses and help them in their careers both professionally and personally.”

Beyond the social element of the forum, which members can access freely, OJNA offers the option of paid membership for exclusive access to job listings, mentorship opportunities and its own quarterly nursing journal. The OJNA journal

has content relevant to the *frum* community that they wouldn't find in the mainstream nursing journals to which most of them subscribe. Additionally, its new graduate committee offers help in writing resumes and interview skills, as well as a unique mentorship program that pairs seasoned nurses with new ones for their first six months—a learning period that can be pretty overwhelming.

“I remember what a huge support the forum was for me when my own very first case left me traumatized,” recalls Blimi, who works as an oncology nurse and is therefore sadly no stranger to death. “The first few weeks or months a new nurse is more like a student being trained on the job. During that fledgling period, I was assigned to a lady I knew from my community who was my mother’s age. She was dying of cancer. I had a hard time keeping it together, and if not for the support of the forum I don’t know how I would have.”

I wonder what can possibly serve as *chizzuk* when one encounters patients hovering at death’s door.

“*Baruch Hashem*, dying from this dreaded disease is not as common anymore, so I don’t deal with morbid tasks often. But when I turned to the forum I learned that my trauma was normal, and that I should remember that there is such a thing as a circle of life. Others mentioned finding support from their spouse, children or self-care, which is hugely important because depletion can lead to ‘compassion fatigue,’ a term used to describe when people in the



nursing field become immune to the pain around them.”

IT HURTS TO CARE

When someone gets compassion fatigue, is it time to move on, as she might not have the same sensitivity she once did?

“No,” says Blimi. “You’ve invested too

much to walk away from it. Nurses recommend a change of pace or a change of scenery, like being a school nurse or working in home care, where you’re not wrapping up bodies, taking them to the morgue and comforting grieving family members.”

Nurse turnover remains high, but training new nurses is very expensive so the government has invested a lot into trying

THE NUTRITIONSPOT | CHAYA STERN R.P.A.
Registered Physicians Assistant/Nutritionist

IS YOUR CHILD OVERWEIGHT?

Specializing In Pediatric & Adult Nutrition
Nutrition from a Medical Standpoint | Exercise Guidance

Throat Cultures & Evening Exams
Most Insurances Accepted

O: 718.437.6300 C: 917.865.5819 ✉ chayasternrpa@aol.com 📱 @the_nutritionspot

—BORO PARK & LAKEWOOD LOCATIONS —

to prevent compassion fatigue. "Nurses see so much heartache and suffering that at a certain point the only way for them to continue is to shut off a part of themselves. Just yesterday a forum member shared that she had been caring for a particularly endearing elderly patient with whom she had spent many pleasant hours who passed away. 'Do you ever get used to this?' she posted in desperation. The response was very supportive. People acknowledged that there are some patients with whom you build an especially close relationship, and when you lose them it's almost personal. Those remain in a different category, and no, you don't necessarily get used to that."

Everyone is different, but Blimi finds it hardest to deal with young mothers. "I've had patients coming in for chemotherapy toting a car seat with a baby. It's hard enough when it's an 80-year-old, but a 30-year-old mother with little kids? That's where the emotional cost to nurses can be very high."

Blimi is about to start a new job at Memorial Sloane Kettering Cancer Center, and she was warned that she was entering their hardest unit. "Why?" she asked her supervisor, who echoed the other naysayers. "The unit you're being placed in has a unique population: Our patients can be in their 20s and 30s, and their diagnoses and prognoses are dismal. They're in denial; they don't want to die. Then you see how their families are literally falling apart without them. It's horrible to observe."

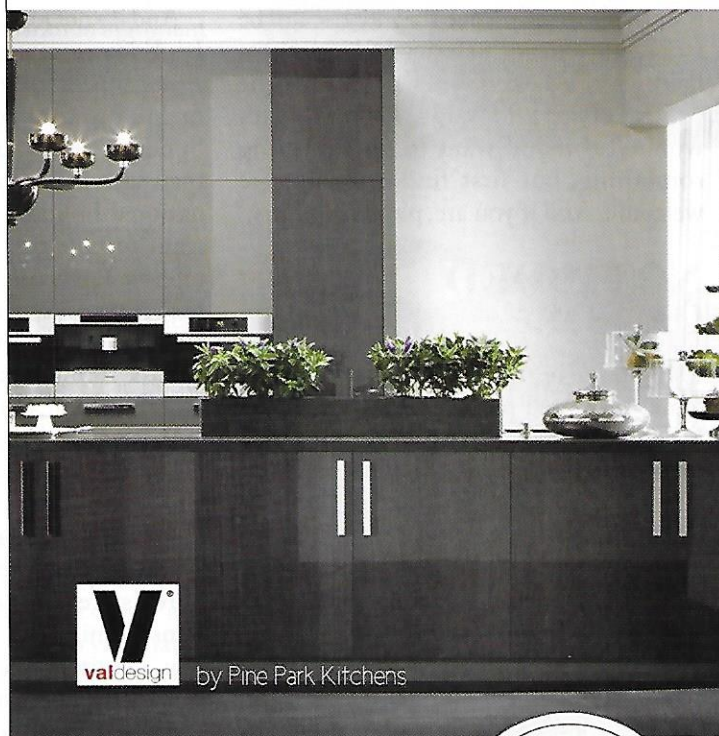
I wonder if *frum* patients have an inherently easier time accepting their diagnosis because of our innate reserves of *emunah*. Blimi says it depends on the patient. Some are automatically in denial, while others will pull out a pad and pen and ask for all the details point-blank. Similarly, while you would expect *frum* patients to have a wide circle of support, when it comes to cancer a lot of them don't share the news, even with close family. The secrecy is such that one client who was advised to have any necessary dental work carried out before her treatment regimen began, as the drug wouldn't allow for it, decided against doing it simply because her dentist was a member of her community.

This explains the sigh of relief that so often greets a visibly *frum* nurse like Blimi. "You can't imagine the reactions *frum* nurses get. My *frum* patients are overjoyed to have someone they can talk to in confidence who understands their needs."

On the flip side, she adds, people should realize that it's not a mitzvah—in fact, it's a breach of a patient's privacy and a disregard

Pine Park Kitchens

QUALITY
WITH
PERSONALITY



by Pine Park Kitchens



Pine Park Kitchens

225 2nd Street
Lakewood, NJ 08701
732.367.9107

joel@pineparkkitchens.com

Traditional
Transitional
Modern
KITCHENS
• BATHS •
WARDROBES

for his well-being—to walk in on someone without prior permission, regardless of if it's a friend or a stranger. Many patients, especially cancer ones, are hiding behind those curtains for dear life and are mortified to be seen by someone from their community, especially since they might still be struggling to come to terms with their new bald look. “We’re the ones who see the patients crying afterwards,” says Blimi. “It’s wonderful if you want to visit or bring something, but first find out if you’re welcome. And if you are, please don’t pry.”

NOT A BED OF ROSES

Although nursing is an overwhelmingly female-oriented profession, some 10% of OJNA members are male, corresponding to the national average. One member used to be a *rebbe* in *cheder* before he switched to nursing!

A male nurse seems like an anomaly because men aren’t typically as gentle as women. Blimi counters my line of thought. “There are excellent male nurses who bend over backwards to be kind, and you also find some less gentle female nurses.”

Aside from the typical difficulties, a *frum*

nurse faces her own set of challenges in the workplace, primarily with regard to Shabbos shifts. “Why can’t they work all week and request Shabbos off?” I ask, perplexed.

“Because the non-Jewish nurses also want the weekend off.”

And it’s not just Shabbos that’s a problem. It’s Friday too, as shifts are 12 hours long. *Frum* nurses have to be very flexible to make up for lost time, working on Sundays—even though it’s hard because their kids are home—and filling in on all national holidays when their colleagues want to take off. During her recent job interview, when Blimi told the supervisor her prerequisites, the hiring manager teased, “Fine. We’ll get every Xmas out of you!”

I ask Blimi to tell me a little about the actual work of a nurse.

“A physician treats the disease and then the nurse treats the patient. So the physician pops in on his morning round, but it’s on the nurse’s shoulders to follow his orders and make sure everything goes smoothly. A registered nurse checks patients’ vital signs, administers treatment and medication, monitors bloodwork and test results and the like. I’m a nurse practitioner, which gives me a lot more independence. For example, I can prescribe medications and

chemotherapy, diagnose patients, and admit and discharge people from the hospital.”

Blimi always dreamed of working in medicine, but her initial foray into nursing school was interrupted. Weeks before she was due to start school she was visited by, ahem, the dreaded disease itself. Her schooling was postponed; in fact, she vowed that she would never go back—the very smell of the chemo drugs made her stomach churn—and she certainly didn’t want to put her patients through what she’d endured. But by the time she finished school and worked in different units she felt ready to brave it. She ventured back onto that hauntingly familiar turf in the oncology ward, this time as a healthcare provider, and today she attests, “No money in the world would take me away from



MICE PROOFING / BED BUGS HEAT TREATMENT / INSECTS / ETC

NYS CERTIFIED & INSURED

ARE THEY TOO COMFORTABLE?

Call Today 718.QUALITY (782.5489)

OVER TWENTY FIVE YEARS OF EXPERIENCE 25 YEARS

QUALITY
EXTERMINATING



Task Force, composed of close to 30 RNs and NPs, is helping to educate the public. “Education is an important aspect of a nurse’s job, so we’ve held workshops in Lakewood, Williamsburg and Passaic where we answered people’s questions. For example, regarding the common argument that the pharmaceutical industry is cashing in on vaccinations, only 1.5% of that income comes from vaccines. It would be much more profitable for them if everyone got sick with infections like measles, as was common before vaccinations, and then needed medications and devices to treat them. People are misinformed.”

One anti-vaccine attendee made a shocking statement: “I *want* my kid to get measles,” she said. “It cleanses the body.” It’s hard to imagine which part of the body it cleanses when it takes two years for the immune system to revert to normal function afterwards...

Blimi sounds very passionate about the subject. I ask her if there’s a connection between her passion for oncology and making sure that everyone gets vaccinated.

“One hundred percent,” she answers. “People who are ill have a weakened immune system and their bodies can’t fight infection. If they contract measles or the flu, *chailah*, it can be a death sentence. The few children who die of chicken pox every year are children with cancer! And the people putting them at risk are those who refuse to vaccinate. Even if you don’t know a cancer patient you certainly know an infant, an elderly person or a pregnant woman. Their immune systems are also compromised.”

At a recent cancer survivor group meeting, one woman got up and shared how she was suffering because of people who refuse to vaccinate. “My kids can’t get the vaccine because it’s a live vaccine, and I am currently undergoing a strong regimen of immunotherapy treatment and can’t risk coming into contact with it. So not only am I sick and isolated, but my kids have to miss family gatherings and events. As if they aren’t suffering enough already.” ●

there. Anyone with the ability to do this kind of work really should.”

No one can put her heart and soul into her patients like she can. They often blink in disbelief when she empathizes with them and adds that she’s been there herself. “Oh!” they’ll gasp in relief. “So you aren’t just talking—you know!”

“Half of nursing is what you learn in school and half is what you learn on the job. You become an expert from experience,” she says.

SHARING THEIR WISDOM

The OJNA committee refuses to rest on its laurels. Aside from mentorship and journals, its hosts annual conferences and helps other cities found its own chapters. At present there are small groups in Chicago, Detroit, Baltimore, Miami and Pittsburgh, to name a few locations.

Most importantly, its collective voice is used to debate important issues, the latest of which is vaccination. The OJNA’s Vaccine

toss it!
GOURMET SALAD & DRINK BAR

היב ברוך טיטלבוים
בהשגחה
מוסמכת ממועצת סניף

FRUITIT!

347 401 1920
www.tossitsaladsny.com

smart design