

GI Nursing: Does it Make Your Ears Wiggle?

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Do you recall why you became a GI nurse? Take a moment to recall why you entered your profession. Was it a respected colleague or friend who was a GI nurse, an opportunity for advancement off the floor or out of the ER, an interesting patient who needed endoscopy? Can you recall how excited you were your first week in Endoscopy, "exploring strange new worlds"?

I became a Gastroenterologist after an occurrence as an intern. I participated (as the Endoscopy nurse, no less) in a post-midnight endoscopy on a variceal bleeder. After sitting at bedside applying a useless ice-water lavage, I was fascinated (and still am) by the ease with which the GI fellow stopped the life threatening bleed with endoscopy. The beauty of the images as seen through the "teaching head" was stunning.

On my return home, I rushed to telephone my parents about what I had decided to become when I grew up. My mother, to say the least, was perplexed. However, as mothers are, she was supportive. Her response to a daughter who would wish to do such a weird, distasteful, unusual thing as endoscopy was "Honey, so long as it makes your ears wiggle..."

Well, it's been over a decade since then, and my ears still wiggle when I get a great case, or an interesting patient. However, it seems as if there are a great many things conspiring against the vibrations of my ears...long hours, heavy patient loads, malpractice concerns.

GI Nursing is beset by similar woes. A wide range of issues of GI nurses serves to tamponade the pulsation of your ears.

These problems include:

- * Hospital Administration's lack of effort to retain good nurses, as in "any ol' nurse can do GI, can't they?"
- * Lack of respect and appreciation, as well as the incivility of doctors
- * Increased workload with shortened room times for procedures
- * Rewarding the incompetence of your less able colleagues with less work
- * Difficulty in maintaining competency in new or rare procedures
- * Irregular hours with mandatory overtime and on call requirements
- * Lack of professional growth opportunities
- * Occupational risks: Infectious, chemical, environmental, and radiation exposures
- * Low pay

All of this is piled up on top of the 21st century stressor of insufficient time to care for oneself!

What is the answer? Well, don't just chuck it and head for the hills after that daunting list. We need to reconnect with those parts of our profession that thrilled us and discard the parts that don't. We need to demand appropriate compensation for our work, via unionization if necessary. We need to seek protection from occupational hazards, and request such protective devices as appropriate. We should support the use of certified endoscopy nurses as nurse endoscopists, rather than under-qualified primary care physicians, nurse practitioners or physicians' assistants. We must insist that the endoscopy suite become a civil workplace.

Most importantly, we must continue our efforts through our professional affiliation and credentialing to be recognized as certified experts in our field, a rare and talented group.

Let's get those ears wiggling again.

Virginia Beach gastroenterologist, Patricia L. Raymond M.D. FACG is an author and consultant, who speaks to nurses and physicians through hospital systems and medical conventions. With her company Rx For Sanity™, she humorously leads physicians and nurses to rediscover their joy in medicine and to learn to first “Turn Care Inward”. Her book, “Don’t Jettison Medicine: Resuscitate Your Passion For The Career You Loved!” is available now. Visit www.RxForSanity.com soon for complimentary information and links to better care for yourself and for your staff, and to subscribe to our FREE monthly newsletter, Rx For Sanity™ eNews, with medical humor and simple tips to enhance your life in Medicine.
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