

## Close Observation: The Skills of Nursing and Writing

### A Roundtable Discussion

The difficulty – and joy – of interviewing Cortney Davis, Paula Sergi, and Stacy Nigliazzo over email was that their ideas kept spilling out from the questions until there were two conversations, one in the interview and one in the email thread. We covered bed baths, Ray LaMontagne, childhood fascination with the musculoskeletal system, Montessori schools, and Cortney's article in the *American Journal of Nursing*, "Nursing Humanities: The Time Has Come" – and that's not including the actual interview.

But don't worry: the interview ended up being so wide-ranging that we split it into three parts. I hoped to understand what it's like to be a nurse and a writer, what it's like to be part of a literary world and a medical setting, and the changes that these three authors would like to see in each. I was also curious about how we value nurses and nursing. Stacy Nigliazzo wrote that she "would love to redefine the role of leadership, particularly at our hospitals," while Paula Sergi posited that "we need to somehow make a job in health care as tempting as a job in finance." Throughout the interview, all three nurses wrote about the power of close observation. I was struck by their intelligence, skill, and tenacity. It was a pleasure getting to know them through their words.

Monica Wendel  
Associate Editor

## Our Participants



Cortney Davis, a nurse practitioner, is the author, most recently, of *When the Nurse Becomes a Patient: A Story in Words and Images*, and of *The Heart's Truth: Essays on the Art of Nursing*. Davis' full-length poetry collections include *Leopold's Manuevers*, winner of the Prairie Schooner Book Award, *Details of Flesh*, and three poetry chapbooks. Her honors include the Nightingale Award for Excellence in Nursing, an NEA Poetry Fellowship, three CT Commission on the Arts Poetry Grants, and three American Journal of Nursing Book of the Year Awards. She is co-editor of two anthologies of poetry and prose by nurses, *Between the Heartbeats* and *Intensive Care*.

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Stacy R. Nigliazzo is a lifelong poet and an emergency room nurse. Her debut poetry collection *Scissored Moon* (Press 53, 2013) was awarded first place in the 2014 *American Journal of Nursing* Book of the Year Awards (public interest and creative works category). She was also short-listed as a finalist for the *Texas Institute of Letters* First Book of Poetry/Bob Bush Award and the Julie Suk Poetry Prize (Jacar Press). She will be the keynote speaker at the upcoming Western Michigan University Medical Humanities Conference (September 2015)

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Paula Sergi holds a BSN from the University of Wisconsin, Madison. After a career in public health nursing, she obtained an MFA in creative writing from Vermont College. Her book publications include the anthologies: *A Call to Nursing and Mediations on Hope* (Kaplan) and *Boomer Girls: Poems by Women from the Baby Boom Generation*, (University of Iowa Press). Original poetry collections include *Brother, (Action)*, *Family Business* and *Black Forest Love Songs*, both from Finishing Line Press.

The Wisconsin Academy of Sciences, Arts and Letters, along with the Hessen Literary Society, selected her as the 2005 cultural ambassador to Hessen, Germany where she taught poetry in schools during a three month residency. A recipient of a Wisconsin Arts Board Artist Fellowship, her writing is published regularly in such journals as *Witness*, *Crab Orchard Review*, *Rattle*, and *Spoon River Poetry Review*.

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## Part I: *Close Observation*

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### How does nursing inform your writing? And how does writing inform your work as a nurse?

**PAULA SERGI:** The intersect of poetry and nursing has always fascinated me. Though I now identify more as a writer than a nurse, the skills I learned in nursing school have served me well as a writer. My program emphasized skilled observation when evaluating a patient or a community. A nurse never turns this off: I find myself noticing someone's gait, skin tone and behavior, even while standing in the grocery line. It's become a habit: I'll see a child who seems somehow off, maybe developmentally.

Close observation is also central to the writing process, perhaps especially with poetry, where fewer words are used: you'd better find and use the best details. Images emerge from daily life activities, and the objective details I recall often trigger an emotional response for me.

Nursing also informed my writing through the opportunity to work closely with people. As a home health nurse and public health nurse, I've had the opportunity to observe peoples' lives close up. I learned to make note of the many physical details that comprise a person's life, and I found myself wanting to record and expand on these details, to explore, develop and fictionalize these realities.

Who made the scratches on the end table, I'd wonder. Was it a child, busy at play with his cars and trucks? Or a neighbor who brought over cookies, only to drop the plate? The young wife, going into labor and grabbing the table for support? And what about those figurines above the kitchen sink? Gifts from a spouse, commemorating a special event? Family heirlooms, or a bargain from a neighborhood yard sale?

Imagination became a way for me to confront the difficult realities of aging, the illnesses and loneliness so prevalent among my elderly patient population. I was welcomed into strangers' homes, invited to sample favorite recipes, encouraged to look at family photographs, and privileged to hear their intricate life stories.

My patients also taught me about gratitude for small things. Like most of the elderly, one lady had lost so much: spouse, siblings, friends, health, and a steady income. Her only son lived far away. But when I visited she greeted me with a smile. "You seem so happy," I observed. "Well, yes, my dear, I am. Because today there is a blossom on my African violet."

And then there was the woman wearing only one earring when I came for a nursing visit. I commented on the lost earring, but she smiled and said, "Oh, no, I found this one!" No writing instructor has done more to help me find meaning in the ordinary, to slow down and observe.

Working as a nurse taught me so much about human nature, how real people have positive traits as well as faults. This awareness has helped me create characters that more closely resemble real life, to avoid the pitfall of creating merely heroes or devils. Because nurses meet people who are struggling through a difficult or stressful time in their lives, we encounter frustration and loss, along with grace. When people are sick they are vulnerable and grateful for whatever you can offer: a pitcher of water, a clean sheet. When you correct someone's sentence structure or grammar they resent you for it. But offer a cool washcloth to a feverish patient and you're a saint. Again, gratitude abounds.

Conversely, writing has taught me to remember the truth about human nature and to be more generous with people, less critical, even with fictional characters.

**CORTNEY DAVIS:** When I was a senior in high school, many of my friends were debating which nursing schools they would attend, decisions often based solely on the nursing cap that graduates would wear—the little round cupcake hat or the one with upswept wings? Becoming a nurse was, however, the farthest thing from my mind. I wanted to be an artist, immersed in paints and images rather than in caregiving and all that caregiving implied—illness, blood, suffering, and death. And so my first year in college I majored in art. My second year, when I discovered that I was attracted more to creating images with words than with paints, I switched to an English major with a concentration in creative writing.

Fast forward a few years and I am married with a baby daughter, and my husband and I are having trouble meeting the rent. His cousin, a nurse's aide, suggested that I take the training in order to help out, working evenings when my husband could be home to babysit. Reluctantly, I enrolled. I learned to take blood pressures and dip urines and empty drainage bags and give back rubs; then my first night on the job two things happened. A man called me an "angel of mercy" and I was introduced to death. Entering a room, cheerfully, ready to take an elderly man's vitals, I found him lifeless and alone. In the quiet moments I spent with him before alerting the nurse, I felt something awakening within my heart. This was important work. This was where the intersection of the mundane and the transcendent met. This was where the true metaphors originated. This was the world in which everything I'd learned about writing came to fruition.

**“Nursing has gifted me with a vocabulary of the senses—of the sights, sounds and colors of caregiving (nurses are trained to describe precisely, to notice and compare!), and of an awareness of the body, its gorgeous strengths and tender weaknesses.”**

I loved what I was doing, and I loved the intimate and physical being with and caring for patients. There was and is something other worldly about the extremities of life, birth and death, healing and suffering. After I'd gone back to school to become an RN, when I worked in Intensive Care and Oncology, my passion for writing and my love of nursing intersected, and I began to write about the intensely human moments that occur between patients and their caregivers. When a patient and a nurse are alone in a room, together they create a sacred space.

Because I was a writer first, my writing informed my nursing by making me ever aware of the importance of close observation, of the nuance in a patient's gesture or expression, in the metaphors, similes and images that patients use so precisely in speaking of their suffering. I'd learned as a writer the need to listen intently for what might be called the subplot, the underbelly of the surface narrative—the story behind a patient's story that might remain unsaid but should never go unheard. Nursing encompassed and met, face to face every day, all the human elements of great literature. Writing and nursing merged, becoming, for me, a way to consider how we care for, or fail to care for, one another in all ways. Writing about nursing became, for me, a way to encounter the numinous in the everyday details of caregiving. Somewhere along the way I discovered that accompanying patients to their deaths or to their healings was as great an accomplishment as writing the perfect poem. Offering a back rub to a suffering patient was putting into action the impulses that occur in writing: the desire to connect, the need to reach out and go beyond the self, the knowledge that if even one person is touched by what you offer, you have succeeded.

And nursing has informed my writing, of course by providing the "subject matter," if you will, of my poems, non-fiction and fiction. I find it interesting that when I've been with a patient, writing is farthest from my mind. I've never been caring for a patient and suddenly thought, "I could write about this," and so run into the back room to scribble an idea or a line. It's only later, when the moment has passed, that I might recall an event in all its fullness. Nursing has gifted me with a vocabulary of the senses—of the sights, sounds and colors of caregiving (nurses are trained to describe precisely, to notice and compare!), and of an awareness of the body, its gorgeous strengths and tender weaknesses. Nursing has taught me to listen for the key images, for the sounds of the human voice and how speech can hide or reveal. Nursing has taught me to stay with a suffering patient or with the piece of writing that later might honor that patient's life. And most of all, nursing has taught me to praise, because as a nurse, I've witnessed miracles.

**STACY NIGLIAZZO:** I grew up in my grandfather's house. He was a surgeon and his work influenced practically every aspect of our home life. I remember flipping through medical textbooks before I could read to look at pictures of various body parts and diseases, most of which were photographs of actual people with black bars fixed over their eyes. There was a three-dimensional model of a human heart in my bedroom with a pop-out left ventricle. I received nearly all of my childhood vaccinations on the living room couch.

Years later, after the sudden and unexpected death of my mother, I chose to enter the field of nursing. This decision was my watershed, my renaissance. The poems quickly followed.

For me, writing and nursing are inseparable—each informs the other. After ten years at the bedside, I still find myself perpetually inspired, especially by the little things. I'll never forget the patient I once cared for who arrived via ambulance immediately after leaving another facility against medical advice. She was angry at first, but eventually warmed to me. At the end of my shift she held my hand and slipped a friendship bracelet from her wrist onto mine as a thank-you for my care.

On another occasion, I witnessed the death of a six-year-old boy after more than an hour of CPR, and held his mother gently as she crumbled at his bedside. Later that same day, after the boy had been moved to the hospital morgue, another patient was moved into the same treatment room: a young mother with a little boy in her lap. He was coloring a stack of blank progress notes. I asked, "How old are you?" He held up six fingers.

What I find most telling about these experiences is that they are truly timeless. Writing continually informs nursing by preserving our stories. One need only to read Walt Whitman's "The Wound Dresser" (also a gifted nurse) to see there is no need for a time stamp within the context of illness, grief, and healing.

I would also assert that nurses and writers are equally watchful and precise—always looking for what others perhaps don't see while anticipating three or four strides down the road. I've been told that my writing conveys compassion, but with detachment. As a nurse, this duality is also necessary. While I was comforting the mother of the previously mentioned boy who died, I was also serving as the primary nurse for two other patients, one of whom was being admitted for critical care. Of course, I was emotionally devastated, but there was work to be done. This is where writing becomes necessary. At the end of the day, the page is where we pour out our hearts. It is our sanctuary.

## Part II: *Gratitude, Community, and Leadership*

**What do you wish you could change most about the literary world?**

**STACY NIGLIAZZO:** I would love to see more of a mentor-based community for emerging writers. Too often, vanity and elitism get in the way, and those who could do great things are unfairly discouraged. Were it not for the encouragement and direction of established writers early on (Cortney Davis being one of them) I might have quit before ever really getting started.

**CORTNEY DAVIS:** Although, on the one hand, I might come up with a list—too many inferior self-published books, too many MFA programs turning out too many "writers," technology ruining the market for actual, physical books, and the way anyone with a blog suddenly becomes an author. On the other hand, I have to acknowledge that in every era the way we express ourselves changes, and yet literature survives. While I might mourn the explosion of self-published books, I remember that Whitman and so many other writers we honor today wouldn't be known without self-publishing. While I might mourn the proliferation of MFA programs, the churning out annually of hundreds (or thousands) of "writers," I know that among the graduates is another Dickens or Plath or Shakespeare. While I might despair at Internet ezines and blogs, I rejoice that the written word is now available to anyone with access to a computer, tablet, or smart phone. I might also mourn the fact that in order to publish a book of poetry, one has to pay an entry fee and win a contest. Yet I have faith that eventually the best poet will emerge.

Even if his or her poems aren't to my taste, entry fees bring the money that is necessary to produce the beautifully printed books we enjoy today. So, perhaps I wouldn't change a thing but rather wait to see what comes next.

I'm grateful that my education in writing began with a college program which offered the basics of writing but never declared that all graduates would be "writers." I'm grateful that my real education in writing was simply living and then writing—hours and hours of sitting at my desk trying to translate what I saw and felt into language that was alive, physical and sometimes even risky. I'm grateful that my impulse to write was fed by nursing, by that intense, important arena that offers every emotion and every human situation on earth.

**PAULA SERGI:** I wish our culture could be more aware of and appreciative of all art rather than being so focused on money as the motivation for career choices. I wish that we could recognize and reward creative children and young people more than we do.

I'd welcome more opportunities for collaboration between and among writers. The experience of co-editing three anthologies taught me how books benefit from two different philosophies, life experiences, and visions. It gave me the confidence to be ambitious with projects because I so admire the talents of my collaborators, Pam Gemin and Gerry Gorman.

### **What do you wish you could change most about the medical world?**

**STACY NIGLIAZZO:** Without a doubt, I would love to redefine the role of leadership, particularly at our hospitals. I once had a graduate student shadow me in the emergency department (my director was out that day, so she followed me instead). She was about to complete her terminal degree in hospital administration, but had never worked in a hospital before—not even as a volunteer. I relished the opportunity to show her how things really work, as opposed to just on paper. By the end of the day she was stunned. "I totally underestimated how hard nurses work," she said. I think all administrators should be required to don scrubs and walk the wards in our shoes from time to time.

I would also encourage providers of care to share their stories through creative expression (music, painting, stories, and poetry) as a means to de-stress, foster empathy, and fight compassion fatigue. I applaud the growing field of healthcare humanities and hope to see it continue to expand in the future. Columbia University now offers a master's degree in narrative medicine, so I think we're on the right track.

**CORTNEY DAVIS:** In June, 2013 I entered the hospital for routine one-day surgery. Due to a surgical mishap and a series of unexpected complications, I was a critically ill patient for twenty-six days. I learned, first hand, the many changes that have occurred in both medicine and nursing. Just as technology has altered the way we approach, create, and read literature, so technology has changed the way we exist as patients or caregivers, both enhancing and diminishing those roles.

My sheets were changed not daily but only when soiled. I was in the hospital for two weeks before I was able to attempt to wash myself (with a pre-soaped no-rinse washcloth). Gone (at least in the hospital in which I lingered) was the bed bath, the foot soak, the back rub. When my skin became red and rashy, the solution wasn't an air or foam mattress pad and skin care but un-bleached sheets, thin ones spread over the plastic mattress. I was offered a visit from the "massage woman" who would schedule a visit to rub my back and shoulders.

I am forever thankful to one nurses' aide who got me up into the bathroom and washed me as I stood naked holding on to the sink, soaking both of us in the process, but finally after three weeks I felt clean. The doctors—often new ones every day—came and went with their notes and laptops, asking "How do you feel today" but often not waiting for the answer. Nurses arrived pushing their rolling computer stands. The day I was finally discharged, one of my very good nurses was let go, part of a general lay off. She'd been there for almost 20 years, and she remembered what good nursing care once entailed and, like me, she mourned its passing.

What would I change? I would bring back the tender bedside ministrations that I learned were so important to patient care, and the minute observations that Florence Nightingale once taught her students. I applaud the current trend of teaching literature to medical students as a way to foster empathy, but I know that the pressures of learning "medicine" and the requirements of technology might eventually overwhelm compassion. I admire the hospitals that have instituted "Schwartz Rounds," monthly meetings in which staff members might discuss their emotional reactions to the many difficult or wonderful moments that occur at the bedside—and I wish that there were similar opportunities for patients to discuss their emotional reactions to illness. I'd encourage both patients and caregivers to respond to their illnesses or their anxieties creatively, through writing, art, or storytelling. I know that there are nurses and physicians and programs and hospitals that offer excellent patient care. I wish there were more.

Just as literature enters, every era, new territory, so do medicine and nursing. As we "old school" nurses age and retire, I hope that what is best in nursing—the deep, intelligent observation of and sensitivity to a patient's needs—and the best in doctoring—the deep, intelligent attention not only to a patient's illness but to all that makes each patient a valued individual—might survive.

**PAULA SERGI:** It would take a shift in our culture to bring the changes I'd like to see. We live in a country whose value system has gone awry: having money is how we describe success. I feel more optimistic about this lately, as I become aware of an increased consciousness among some young people. I wonder how to communicate to young people the tremendous opportunity of a life in medicine or nursing, how satisfying it can be. We need to somehow make a job in health care as tempting as a job in finance.

I believe that the Affordable Care Act is a step in the right direction, despite its flaws. I think Walt Whitman would agree.

**“I wonder how to communicate to young people the tremendous opportunity of a life in medicine or nursing, how satisfying it can be.”**

I'd like to see continued emphasis on preventative care, where we've recently made progress.

I'd welcome more affordable training for medical students as a way to motivate more people to study fields that bring in less money, like internal medicine and pediatrics. But these are not original ideas.

I'll go out on a limb here and call for doctors to salvage their role in health care, to reflect on the tremendous undertaking they've chosen. How can we support doctors and nurses beyond repeating the sound bite of "patient centered care?" To deal with the load of paperwork and more pressure than ever to be productive, to increase patient loads?

I don't offer these suggestions flippantly. I speak from personal experience, having been married to an internist for thirty years. I'm thinking about my husband's habit of visiting a patient in the home or making a social visit to them in the hospital. He's aware that his role is to support the failing beams of his elderly patients and their families. If you're a patient of his, you'll get a return phone call from him, though it may be after nine PM.

He attends wakes and funerals whenever possible, even if it means cutting short his few hours of free time. He's invited to birthday parties and anniversary parties and attends them.

It's true that we live in a small community with only one hospital, and that he doesn't have to travel long distances. He also has a specific set of skills and a personality that makes him especially good as an internist: a lot of energy, a love for people, a strong work ethic, and tenaciousness in making a diagnosis. And he gets frequent rewards in the form of comments and thank you notes from patients and their families.

## Part III: Influences and Responses

### Who influences your writing?

**CORTNEY DAVIS:** If I had to name my poetry "mother" and "father," I would say Anne Sexton, for her bold metaphors and ability to risk, and Wallace Stevens for his strange, interior landscapes and his craft. Those writers were my earliest guides, ones I rely upon even today. Other writers of course have influenced me in various ways, sometimes in ways I can't readily identify. I am grateful to Gregory Orr, who champions the personal lyric narrative; for the way Stanley Kunitz mined the key images of his life; for the way Sharon Olds ignored the dominant male poetry world of her youth to write not their poems, but what she called "what I wrote." I am thankful for her advice to me to always try in my writing not to simply approach the edge, but "to go over it." I admire Rafael Campo's use of form to contain wildly passionate themes, and I read Louise Glück in awe of her ability to portray complex emotion in spare and beautiful language. Like any writer or avid reader, my list of influences could go on for pages. I'm grateful to my many teachers: Sharon Olds, Carolyn Forché, Yehuda Amichai, Thomas Lux, and Galway Kinnell.

*"...when I read Glück I feel less like a poet and more like a toddler wielding a crayon by comparison. Her writing is otherworldly."*

**STACY NIGLIAZZO:** My favorite poet, hands down, is Charles Simic. I don't have an MFA and was too intimidated to take creative writing classes in college, so my poetry education has been largely self-imposed. Some year ago, I bought an anthology of contemporary American poetry. Simic's poem "We were so poor" from "The World Doesn't End" was in its pages. It consumed me. I scrambled to find more of his work and my sense of admiration for this great poet exploded. My own style of writing took a drastic turn as a result. Other poets I deeply admire include Carl Adamshick, Elana Bell, Sasha West, Naomi Shihab Nye, and Louise Glück, though when I read Glück I feel less like a poet and more like a toddler wielding a crayon by comparison. Her writing is otherworldly.

**PAULA SERGI:** Good song lyrics stay with me. Joni Mitchell, Bob Dylan and Paul Simon come to mind.

And other poets and writers, of course. I've had the good fortune to study with Betsy Sholl, Robin Behn, Nancy Eimers, Thomas Lux and Mark Doty. I like to think that they all inform my writing today.

Other influences include Wisconsin writers Susan Firer, David Graham, Kate Sontag, Pam Gemin, Ron Rindo, Stephen Powers, and Abby Frucht, who've been supportive of my development as a writer.

### Is there anything else you want to respond to?

**CORTNEY DAVIS:** You asked for a paragraph or two for each question, and I have given you a raft of words. I'd like to end by saying that in spite of the changes in literature and caregiving, there is no profession that I would choose over nursing. Being a nurse is a gift to others and to self; having the opportunity to write about the interaction of nurses and patients is a blessing.

**STACY NIGLIAZZO:** I would only like to add my sincerest gratitude for being included in this discussion group. I am truly honored!

**PAULA SERGI:** I think I've carried on long enough.