



Nurse Excellence

Caroline Noko, RN

August 2022



Meet Caroline.

Can you tell us about yourself, where you grew up?

I was born and raised in Zimbabwe, a county in southern Africa where there was no middle class. There were the super-rich and the very poor. We were from the latter, but surprisingly, despite the material lack of the people in our close-knit community, we were very happy. My mother was strong and righteous, never giving a hoot what others would say about her. I admire her for raising us, six siblings, under those conditions, where a loaf of bread was a true commodity. I remember a time when we only had one loaf at home. A man knocked on the door, shabby and weak begging for food, saying he had not eaten for three days. Through my young eyes, I could not understand why my mother took a knife and cut off half to

share with him, when we did not know when the next loaf will be coming. But that was my mother, and the older I get the more I understand the things she did. She always dreamed of being a nurse but could not afford the schooling. At first, she was a medical assistant, but she got married young and as our family grew, so did her responsibilities. Despite this, she still tried helping my father, a hardworking man, by sewing clothing or doing other odd jobs. As a young student, I discovered my love for numbers and my goal was naturally to become an accountant. When I was twenty-three, then married, my husband, an IT technician by profession, was offered a promising opportunity in America's Midwest. In year 2002, we said yes to the biggest change of our lives.

Last we checked; you are a nurse. What happened with the accounting dream?

When we came to America, we settled in Nebraska; I did my research and found an amazing program for accounting. I started doing my prerequisites and noticed that it is more me than I have ever imagined.

At that point, news came from home that my mother was diagnosed with a progressive form of cancer. With no medicine or technology, in Zimbabwe, cancer is a non-negotiable death sentence. I encouraged her to come to America for treatment, but she refused. She had her mother and children there and she would not hear of leaving them. It killed me to know what she was going through while I was so many miles away. But she kept on saying how her nurses are keeping her going. Until then, I never wanted to be a nurse, the site of blood would make me nauseous. Somehow, knowing that strangers were taking good care of my mother, monitoring her pain, and keeping her comfortable, prompted me to research the healthcare system. It was a turning point for me.

How did you find the transition from Zimbabwe to the Midwest?

You cannot imagine the differences before you see it with your eyes. Take weather for example. We thought it was cold in Zimbabwe's winter, but when I got to Nebraska, we noticed that back in Africa there is virtually no winter at all. In Nebraska, there were times when the snow would be up until the window, and you could not leave your home. You need to bundle up to fight the weather. Also, back home, if my mom would want to travel out to an event, such as a funeral or wedding, she would just tell the neighbors and they would look out for us. It was a hard dive to realize that everyone is so focused on themselves, you are on your own completely, and being self-sufficient takes on a new meaning. I did use the internet to connect with more Zimbabwean nurses to feel like I belong.

Can you share your nursing experience and some things you found interesting?

I enrolled in Metropolitan Community College in Nebraska for my Associates. By the time I graduated, I was a mother of two little boys, who were not yet school age. Long hospital shifts would not suit my family life, so I picked up a job in an outpatient oncology clinic. After several years of outpatient, I was itching to go into an inpatient setting. As soon as my kids started school, I joined the Gynecology unit in a small hospital and stayed on the job for more than five years. That job was so emotionally draining. More than seeing the patients in pain, it haunted me that this is what my mother went through without me at her side. She died at the young age of 48, and I never said goodbye to her in person, other than the time I boarded my plane to America. The first time I faced death on the unit was my hardest moment as a nurse. There was a hospice patient coming in, and we knew her death was imminent, but still when she passed, I was sad for her and sad for my mother once again.

I also could not begin to fathom how in a country with countless medical advancement, money can

sometimes come before life and not everyone has access to the means of healing. I recall when one of my patients came onto the floor, with a progressive form of incurable cancer, the doctor prescribed a med which may not cure the illness but would prologue the patient's life by slowing it down. The insurance company would only approve a generic version, which the doctor said will be ineffective for this case. Still, they would not hear of paying for it. It was sad. One of the doctors on the team announced that he would donate towards covering the cost of the medication, then he launched a campaign to get the remaining. Most of us, nurses on the floor, donated until we were able to give life for this patient. We felt incredible with what we did, but it did not feel right why the patient was denied by her insurance coverage.

In 2012, my husband was offered a job in NYC, which seemed threateningly fast-paced compared to the rural lifestyle we were leading. We compromised for a tranquil neighborhood in New Jersey, which is very geared for a family life. I did not anticipate that a State with so many nursing opportunities within a 30-minute commute, would give me a rough ride to get hired without a bachelor's degree. After an extensive and fruitless job search, I enrolled in an online bachelor's program with Kimberly College, based in Illinois. You need to be very disciplined to make a zoom program work, with many research papers to review, but I love the learning. I appreciated the fact that I enjoyed my nursing school experience, when so many nurses find it so challenging.

What makes your number one goal as a nurse on the unit?

Patients are entitled to choose their care. Yet it is our job to ensure and communicate that they are educated with a full scope view of what is happening and the consequences of their decision before they make it. This is why I feel that communication as a nurse is vital, although it is more and more challenging with the global staffing shortage and increased nurse to patient ratios. About a year ago, I encountered a diabetic patient, who had extremely high sugar levels. It did not make sense why, because we saw that his PCP has prescribed a pretty high dose of Metformin right before he was hospitalized. As it was nearing dangerous levels, the provider was considering doubling the dosage until things calm down, but the patient was adamantly refusing it. There was nothing we could really do other than talk.

The next day, I brightly entered his room and explained that the doctor wants to up the dose and sincerely inquired why is he refusing it? After hesitating, he broke out that his brother-in-law took it and then he got cancer, so he never took the any doses of the medication his doctor prescribed.

I conveyed his concern to the doctor and pleaded that when he makes the round tomorrow to explain exactly what Metformin does, the complications that can come if he skips it versus the potential side effects. It worked. We must hear those patients. They have fears and struggles. Only this way can we provide the best care.

Do you have any message for more White Glove Placement nurses?

Be the kind of nurse colleague you like to work with. When I was on a consistent staff position for five years, I remember being flooded with work, while there were travelers on the unit who would do their thing without extending to the team. When I started travel nursing in New York, several years ago, I decided I will be a team player just like any on-staff nurse. If my workload is done for the day, I will offer my coworkers if they need help so they can go home on time. Especially, with the staffing shortage, the

charge nurse on the floor has a full caseload in addition to being the unit's touchpoint. I felt it is unfair to consider myself off - duty while they are working hard at it.

[Click Here For More](#)