

The Importance of Caring: My Journey into Professional Nursing

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Abstract

This article examines the experiences of a student nurse early in training and how such experiences form the basis to understanding caring in nursing. Upon reflection of a seemingly routine event with a patient, the student nurse inspects the meaning of caring, patient-centered care, and holistic care, along with their barriers in the practice of nursing. To conclude, the student explores potential remedies to barriers in caring for both novice and experienced nurses.

Article

Caring, compassion, and empathy are commonly mentioned when considering the characteristics of a professional nurse. As discussed by Halldorsdottir (2012), “caring is the heart of nursing” and is “fueled by genuine concern and love” [1]. As a nursing student and rising nurse, I have experienced the importance of integrating caring into one’s practice, since its significance to the patient can impact both their immediate well-being and long-term recovery. The purpose of this article is to examine an early experience in nursing school and use it to reflect upon and investigate the many layers of caring in nursing, its barriers, and potential remedies to such barriers.

In my first clinical rotation at UNC hospitals on a GI and ENT oncology unit, I partook in an experience that altered my view of a professional nurse entirely. During one of my shifts, I asked a nurse aide if she needed any assistance with her duties for the day. She happily delegated a bath to another nursing student and me, but neither of us had previously cared for the patient, whom I will refer to as Ms. S. Moreover, this was my first experience bathing a patient. Though Ms. S was mobile and able to mostly bathe herself, she was status post laryngectomy and had an array of tubes and an IV access device in her neck and chest. Therefore, my colleague and I took our time assisting the patient with the bath, ensuring we cleaned around her tubing sites well while maintaining her comfort throughout the process. The patient was unable to verbally communicate due to her recent surgery so the other student and I conversed with gestures and symbols. After we completed her bath and got her dressed, Ms. S pointed over to a teddy bear in a chair in the corner of the room. My peer passed the stuffed animal to Ms. S, who then pointed to the bear, then to her ear, motioning us to listen. Upon pressing a button in the bear’s hand, a prayer on the perseverance of the human spirit through times of hardship began to play. The calm, peaceful look that swept across Ms. S’s face portrayed, to me, the importance of this moment I had the privilege to share with her. Before that instant, my nerves were wreaking havoc within me, as I was petrified about performing the bath with ease while simultaneously keeping the patient comfortable. I realized the time my peer and I spent with Ms. S conveyed a deeper sense of caring, as evidenced by her willingness to share her spirituality with us. Our devotion to her comfort and our efforts to communicate allowed her to feel our “genuine concern and love” [1]. I was deeply

moved by Ms. S’s willingness to share her prayer with us and to recognize how caring could be relayed in nursing practice.

As I conclude my baccalaureate education in nursing, I recognize that my emotional response to the event with Ms. S would be no different than it was when the situation occurred. I realize that I must keep this response embedded within my character as a nurse, because in the “increasingly complex healthcare context” many barriers exist that render such compassionate acts under-recognized and under-prioritized [2]. With each patient interaction I must preserve integrity in order to maintain positive patient experiences and to foster the development of nurse-patient relationships. With that, recognizing that compassion is “a response to vulnerability in others” is an integral piece of upholding patient integrity [2]. I must be certain to attend to the patient’s comfort level, take my time with each patient, maintain her or his dignity, and never look at simple procedures, like baths, as menial tasks. Creating a human connection via personalized touch and open communication are core dimensions of patient-centered care [3]. One way to promote this connection is recognizing the significance of the “intimidating topic” of spirituality [4]. As Savel and Munro (2014) explain, we, as care providers must never “forget what a privilege it is to care for patients at their most vulnerable” and that “if spiritual health is as important as bodily health... we cannot afford to ignore it” [4]. I think this is tremendously important to be cognizant of as I reflect upon my time with Ms. S and transition into a professional nurse. I believe that without looking holistically at the patient and addressing all aspects of their health, providers cannot deliver complete care.

In spite of the long-standing emotional impact of my experience with Ms. S, I also understand that maintaining a caring attitude as a nurse may be difficult. With rapid advancement in the field of healthcare technology, “care has been viewed as impersonal and technical rather than individualized” [5]. Compounding with such advancement are “greater administrative duties imposed upon nursing staff,” inadequate staffing, increased workload, and demands of documentation along with other paper work [6]. As a testament to such issues, the nurse aide who delegated Ms. S’s bath to me was so busy that she could not attend to Ms. S’s basic hygiene needs. Additionally, the exertion of caring for others is not benign and nurses commonly experience compassion fatigue, burnout, and emotional

distress [6]. Understanding this, nurses seek balance between caring for others and caring for one's self in order to maintain the "capacity or interest in carrying the burden of others" [6]. This balance struck me even in my first semester of nursing school, as depicted by the self-reflection excerpt below:

"When my sister was diagnosed with Crohn's Disease in 2006, I witnessed the meticulous care she received from the wonderful nurses, and the experience I had with bathing the patient represented a microcosm of that for me. The emotionally strenuous time of my sister being in the hospital was alleviated for my family by the care of the nurses, and I realized that I would be doing the same as a nursing student and future nurse. This led me to reflect deeply upon the emotional impact I would be having on the patients I interact with, and on the importance of understanding the plight of patients and their families... Despite the knowledge I have gained, I need to work on allowing myself to be accessible to the patient, while also preserving my own sentiments, which is something that many new nurses must face."

Understanding the meaning of compassion in patient-centered care, of self-care in preventing compassion fatigue, and systemic barriers to compassion in nursing is integral to creating solutions [3, 6]. Hospitals have an opportunity to change culture to positively impact nursing care since job satisfaction is associated with patient satisfaction, nursing burnout, stress, and turnover [7]. Acquiring Magnet Designation as well as promoting transformational and transactional leadership styles among nurse managers are ways that hospitals can do this [8]. In addition, the "quality of the physical environment" which encompasses flexibility, valuing individual preferences, being responsive to such preferences, placing patient desires over technology, and using health information technology (HIT) are fundamental to patient-centered care [3]. Patient-centered care can become standard and enforceable when organizations integrate its tenets into their mission and vision [3]. On a smaller scale, facilitating positive work culture, empowering nurses to engage in patient advocacy, and creating safeguards to prevent burnout are necessary to preserve a healthy and satisfied nursing workforce [6]. To achieve such a supportive work environment includes "involve[ing] employees directly in design and implementation of patient-centered processes" [3]. Nurses and other providers should also treat patients as partners in care, and seek their feedback on the quality, as well as potential areas for improvement in the care they received [3].

The many lessons I gained from Ms. S remain pertinent in my mind through the process of transitioning into a professional nursing role. First and foremost, I must never forget the impact that compassionate care has on the life of another person. Regardless of whether the care is invisible, as discussed by Dewar (2013), small acts of love, compassion, and acknowledgement of spirituality do not go unnoticed [2]. Relevant to the journey my peers and I are on in searching for nursing jobs, I must also be aware of a unit's culture, its staffing levels, and its turnover rate. Such signs are indicative of one's ability to maintain a caring attitude while coping with the stressors of patient care and unit issues. The characteristics of a unit significantly contribute to the new nurse's ability for self-care, the capacity to preserve a high quality of patient care, and prevention of burnout.

The impact of my experience with Ms. S was and continues to be far-reaching in my life. Her openness with my peer and me stands clear in my mind, reminding me of the reason I wanted to become a nurse. Never will I underestimate the healing power of caring and how it can carry the sickest or most downtrodden of us through the worst of times.

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