

LIVING OUR MISSION

Healing Is Mutual for Nurses Who Attend to Their Patients Lovingly

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What does it mean to “live one’s mission” as a caregiver in a Catholic health care institution? During three years I spent as a clinical nurse educator in a Catholic hospital, I often asked nurses to tell me about those times in their careers when they felt satisfied that they were fulfilling their calling. I had originally intended the question to be a professional development exercise. In asking it, I hoped to help nurses reflect on the underlying values that inspired and energized their daily work. But I soon became fascinated by the consistency of the responses.

I collected these “stories,” and from them distilled an overarching theme: These caregivers felt most satisfied when they experienced intimate interactions with patients (or the patients’ family members) that allowed them to make a difference.

Other writers have seen this. One, D. Irvine, acknowledges the need for “deep human connection” as a central element in personal fulfillment.¹ He explains that this connection “promotes honesty with the truest self, allowing each of us to develop a deep sense of who we are and to discover the passions that inspire our lives.” In other words, caregivers feel a sense of accomplishment when they experience the living out of their personal mission. For many such people, their personal mission in life is understood to be a calling received from God. I believe that, in observing nurses fulfill their missions, I saw health care provided in a way that was different from that given in non-faith-based situations. T. Maddix captures this difference when he says, “What makes us different . . . lies in why we do what we do. . . . Faith-based organizations come alive when people feel compelled to make tangible an often distant God in the very ordinary ways of care, com-

passion, and attentiveness to the events of daily life.”² What makes Catholic health care different is the embracing, upholding, and enacting of a set of values innate to the Catholic faith.

The values that are part of the daily work of the people I interviewed are exemplified in several themes: hope at work, compassion at work, creativity at work, community at work, commitment at work, healing at work, and love at work.³ I have used each of these themes in organizing the narratives shared in this article. The stories are presented in the words of the people who lived the experience. I hope the reader finds them emotive examples of hope, compassion, creativity, community, commitment, healing, and love. Stories are especially appropriate in articulating values because they “are the juncture where facts and feelings meet.”⁴

HOPE AT WORK

But now O Lord, what do I look for?

My hope is in you.—Psalm 39:7

To hope is to believe that something good lies ahead. Hope is necessary for good quality of life. The fostering of hope is thus an essential element of excellent caregiving to the sick, including care for those who are seriously ill or dying. This kind of caregiving was revealed in many stories told to me by the nurses I worked with. Consider the following story, for example:

“Bill was my patient,” one nurse recalled. “As I approached his room, I could see that he was focusing stoically on the wall, avoiding eye contact with everyone. His responses to my questions were minimal; all the other staff members were convinced that Bill’s final hours were at hand. I wasn’t so sure. I could still sense a dim light in those lifeless eyes.

“As the day advanced, I made certain I visited Bill often. Although he didn’t respond verbally, I

chatted as I went about my nursing tasks, asking him questions about his life, his home, and his grandchildren. There was no response at first, but, closer to the end of the shift, he did mumble a few replies.

"As I was finishing the charting for the day, I noticed Bill's birth date on one of the forms. Amazingly, that day was his 80th birthday. In an impromptu move, I ordered a small cake from the cafeteria and gathered the staff together. As we entered the room with the cake in hand, we sang him the most rousing rendition of 'Happy Birthday' I had ever heard.

"He smiled as we placed the cake on his bedside table. When I leaned over and gave him a little peck on the forehead, he burst into an outright grin. The other staff followed my lead and all placed little pecks on his furrowed brow. Then I saw it—the sparkle had returned to his eyes. Bill had hope."

Caregivers who seek to keep hope alive never give up on anyone; they never abandon a person who is in need. Our task as caregivers is to meet God in everyone, even those whom others would say are "hopeless." This emphasis on hope resonates from the foundational core commitment to the dignity of all persons and the shared belief that all people, from conception until natural death, are created in the image and likeness of God.

COMPASSION AT WORK

One of the nurses told me about a thank-you note she had received from a patient's wife.

"You probably don't remember me but I wanted to thank you for your care," the wife wrote. "My husband and I had been in a traffic accident. The police called it a 'minor traffic mishap,' and after being checked over at the hospital we were both sent home. I was a little shaken and bruised, but we were both pronounced 'just fine.' As the week progressed, I had a very disturbing dream. I dreamed that my husband was in the hospital and that he was having a cardiac arrest. I stood hopelessly by watching the team try to revive my companion.

"Imagine my horror when, later that week, my husband did start to experience some perplexing symptoms, and after a consult at the emergency room was rushed into surgery for the removal of a ruptured spleen.

"The time was long as I waited, pacing the hallway outside the operating theater. I was haunted by the strange dream and terrified that my husband was not going to make it through

the procedure. Then I caught a glimpse of you through the small window in the door that separated the operating area from the room in which I waited.

"I think you were the scrub nurse during my husband's operation. You were in your operating clothes, and all I could see behind the green mask were your eyes. You must have seen the look of concern on my face. As you whisked about, you lifted one hand and gave me the A-OK sign, your thumb and pointing finger forming a circle. This gesture took only a portion of one second, but it was all I needed to know he was all right. I just wanted to say thank you."

When we address those we care for in a compassionate way, we are acting as the Lord commanded us to. In His words, "I tell you the truth, anyone who has faith in me will do what I have been doing" (Jn 14:12). In considering the needs of others and responding to them, we are making life better for someone else, but in turn we are also making life better for ourselves. The amazing thing about compassion is that, when one acts compassionately, peace comes to both parties, the giver and the one who receives.

CREATIVITY AT WORK

Finding a way to meet each patient's unique needs often requires a measure of creativity on the part of caregivers, as the following story demonstrates.

"My patient had an ovarian tumor," a nurse said. "She had a very enlarged abdomen, and the only type of sleepwear that would fit her was the blue baggy hospital gown. When I asked her what I could do for her, her only request was for a pair of pajama bottoms. Her family tried to meet her request, but with no success. None of the hospital-issue pajamas fit her.

"One day at home I found a few meters of cotton flannel in one of my closets. I immediately thought of my patient, and quickly cut out and sewed a pair of pajamas that would adjust to her needs. They were simply made, because I really don't sew very well, but when I gave them to her you would have thought I had given her a million dollars. She cried in joy, and her family thanked me over and over. I know my little project made a huge difference to her. It made *me* feel so good."

The nurse's story illustrates the mutual benefits of going a little further to meet the needs of another. Yet it also shows how the smallest acts of kindness, presented in the spirit of love for another, can positively alter the human experience in a

Little Moments

A simple gesture.
Compassion offered.
Peace received.

—Beth Perry, RN, PhD

dramatic way. The nurses who shared their stories with me were willing to think creatively, outside the traditional boundaries of organizational structures, to ensure that the needs of their patients were addressed.

COMMUNITY AT WORK

The word “community” usually refers to a way of being together that gives each person involved a sense of belonging. In a Christian hospital community, people support each other in a search to bring healing, in its multiple forms, to those who are in their care. In health care, this shared search is directed toward healing, nourishing, and enriching the sick. As Ronald Rolheiser says, “Community is manifest in the touch of human warmth.”⁵ The caregivers I spoke with felt privileged to be a part of the caregiving community, working with their colleagues and with God to help healing unfold for their patients. Together, they were the embodiment of spiritual warmth that could reach the seemingly unreachable. And, in at least one case I was told about, the efforts of a caregiving community literally saved a man’s life.

“Daniel was a pitiful sight,” a nurse said. “His sister called our nursing unit and pleaded, ‘If someone doesn’t do something, my brother is going to die.’ Daniel had been passed from doctor to doctor and hospital to hospital, labeled as psychosomatic and psychotic. We were literally his last hope. When he was admitted to our medical unit, he turned out to be a rail-thin, 30ish, ghost of a man who lay in his own excrement screaming for something to numb his pain. We bathed him and soothed him and gave him his prescribed medications, but Daniel still called out in agony. Tests showed no cause for his distress; psychology consults offered us little constructive guidance. Desperate, our team met to pool ideas; we were grasping at possible solutions. Daniel was dying. Together, we found our answer in the metaphor of the Wizard of Oz. Like the lion in that tale, Daniel needed courage. We concluded that we had to help him find that courage within himself.

“I’m not sure whether it was courage, hope, or some other elusive source of strength, but over

“**T**ogether we

 found our answer

 in the metaphor of

 the Wizard of Oz.”

the next 104 days we saw an amazing transformation. Each of us made an extra effort to stop in and chat with Daniel each day. These visits were not necessary for the provision of medical or nursing care—they were extra visits, because we cared about Daniel as a person. The visits were short, just long enough to say ‘hi,’ ask about his family, acknowledge his pain, and share a moment with him. The

most important thing about the visits was that they were consistent and genuine. One day, a nurse brought Daniel a little orange plastic lion and left it at his bedside, explaining the need for him to have ‘lion courage.’

“Slowly, the staff began to notice a change in Daniel. Complaining less frequently of pain, he began to sit up in bed, interact with staff, and even to take a few shaky steps in the hallway. By day 105 of his admission, Daniel was well enough for discharge to a convalescent-care facility. I shed a single tear that day, a tear of team pride and accomplishment, and smiled as I caught a glimpse of something orange in Daniel’s hand as he waved goodbye. It was the plastic lion.”

“Each one of us is merely a small instrument,” wrote Mother Teresa.⁶ Yet, as we unite together in community, the force of those small instruments joined together is powerful in doing the work of the Lord.

COMMITMENT AT WORK

Caregivers often express their commitment to their mission—patient care—through selfless actions that result in their becoming intimately involved in the lives of their patients. Exemplary care is provided when there is *joint transcendence*, when, that is, care is given and is received in a mutually affirming experience.

Caring is a two-way phenomenon. One human cannot touch another without also being touched. A physician cannot be the first person to hold a newborn without sensing the presence of God. A nurse cannot deliver a dying person to the next life without finding her own life more precious.

Caregivers who are committed to living their

missions are open to being changed by those patient-caregiver encounters. The lessons they learn from these experiences move them towards being more caring, more compassionate human beings. Commitment leads to fulfillment as the entwining of two human spirits nurtures both. A story I heard illustrates this fact.

"Marie was my patient," a nurse named Linda told me. "She had already lost an arm and shoulder to cancer. Always amazed at how joyful she was, I thought: This can't be genuine. But it was. I learned that Marie had a lot of support at home. She was really close to her sister and had a strong religious conviction. I cared for her often over a period of about two years. Whenever we got new patients with the same diagnosis, Marie would offer to come and help me teach them about the disease. Using herself as a model, she would just whip off her shirt and show them her scars and amputation.

"One day Marie told me that her disease had spread and the doctors wanted her to try experimental radiation therapy. She had decided to refuse the treatment. I was stunned. I just kept shaking my head and saying, 'Please give it a try.' But, for Marie, taking the radiation was wrong. When she saw how upset I was by her words, she put her good arm around me and said, 'The cancer has spread too much, Linda. I can't do this any longer. I'm OK. I know I'm going to die and I am OK with that.' But I was shattered.

"A few weeks later we had a call from the nurses in Marie's town, which is about two hours' drive from our city. They wanted us to tell them how to look after Marie at home, so she could stay with her family until the end. I asked to go teach the nurses what they needed to know. Though I was eight months' pregnant with my first child, I wanted to do all I could for her.

"About 15 minutes into the teaching session with the nurses, Marie showed up. She wasn't well. She was thin and pale, but she looked at me and said, 'Here I am, Linda. I wanted to come today and be your model like I have always been.'

"When the class was over, Marie had to go. Again, I wasn't coping very well with our goodbye, because I knew it would be our last. Again, she nurtured me. I will never forget what she said. 'Linda, it's OK,' she said. 'In fact, it's kind of exciting. Here you are going off on a new journey of motherhood and I'm off on a journey of my own. We are both going to be just fine.'"

Sometimes commitment hurts. To be truly committed to your patients, you have to be willing to share their experiences, to walk with them

in the good times and, most especially, in the bad. Still, these caregivers said, it was when they engaged in this shared journey that they were most fulfilled. For it was during these times of pain and trial that they truly felt they could make a difference. It was when they came closest to experiencing empathy that they also were transformed. It was in these person-to-person encounters, they said, that they knew the presence of God.

HEALING AT WORK

In providing care to the sick and dying, there is one essential lesson that must be internalized: Health is much more than the absence of physical disease. Just as a person may be "healed" of his or her physical disease and yet remain unhealthy, a person whose body is rife with disease may nevertheless be healthy if he or she is restored to wholeness with respect, dignity, and compassion.

Health care providers should acknowledge these paradoxical phenomena and help all people, even those who are close to death, to strive for the highest levels of healing possible. *Healing* goes much beyond making diseases disappear. "Often, although we cannot reverse the effects of disease, there is always hope that we can heal the person of the pain of regret and fear," one nurse told me. "To do so is equally important in our daily work. We consider this success."

I recall a patient who confided in me that, although he was close to death, he had, "never felt more well." Through the facing of his mortality, damaged relationships had been healed, his spiritual self had been renewed, and his life had become whole.

LOVE AT WORK

How priceless is your unfailing love.

—Psalm 36:7

To love means to care for, or to treasure, someone or some thing. God calls us to love, to "do unto others as He has done unto us." As we receive God's love and impart it to others, we are given "the power to repair the world."⁷ Examples of love at work—givers of care doing as God has commanded and loving selflessly—are many. When I asked Paula why she chose to continue as a clinical nurse, lovingly giving hands-on care, she replied: "It could be me or my mom sitting in one of those wheelchairs. If it was, I would want a nurse who loved me and showed it by caring that I like my coffee black and my slippers powdered." Love changes things; "love breaks all the way through."⁸ "If you are really in love with

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Christ, no matter how small your work, it will be done better; it will be wholehearted. Your work will prove your love."⁹

A story I was told vividly demonstrates the living out of the value of love at work—a nurse becoming a conduit for God's love.

"Sometimes the process of dying can take a long, long time," a nurse said. "Mr. Howe had been in the last stages for about two weeks. Tuesday morning came, and it was clear that his condition was deteriorating. Finding his wife and daughter in the hallway, I took their hands and said, 'It's time.' I walked them into the room and placed one of Mr. Howe's hands in his wife's and the other in his daughter's. My only words were: 'He's going home now.' Their tears flowed as they said goodbye. I cried, too. No matter how prepared you are for death, the final moments are always hard. In a short while, all of his other children arrived and were ushered into the room. They formed a circle around him, joined hands, and extended their hands to me, inviting me into their family. Together we recited an 'Our Father' and prayed for his safe journey.

"I can't tell you how special I felt to be part of that intimate circle. It was a gift that would give me a great deal of strength in the deaths I would see in the days to come."

MAKING THE INTANGIBLE TANGIBLE

One writer has asked: "If Catholic health care is truly different by virtue of our Catholic identity, how do those differences present themselves within our organization?"¹⁰ For me, the answer is in our stories about the caregiver-patient interactions that, although they occur every day, often go unnoticed and thus unrecorded. These stories give our intangible core values, our mission, a concrete form that then can be shared. These stories capture the simple gestures that exemplify the

values of hope, compassion, creativity, community, commitment, healing, and love. They remind us that it is often the simple gestures, the smallest acts, that make the biggest difference for those who come into our care. By willingly sharing the journey of the sick and needful, we nurture and nourish others, and in turn we are fulfilled and energized to continue our personal and professional mission.

The stories shared here help to make tangible the intangible. May they inspire us all to live our mission as we carry out the work we are called to do. May we (as Florence Nightingale instructed us) respect our calling, for God's precious gift of life is often literally placed in our hands.¹¹ □

NOTES

1. D. Irvine, *Simple Living in a Complex World: Balancing Life's Achievements*, Red Stone, Calgary, Alberta, Canada, 1997, pp. 16-17.
2. T. Maddix, "Spirituality, Work and Life: The Agony and Ecstasy of Daily Living," a talk given at the 12th Annual Palliative Care Conference, October 23-24, 2000, in Edmonton, Alberta, Canada.
3. These themes have been adapted from the mission and values statement of the author's former employer, Caritas Health Group, Edmonton, Alberta, Canada (see www.caritas.ab.ca/mission.htm).
4. R. Fulford, *The Triumph of Narrative: Storytelling in the Age of Mass Culture*, Anansi, Toronto, Ontario, 1999, p. 9.
5. Ronald Rolheiser, *Forgotten among the Lilies: Learning to Live beyond Our Own Obsessions*, Hodder & Stoughton, London, England, 1990, p. 272.
6. Mother Teresa, *No Greater Love*, New World Library, Novato, CA, 1989, p. 67.
7. Marianne Williamson, *Illuminata: Thoughts, Prayers, Rites of Passage*, Random House, New York City, 1994, p. 6.
8. Williamson, p. 19.
9. Mother Teresa, p. 69.
10. Robert G. Porter, "The Essence of Catholic Health Care," *Health Progress*, November-December 2000, p. 14.
11. See Florence Nightingale, *Notes on Nursing: What It is, and What It is Not*, Dover, New York City, 1969, p. 5.

PORTRAITS IN COLLABORATION

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involving the management of categorical revenue streams, including Medicaid, Medicare, commercial insurance, contracts, and fee-for-service arrangements with city and county payers. Although the collaborative has become very creative in paying for initiatives, it struggles with funders who encourage providers to collaborate but who do not collaborate themselves in terms of commingling their own funding streams. Despite this obstacle, the organization has been able to fund an extensive array of collaborative efforts.

THE FUTURE

Given its early recognition of the importance of only taking on what is manageable and has potential for success, the collaboration has grown incrementally. The partners now believe that it is important to institutionalize the work of the collaborative to ensure continued growth while sustaining current efforts. To this end, the partners have recently announced the formation of the Caritas Connection, a 50/50 joint venture corporation that will integrate many of the Catholic-sponsored health and human services in the diocese. One of the initiatives of the Caritas Connection will be the development of an integrated delivery network to provide a seamless continuum of high-quality, low-cost, accessible services for the low-income community.

The Caritas Connection's objectives are to:

- Ensure sustainability beyond the commitment of the present team
- Provide a vehicle for the development of fundable, reimbursable lines of business
- Expand participation to include other Catholic ministries
- House more complex collaboration initiatives
- Leverage gifts among Catholic ministries to serve people
- Speak as one voice and influence public policy
- Derive mutual benefits

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