



ONE A Caring and Healing Environment

Jayne Felgen

“When crossing a river, remove your sandals.
When crossing a border, remove your crown.”

—*White Hmong Proverb*

These provocative words of wisdom, borrowed from *Healing By Heart* (Culhane-Pera, K A, 2003), a wonderful work addressing clinical and ethical case studies across cultures, were a guide for this chapter. Just as it is practical preparation to remove one’s sandals before crossing a river, it is practical to prepare oneself with education and skills before providing interventions to aid the healing of those in need. Much like this proverb, however, caring for others moves us quickly beyond the practical. When a care provider crosses the threshold of a patient and family’s door, he or she crosses a border, moving from the world of practical preparation into that of a personal healing relationship in which everything he or she does is in service to the patient. This border crossing brings care providers into the patient’s and family’s world—a world about which they know little—and within which they must tread with great humility.

A caring philosophy is most powerful for care providers when it is accompanied by a conscious-

Overview

I think one’s feelings waste themselves in words; they ought to be distilled into actions which bring results.

—Florence Nightingale

ness of purpose, clarity about their roles and those of their colleagues, competency in managing relationships, and a commitment to touching each patient and family in ways that are meaningful to them. When nurses, allied health professionals, and their colleagues *own* their practice and consciously create environments of healing, their efforts visibly affect the practitioners, the practice, and the physical space. Initiating and sustaining a therapeutic relationship with patients and their families is central to caring and healing environments. This privileged bond between care provider and receiver has been called a “sacred space” (Wright and Syre-Adams, 2000).

If this Hmong proverb was applied to the health care environment, we might imagine that care providers would immerse themselves into the *lived* experience of patients and families. We would seek to understand their reality, and prepare to meet them where they are. And we would reach out to them with deep humility and unwavering respect.

**The Proverb
in Action:
A Personal
Story**

The following story, in which my own family and I experienced extraordinary care and healing, may bring this point to life.

A few months ago my mother’s thirty-five year battle with chronic illness ended in the Intensive Care Unit (ICU) of my hometown hospital in Sidney, Ohio. Her life ended where *her* mother’s had ended, and where mine began. The manner of her passing and its inclusion of family provide a stark contrast to our experience when Grandma died fifty years ago. The love and the caring my Mom and our family experienced were remarkable. The staff may scoff and suggest that they were just “doing what they do,” but I believe their



actions, especially in Mom's last twenty-four hours, illustrate the concepts of caring and healing in a particularly compelling manner.

It was a Friday afternoon in late October, memorable because this was the 14th annual gala of the Nightingale Awards of Pennsylvania, and I was in Hershey for this black tie affair to recognize nurse exemplars. I called the hospital to check how Mom had handled her colonoscopy. After a week's hospitalization and several tests, we were hoping to learn the cause of her intense and unrelenting abdominal pain.

The unit clerk explained that Mom had "run into some difficulties" and she would transfer me to the nurse in ICU. However, since the physician was in the ICU, he came to the phone first. He introduced himself as new to Sidney and Mom's medical care, but not new to medicine, and he then explained the circumstances surrounding Mom's transfer to ICU.

Despite a do not resuscitate (DNR) designation, the nurses in the post anesthesia care unit responded to Mom's bradycardia with appropriate medication. She responded to this "chemical code" and was placed on a ventilator. I concurred with his judgment that the RNs had made an understandable choice to resuscitate Mom given an assumption that her consent for anesthesia temporarily overrode her DNR status. "Jayne," he said, "despite all good intentions, this situation fell into a gray zone." He and my sister, who was present and had durable health care power of attorney, agreed to continue with the ventilator for the short term, at least until I could make the nine hour drive home.

Before I departed, I received a call from the physician. He had just spoken with both of my sis-

The capacity to watch over and guard the well-being of others is an important gift, and one that is learned with great difficulty. For it is one thing to see the situation others are in, but it is quite another to care enough about them to help, and yet another to know what to do."

—Judie Bopp