



**A Theory on the Progression of Caring in Nursing:  
From the Professional Responsibility of Caring to Transpiring Care [1]**  
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by  
**Astrid D. Oviedo**

Between the time I attended the IAHC Conference last May and December, at which time I am to submit a letter describing how the conference enhanced my studies and clinical experience, I have had but few hospital duty exposures. So that somehow limits what I have to say 6-months post conference; nonetheless, I would have to say that my attendance to the conference will have cumulative benefits as I pursue my nursing career in the years to come.

I do not know how it is in other countries but in the Philippine setting: "toxic" is a word that is used to describe a variety of patients - unfortunately. Euphemistically, an uncooperative patient. Sometimes, it is used to describe a "watcher" or a significant other of the patient who is demanding of a nurse or relentlessly complaining. Usually, it is an adjective attached to a Clinical Instructor by students through a consensus. If RN is a suffix to the CI's name, then toxic, is his or her permanently designated prefix. Personally, I use only it to describe a patient who is Q1. I know better than to do that.

During our staffing duty, we were randomly assigned 3 patients each. A group mate was assigned to Room 303, a semi-private room which happened to have a 40-year old lady with a diagnosis of hypertensive crisis who was Q1 BP and Q1 neurological assessment - my personal definition of toxic. The other two patients: one was diagnosed with pulmonary tuberculosis and the other was, I suspect, undiagnosed stomach cancer. Among all the patients on the third floor, the hypertensive lady's condition was the most critical. I have to admit I was relieved that she was not assigned to me. However, the group member who was assigned to her refused the Room 303 assignment. Knowing the Q1 condition of the lady in Room 303 and despite knowing my own lack of clinical skills, I took the risk and volunteered to be assigned to Room 303. I was scared of course. This was going to be my first time to do neurological assessment. At the back of my mind, I was thinking, what if this patient dies during my shift. Of course, it was not going to be my fault that she would die; nonetheless, just the thought of it, scared me. To cut the suspense, she did not die during my shift, she was discharged the day after my shift. And, I learned to do neurological assessment. That



was a defining moment for me. One cannot simply pay lip service that caring is the essence of nursing. Indeed, with nursing comes the responsibility of caring.

As I approached my Q1 patient, let's call her Angela, I immediately noticed that she had warts (or what looked like warts) all over her body. But when I saw her cousin stroking her left leg (at this time, Angela had left body weakness), I thought to myself, whatever it is that Angela has on her skin cannot be transmissible by contact otherwise her cousin would not be touching her. After I took her vital signs and performed my first neurological assessment, I asked her if she would like a backrub. She responded by moving her eyes from a far-away glance and then staring at me, which I took to mean a yes. So I began stroking her back, and there was no mistaking the warts all over her back. So I asked her about the condition and she said she had had it since she was 19 years old.

The second day of our staffing duty, we were assigned the same set of patients. Angela was mine. After the vitals sign taking and neurological assessment, I brushed her hair, performed oral care, and did a back rub, while all this time she was just staring blankly in space. And at the end of it, Angela looked at me and she said: thank you. I was so taken aback that I did not even manage to reply "you are welcome." In all my duty exposures, the one who was least able to talk managed to say thank you.

The conference reinforced in me the virtue of being mindful of each human encounter, to be mindful of each patient. My patients teach, and this particular patient taught me the value of caring and caring back.

Altruism, student nurses are taught, is one of the characteristics of a profession. Altruism is not unique to the nursing profession. This criterion crosses all professions: medicine, the legal profession (which I am part of) and nursing (which I will eventually be a part of). But nowhere is altruism more evident than the profession of nursing; and I dare say, more than the field of medicine. No profession is blessed with more opportunities for deliberate, not just random, acts of kindness than nursing is. On some occasions, a doctor will have to say to a family member of a dying patient: "I am sorry. There is nothing much that we can do" or "there is little else that we can do." But this is unthinkable for a nurse to utter. Even in the face of death, and even more so in the end-of-life care, a nurse has the professional responsibility of caring. Yes, caring is the essence of nursing; and so the nursing curriculum should emphasize the duty to care. Duty and responsibility presupposes the formation in one's mind of an intention to care, and that good intention is transmuted to an act and behavior of delivering a service that brings comfort to the patient.

Caring begins as a duty, as a professional responsibility. We have to perform that deliberate act of kindness - regardless. I am grateful, even this late in my life, to be presented with opportunities at which I am challenged to care, and with practice, and at some point, the choice stops. It will be an automatic transpiring of care, as natural and effortless as breathing (that I wrote about in my qualifying essay). That is my own theory of the progression of caring: the transformation of caring as a dutiful act to one that becomes automatic, effortless - very much like breathing or transpiration.

I am skeptic about the existence of God, but nonetheless, if we reach that place, a pre-departure to heaven - as in the movie "Defending your Life" - where we have to have our own defense to be admitted to heaven, I have plenty of souls to be witnesses on my behalf. Well, even if there is no heaven, I am happy and honored to be of service.

My attendance to the conference (and similar conferences in the future) - participation in the workshops, fellowship with the participants - helps me return to my magnetic north, caring. As young a nurse-to-be as I am, the IAHC experience instills in me the professional responsibility of caring. To the future Droebeke awardees, I wish that the IAHC conference would have as much of an impact as it had with me. To my sponsor, Dr. Marilyn Ray, I am eternally grateful. To the IAHC, may the good work never stop. I have to stop because I sound like a beauty queen ending her reign.