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The Cycle of Caring

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This article discusses areas where nurse leaders may make conscious and deliberate efforts to impact the organization's culture for caring. Leaders must first care for caregivers and have a commitment to their well-being. It is essential that we develop and engage in programs and activities that help staff with their personal struggles and propel them forward on the journey to being their best selves. We must seek to give them the skills and competencies necessary to work in a caring environment. Nurse leaders must facilitate the development and implementation of programs that foster a caring and compassionate culture. The author shares 2 programs that nourish the soul during difficult times for patients and their loved ones in the hospital setting—End-of-Life program and Massage Therapy program. Just as we care for those within our walls, we must also plan and deliver programs that promote health and well-being of our community. Such programs are an integral part of fulfilling our organization's mission of caring for the community. New and proven technologies advance our profession and contribute in invaluable ways to a healing environment; however, it is critical that we retain the art of caring, fundamental from the past and that helped to shape the profession of nursing. **Key words:** *caregivers, caring, community, end-of-life, massage*

NURSES have always been called to serve others during some of the most difficult times of their lives, when they are sick and in severe pain, full of inconsolable fears, highly anxious, and very vulnerable. Patients and their loved ones look to caregivers for competence, for use of every available technology, and medical discovery. However, it is a caring and compassionate approach that helps to relieve stress, to decrease anxiety, to make the greatest impact on their lives.

Nursing is a noble profession that calls us to be and become our best selves, to rise above prejudices and negative attitudes, to be forgiving, and to engage in continuous learning and self-improvement. Nursing has its foundation in the art of caring—caring enough to reach out to those who are hurt, to those who seem unlovable, and to those who are marred and even disfigured. Staff shortages, overregulation, and litigation threaten to discourage, tire, and overwhelm us. However, as we look to the future and embrace new tools and knowledge, we must retain that which is foundational and valuable from the past to provide an environment that facilitates healing and gives hope.

Nurse leaders have the opportunity to influence the organization's culture, and must make a deliberate and conscious effort to develop programs that create a cycle of caring. This article discusses 3 sets of programs where we can make significant impact:

1. Programs to care for caregivers, designed to model caring
2. Programs for patients and their loved ones, to provide information and support and decrease anxiety
3. Programs to reach out to our community, to promote health and wellness

CARING FOR THE CAREGIVER

First care for yourself

Before we can truly care for others, we must first care for ourselves and commit to our own success. So often we rush from one crisis to another, endure long workdays as we manage multiple priorities, and neglect our own needs. We *must* take time to

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carefully examine our lives to ensure that we walk in balance, that our souls are nourished so that we can, in turn, nourish others. We must take time to develop healthful practices, manage stress, focus on personal and professional growth, and keep commitments to our loved ones. It is essential that we take time to develop the necessary skills, competencies, and attitude to care for others. We must have a clearly articulated purpose, set reachable goals, sense our innate value, and be right with our inner spirit. Only then can we truly care for others and have a commitment to their well-being.

Care for your staff

In his book *The Leadership Wisdom of Jesus*, Charles Manz[1] discusses the fact that leaders are flawed human beings leading other flawed human beings. We have an obligation to lead with compassion and caring, to be discerning, ready to create a buffer for those who stumble and fall, while ensuring a safe patient environment. We must communicate behavior and performance expectations and hold staff accountable. However, some of our staff are engaged in major struggles in different aspects of their lives—health and financial issues, failed and/or dysfunctional relationships, or abusive situations. Lance Secretan[2] reinforces this in his book *Reclaiming Higher Ground*, reminding us that when our staff come to work, they bring their souls with them, including any baggage that is part of their existence. The work environment can provide them with support, affirm them with positive role models and meaningful relationships, and propel them forward with a desire to rise above their present reality. Each one of our staff is unique and worthy, and we value them by listening to their stories, and motivating them to become their best selves. As they find success as human beings, they become even more successful at work; as they experience caring from us, they understand the language of caring, perpetuating the cycle. They will embrace a culture that cares, develop an attitude that reflects this belief, and treat those with whom they come into contact in a similar manner as they are treated.

Organizational culture of caring

In my organization, we believe that leaders must be carefully selected and understand the organization's commitment to reflect the culture of caring in every encounter. The entire organization must be congruent in its behavior. A reputation of being caring helps to attract applicants seeking to work in such an environment. Our statement of mission, vision, and values is discussed during an applicant's first contact and throughout the interview process so that we can select and hire those who are most aligned with our values.

Our mission statement is simple, yet strong and lasting:

Restoring Peace . . .
Restoring Hope . . .
Restoring Health . . .
To do this as Christ did
This is our Mission.

During the orientation process, senior executives share the organization's code of conduct, strategic initiatives, and our strong sense of mission, further cementing the culture of caring. Job descriptions include performance standards and contain statements that focus on mission and objectives, customer satisfaction, interpersonal relationships, courteous behavior, and professionalism. We evaluate staff's compliance with these standards, which include statements such as "serves customers with compassion, dignity, and respect." Preceptors are educated in principles of mentoring and coaching and partner with new staff to reinforce expectations and provide support as they integrate into the workplace.

Other programs, not necessarily unique to our organization, continue the message of our commitment:

1. An employee assistance program that assists staff through family illnesses and death, divorce, financial issues, performance, and other issues

2. A week of spiritual emphasis with sessions, presented each day to assist staff in successful living, on topics such as healthy relationships, personal health, and true success
3. A benevolent fund managed by our chaplains in which staff contribute through regular payroll deduction or periodic monetary gifts. Those in need may access the funds without any obligation for repayment
4. Our paid time off gift program where staff may transfer benefit time to someone who needs time off for illness or another emergency
5. Our paid project time program allows staff to remain at work during low census times doing projects such as online education, policy and procedure revision, and other projects assigned by the department leader. This decreases anxiety for direct patient care staff who would otherwise have fluctuating incomes

As we care for ourselves, committing to our own growth and success, we have greater capacity to show positive attitudes and caring for our staff. This, in turn, increases their ability to transcend individual challenges, and participate in holistic nursing.

CARING FOR PATIENTS

End-of-life program

When there is no curative treatment and it has been determined that the patient is terminal, we want to ensure that the patient dies with dignity and comfort, that care supports the family's values and traditions, and all are treated with respect and concern. Whenever possible, we want to facilitate an orchestrated death where the patient and the loved ones are literally given the gift of time to prepare, to heal old wounds, to find closure, and to tie up loose ends in a peaceful and nonchaotic setting. These are the objectives of our "end-of-life program."

Staff discuss preferences for physical care and nutrition, pain management, alternative therapies, and ways to provide emotional, cultural, spiritual, and religious support. They explain program components and assess desire for full or partial participation, implementing only those aspects chosen by the patients, and their loved ones. In collaboration with the physician, nurses individualize preprinted "comfort care orders," which address treatment of pain, dyspnea, agitation, congestion, and pruritus.

Here's one spouse's feedback:

I am here to share with you my feelings in those last hours of my husband's life, and how the hospital staff helped us to cope with this stressful time.

I was provided with a booklet titled Preparing for the loss of a loved one. *This material explained the symptoms of dying. It discussed breathing problems, fear, depression, and needs of the dying patient. It encouraged conversation. I held his hand and gently massaged his body to let him know he was not alone. I talked to him about the good times we had together. I told him I loved him and that everything is going to be OK. The atmosphere of the room was filled with calmness and peace. The TV monitor portrayed pictures of waterfalls, flowers with butterflies fluttering among them, quiet streams with fish playing in the water, peaceful meadows with cattle grazing, and trees with squirrels playing hide and seek. There were pictures of national parks, beautiful churches, and buildings of interest. All the scenes were accompanied with familiar hymns and beautiful music softly played, filling the room with a feeling of peace and relaxation. Lights in the room were turned off with only the soft light of a lamp filling the room. A colorful bedspread gave a touch of home. A caring and loving hospital staff made sure my husband was pain free and comfortable and my needs were met. The whole atmosphere provided me with inner peace. The knowledge of what was taking place with the dying patient helped me to*

be calm and gave me the courage to handle the difficult time, knowing my loved one was not suffering, but dying peacefully. My heartfelt thanks to the hospital staff, chaplain, and friends who were there for me in those last hours.

The program is implemented by an interdisciplinary patient care team who complete a training program before participating.

Here's a brief summary of the components:

Information to patient/loved ones before and after death: An initial packet is given with information on the dying process, what may be expected as the patient deteriorates, suggestions for communication, common grief responses, and contact information for local funeral homes. One packet is designed for adult children and spouses, another for parents of young children.

A bereavement packet is sent to the next of kin after death, and has information about grief recovery programs and community support programs. Staff include a condolence card in which those who cared for the patient write personal notes. Our medical social worker refers for counseling services as needed.

Angel cart: This is a cart prepared and ready use rooms at either end of a hallway to allow extra space and easy access to the garden. Special draperies, a table lamp, bedspread, and other items are brought to convert a hospital room to a more homelike environment.

Music: This is an important component of this program and is personalized for the patient. Options include a harpist and violinist for live music, a music channel on our CCTV program, and music brought by family members.

Chaplain services: The hospital chaplain is available at all times, and community pastoral staff are invited to visit by request.

A memory box: This is given to the family when there is a fetal demise. This may contain a journal for the parents, a copy of the baby's footprints, a lock of hair, photo, the baby's ID band, and any other item desired by the family.

Specially trained volunteers: They are available to stay with dying patients when family members need a break or are not available.

This program costs very little once the initial planning process is complete; however, it generates a lot of positive feedback from family members, and from staff who are able to

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