

Nursing by Heart After Personal Sickness

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I often said to my students and the new staff: "After working in the real world for a while, please constantly refer back to your 'original intent'. When taking care of a bed-ridden patient, ask yourself if you were the patient, how would you like to be treated?"

Every time I saw the long gaze from the students, I was touched because I knew they were paying attention.

Years passed, my students have grown up and became colleagues. However, when they are busy at work, they tend to forget the loving care and observation they are accustomed in order to finish the work on time.

One time my mother went to a renowned hospital for an X-ray. Unable to hold still because of her back pain, she was yelled at by the technician. I was stunned by her rude behavior. Only when I threatened to complain to her supervisor did the technician change her attitude. Does it have to be this way? Will she ever treat a patient as if she were her mother?

One has to be ill to experience suffering. Without experiencing illness of a loved one, one would not understand the agony and anxiety of the uncertainty. The following four stories are written by the nursing staff or their families about their real-life experience; how they became patients or families. They remind us to use empathy and care during the process of interacting with patients and families.

Working at the Tzu Chi Hospital, immersed in the Tzu Chi humanistic culture, there are many touching stories happened around us. I have received praises but also found to be deficient in some areas. "Work diligently, speak attentively, express sincerity, and don't forget to smile!" The Tzu Chi hospital is built on humanistic foundation. I sincerely hope all the medical and nursing personnel can be bodhisattva, hearing and curing the pain and suffering.

Learn from Poor Services

Yin-Chen Hsu, RN, Respiratory ICU, Tzu Chi Hospital, Dalin Branch

I am a nurse and also an expectant mother. I didn't choose the hospital that I work at for the delivery. Instead, I chose a celebrated hospital that is close to my parents-in-law as well as my husband's office.

Shocked by the Unprofessional Experience

With the symptoms of pre-labor, I went to the hospital one day before the expected date of delivery. I felt much discomfort because of my body and the crying from the other mothers. I know childbirth is an extremely painful process and I assume nurses are supposed to comfort the expectant mothers, but to my surprise the nurses working there are extremely inconsiderate. Not only do they not lower their volume, but they also giggle all the time doing trivial things such as deciding what food to order, and yelling when ice cream is available.

At the end of the painful day, not only was I not ready for labor, but I also



A bad experience at the maternity ward is a lasting reminder so Yin-Chen Hsu's will never forget the utmost sincerity and attentive care when attending patients.

developed symptoms such as dizziness, nausea, and vomiting. The doctor came and decided to deliver via cesarean section (C-section). What shocked me was not about the operation, but what I heard laying on the operating table. These terrified nurses in the delivery room had to ask the nurses in the pre-delivery room for the operating procedures. It really shocked

by what I observed. Delivering a baby is supposed to be a sacred event, but the doctor and the nurses were unprofessional and irresponsible, all the way until the end of operation! Luckily, baby and I were safe at the end.

In Retrospect – to Begin with “Heart”

This unpleasant experience made me re-evaluate my work. I work at a respiratory care ward where the patients depend on

ventilators to survive. Many are in coma, or can't communicate. We tend to forget our professionalism, for example, we talk loudly with each other without respecting the patients' right for quietness. When the roles rotate, I suddenly found that I had fallen into the blind spot of daily routine work -- that I forgot the most basic and fundamental principle of “enthusiasm” and “attentiveness”. After re-evaluated myself, I will begin my work from my “heart” and hope to provide the best service to the patients.

The Moment with Death

Li-Tzu Liu, RN, Palliative Care Ward, Tzu Chi Hospital, Dalin Branch

I have never ever experienced the “Life and death in a sudden” or “Miracle”. As an expectant mother, the discomfort started the afternoon of May 15th. That same night, I was administered into the emergency room and the fight for my life was just a beginning....

Pre-Labor with No Matching Symptoms; Continuous Belly Pain After the Deliver

When I was told by the doctor that my cervix had stretched to about four-finger wide and I needed to be administered into the hospital right away, I was really confused because there were no matching symptoms yet for the labor at all! After long inexplicable contractions and upper abdominal pain, the progression still did not reach the next stage thus the doctor decided a C-section was required immediately. On the morning of the May 16th, I finally gave birth to “Big Bear”, my

dear son.

“But why in the world was I still feeling stuffy and in pain?” The doctor told me my triglyceride levels had reached above 9000 and the subsequent consultations did not seem to help at all. Being short-tempered, I requested bowel movement injection and stool softener, followed by asking for N-G decompression and anal canal induction. I was hoping all my discomfort could be removed right away and was so angry with the doctor because he couldn’t make a simple decision.

Medical Aid in Critical Life Moment

The situation did not improved at all and had gotten even worse. At about 10 pm on the 17th, I had such severe respiratory problems that I didn’t think I would be able to live through the night. At



midnight, the doctor came and told me I had to transfer to ICU and needed to be on CVP. I was calm when I heard that jargon, but I had a strange feeling that those were the instruments that I use daily to take care of my patients. Now do I need to depend on those instruments to support my life? When I arrived at the ICU, the working personnel approached and surrounded me right away with all the routine works -- on A-line, on lead, change NRM, CVP, etc. Finally a CT scan diagnose indicated the culprit was “Pancreatitis” and an urgent surgery was needed immediately. Things flashed in my mind. I was afraid I was going to die. My family, my child, my friends..... I didn’t even have a will written down yet, there are too many things left to be finished.....If I could, and I would just get up and walk out of the surgery room. If only I could...

When I woke up, there were Endos (endotracheals) and three pig-tails connected to my body. My mind was blank and couldn’t think of anything. Visiting hours were the most joyful moments for me because many of my colleagues would come to accompany me and talk to me. I was thrilled when my colleagues presented me the poster they made with my son’s fortunate face. I sure hoped he would not grow up in a single parent family. Days passed and because of fluid trapped in

Li-Tzu Liu thought her laboring and delivery experience is a treacherous journey full of obstacles. She would cherish every moment at hand now.

my pleura, I had to have another pig-tail. It was really painful and I wished they could just do one thing to me -- just go ahead and knock me out. I waited for the doctor everyday and waited for the day I could be transferred out of the ICU, the waiting seemed to stretch every minute to an eternity while I was waiting...

On the May 27th, the CVP, TPN and the heavy pump equipment were finally removed. I began walking, but my legs were really weak. Luckily, my fellow colleagues came to my rescue. They helped massage my legs and assisted in my rehabilitation. Otherwise, the hospital might report on any accidental fall.

Love Others and Oneself – Be a Good Nurse and Mother

Looking back, it was a treacherous journey full of obstacles and barriers. I would express my deepest appreciation to the doctors, colleagues and supervisors, and all the volunteers who came to my assistance. The experience allows me to understand the patient's point of view. It does not matter how small a pig-tail, it is uncomfortable. It is critical to handle patients, who are in pain already, with gentle movement; turning or positioning with the most comfortable posture.

I need to regain my health as soon as possible to care for my child and the patients who are in need of care.



Early Came Gift

Yu-Wen Chen, Nurse Practitioner, Medical ICU, Dalin Branch

My first practical training lesson was at the Obstetrics and Gynecology department. I was excited but and scared when I put on the training uniform in the maternity ward. The patient was scheduled for a

surgery to remove a fibroid. For first time in my life I was in the surgery room, up close to observe septic sterilization, hand wash, and the well-coordinated disciplines between nurses and doctors. I almost contaminated the surgery platform because

of nervousness and stupidity.

Being an ICU nurse specialist and becoming a new mother, I learn to cope with taking care of a new life, though born prematurely.

I remember at the beginning stage of my pregnancy, the baby's ultra sound image caused a great deal of excitement, happiness as well as worries. I was happy of becoming a mother, but also worried about the delivery of a healthy baby. To be cautious, I seek medical advice and followed regular prenatal check up. My colleagues were extremely helpful, making sure no lifting of heavy materials nor bumping with the patients by any means. They even nick-named my baby "Niu Niu", which means "baby ox" since it was the Year of Ox in the Chinese Zodiac.

Premature Birth and a Tearful Mom

On the morning of the 25th week, I began to feel the pain. The experience with my colleagues signaled the beginning of labor. I called the nursing specialist who recommended an immediate emergency room service. After notifying my family, I walked over to the ER from my dorm and was admitted instantly. The next day, many of my colleagues came to visit. I joked about Niu Niu behaving like a bad boy. When I glanced at the instrument that monitors the baby's heart, I prayed for the baby to settle down.



Being a mother of a premature baby, Yu-Wen Chen becomes sympathetic and understanding of the pain and suffering of patients' family.

At night, the unexpected contraction broke the silence in the room, and caused a moment of chaos in the ward. Niu Niu, weighting only 700 grams, arrived early into this world. Poor Niu Niu had to fight for his survival at the pediatrics ICU room. With family and friends besides me, I visited Niu Niu inside the ICU. Lying inside an incubator, Niu Niu's little body was covered with all kinds of tubing and instruments -- IV, nasogastric tubes, monitoring wires, airway and respirator. His little body was no bigger the size of my palm. I felt sorry for him. Tears started streaming down my face while I was watching.....

I stayed at the dormitory during the seven days critical period for Niu Niu. Then I moved in to my parents' home in Ping Tung in order to stay close to the hospital.

I shuttled numerous trips to the hospital. I call the hospital to follow up on Niu Niu condition if I could not make it in person. Every time I was making preparation for Niu Niu, it was another tearful lesson. I developed the postpartum depression.

Starts All Over Again

Niu Niu's PDA (patent ductus arteriosus) syndrome is often born with premature infant, Doctor Shou-Zhi Chang, Director of the pediatrics ICU, kept me informed closely with Niu Niu's day-to-day condition. The nurses not only took great care of Niu Niu, but also care about my feelings. They taught me many basic nursing techniques including how to feed and bathe the baby. Many would say those were quite simple that no one would spend time on learning, little did they understand the fear I had to overcome.

Although I am a nursing specialist, I have never cared for such a fragile living being, not to mention a prematurely born Niu Niu. Many of the tasks look simple but need to be done the proper way. During my first feeding experience with Niu Niu, I had to untie the nasogastric tube still inside of the Incubator. I held his little body and let him nipple at the milk, one after another. 20 cc of the milk seems like a long time. I was really stiff and did not have the rhyme. Gradually, I can take Niu Niu out of the incubator and I was making progress. The first time I bathed him, I was so scared. It

took me a great amount of effort to finish the bath even with assistance from my colleagues.

A Loving Mother Needs to Be Considerate for Others

Finally, Niu Niu was released from the hospital. I had more time with him, and to learn his mood and reaction. Because of my nursing background and hyper sensitivity, I made demands to the family members, for example, monitoring oxygen, blood oxygen saturation, heart beat, etc. Sometimes, I caused a great deal of discord in the family because of my demands and tone. Fortunately, my sympathetic husband was cooperative and often saved me from the verge of collapse. The fact that Niu Niu was improving, becoming less dependent on oxygen, and was able to take more milk was tremendous encouragement and hope for all of us.

It has been ten years since I started working at the nursing field. I can still recall the expectation when I just graduated from school and the thorough evaluation to finally settling in the severe disease field. Having experience the work of a new mother, I become more considerate and tolerate for the patients' family, whose burden and pain I truly feel because I can see things from their side.

From Heart to Heart

Chuen-Hui Lin, RN, Respiratory ICU, Dalin Branch



I have worked in the field of nursing for a few years and handle all kinds of patients' related problems, but I have never considered the patient's family as the target of care as well. It is often said the longer a nurse works, the more impersonal attitude they become. Ever since I started working at the respiratory ward, I discovered the relationship between patient's family and the medical staff is extremely well and friendly. The nursing chief reminds us frequently to spend time with patient's family to better understand their concern and for the sake of better service. In my mind, it sounds easy, but I do think that's really hard to do.

Learn a Real Lesson when My Father Is Hospitalized

Until one day my father was hospitalized because of pneumonia, I discovered I have neglected about the patient's family. I was nervous when my father was hospitalized, even afraid of hearing the phone ring for fear of bad news. I recall a patient's family

told me that one would not sleep well even if there was a single family member in the hospital. Now I share that same feeling. Due to the attentive care and encouragement from my colleagues, my father recovered well and I was able to report back to work.

Paying Attention to the Feeling

After going back to work, I take time talking to the family members. They treat me like friends and family and they tell me all kinds of stories about the patient.

There are different kinds of family members. Some are very apprehensive at our attitude, facial expression, gestures, and even the tone of voice. When the staff is busy attending patients, they often lose their friendly smile or becoming impatient. We often need help from other colleagues to intervene before it gets out of control. Patients need loving care so their families can rest their worries. Dr. Kuo-Sheng Fan has often told us psychology support to the patient's family is important so we can all work like one family.

Scar and Imprint

– Curing Oneself of Violence Injury

Hsiu-Chen Yeh, Supervisor, Nursing Dept., Tzu Chi Hospital, Hualien



“ I thought I could handle all of the patient’s complaints but I was totally unprepared for one who exploded and began pounding the table with a patient’s clip board. The clipboard bounced off the table, flew through the air, striking me and cutting the edge of my mouth. I felt a sharp, piercing pain; and with blood oozing from the wound (which I tried to cover to stop the bleeding) I hid behind the counter, and cried out for help. The tears, mixed with blood, came streaming down my face. At that moment I was feeling very bitter...”

Sudden Violence Affects the Morale

Generally speaking, people think violence in hospitals will occur mostly in places like emergency rooms, or psychiatric wards, etc; seldom do they realize that it can and does also take place in other areas of the hospital.

The pain of the wound is temporary, but physical and psychological scars may last for a long time.

This article is about how nurses respond to, and are affected by violence in the workplace. In this particular case, the nurse was injured and tried to heal herself by walking out of the shadow of fear.

The following is excerpt from the report of that particular incident:

“It was (apparently) a normal Sunday afternoon when the In-Patient division received a complaint from a cancer patient’s family member who had become angry about the treatment being given to the patient. This family member had gone to the nursing station and had demanded to see a doctor. The station nurse explained that the doctor was being summoned; at the same time was attempting to calm the situation, and reduce the anger in this person.

Suddenly, this family member grabbed the patient’s chart and began pounding the table with it; this caused the metal clip to fly off like a bullet, and struck the corner of the nurse’s mouth.

The nurse received emergency care and her wounds required several stitches.

Security personnel, doctors and other



After a long while, it's time to let go of the attachment and forgive those who have committed the violence. Nurses always review their own action and behavior, and in order to attain internal peace, will forgive others.

nurses arrived to help control the incident; however, the person that caused the injury to the nurse did not apologize”.

For emotions to flare up is not uncommon in these situations, but causing bodily harm to hospital staff is a serious matter, and is of great concern to everyone. Some of the staff initially experience some anger, but most want to focus on calming the situation and taking care of the victim’s needs.

I met the injured nurse afterwards; she had bandage covering the corner of her mouth. I didn’t want to throw all the questions to her at the time, not until she fully recovered. I pray for her a speedy recovery without any scar.

The Wound Is Gone, But the Mental Scar Has Yet to Heal

After a long while, the wound disappeared and people seem to forget about her ordeal.

It was a traumatic experience for the victim; she said, *“It took me three months to let go of the incident. I convinced myself that it wasn’t the fault of the person who overreacted because of a serious family member’s illness; and since I didn’t cause the problem, there was no reason to punish yourself further.”*

The possibility of defacement is a great pressure to the young victim, especially women. Is three months a long enough time for the victim to recover? We can

find out the answer from the following - the victim’s recollection of the incident.

“I have been working in the field of nursing for about six years. I thought I had seen enough cases that presented a potential danger, especially when it came to family complaints. Therefore, I didn’t hesitate to intervene. I was caught off guard when this outraged family member pounded my table with the patient’s clipboard, and the metal clip came loose and hit me in the face. My mouth was bleeding and I couldn’t speak, I could only cry. It was bitter, the blood, the tears, and the emotion...”

“My mind was blank when it happened. I was able to stop the bleeding, but my emotions were still running high, it had to be vented somehow. I stayed on a little longer to finish my work, after that I went to the emergency room for treatment. I was told by the attending doctor that if I was given a local anesthetic, that would swell the wound and affect the result of the stitches. I had to lie on a bed whilst the painful stitches inserted one by one, without any anesthetic. All kinds of things were running in my mind, including the pitiful state I was in.”

To Forgive Others Means Be Kind to Yourself

Nurses always reflect on their cases. They think about the conversations and

exchanges they had, and question why they should receive certain treatment from patients or their family members. As a matter of fact, family members' requests are always followed up by doctors and management staff for resolution.

"After three months, I was finally able to forgive the offender. I had to convince myself that I, and others, will benefit when I shed this burden."

"I am grateful to all my colleagues, my supervisor, and management for their assistance in my recovery. Hind sight: had the family member who did this to me apologized for the offence, I would have felt a lot better; I wouldn't have been so angry, and perhaps the whole thing would have been over much sooner".

"For a while after the incident, morale was quite low among the staff in the

department; and the relationship between nurses and patients, particularly the one patient related to the incident, was fragile and guarded. Nurses generally feel they work extra hard to care for patients, and don't deserve this kind of treatment".

"I didn't want to worry my parents in Kaohsiung City but I had to tell them what happened. My parents, who are supportive of my nursing profession, encouraged me to change my career, or to change my job."

With Love from Others, My Scar Is a Memorable Lesson

With the help of colleagues and management, the incident was resolved without any legal proceedings, which could have added another layer of emotional



Patients' violence affects individuals and the morale of others. Nurses need to be proactive in communication, and support each other in tough times.

pressure for all involved. The patient who left the hospital after recovery came back to apologize to the nurse. I am happy that the victim nurse did not retreat, she continued on her courageous voyage in the nursing profession. This interview enables a deeper understanding of the spirit of nursing.

“Nursing should not be linked to this incident, and I will not let it affect my ability to serve patients. This is our mission,” said the victim nurse.

“I also like to share my experience with others. When patients’ family members make continuous demands or complaints, they have to be taken seriously and preferably given the highest priority. It is important to have a doctor present, or seek additional resources when dealing with irate patients or families. After violent acts, victims need to open up to others, and lean on them for comfort and support. Finally, convincing yourself to let go of the attachment is the best way to a speedy recovery.”

Violent acts, if they do happen, test both the mind and body. To the nurses, they test our commitment and belief. Once we get beyond the ordeal, the scars will heal and turn into a case study to be remembered. It is a sublimation of spirituality.

Of course, the best course is to avoid injury if possible. The following is an experience by Psychiatrist, Chia-Chun Wu, on how she handles violence.



Turning scars into a case study means progressive nursing, a proactive way of the living beings.

Thunder Bolt No.1

– Ward Violence Experience

Chia-Chun Wu, RN of Psychiatric Ward, Tzu Chi Hospital, Hualien

What is “Thunder Bolt No.1”? For those who are not familiar with the term, it is a code word for violence, to alert medical personnel of the danger.

Nobody wants to see violence happen to anyone. In the psychiatry department, we and the patients learn to respect each other. The nurses here are accommodating, with empathy and alertness. This can help minimize the probabilities of potential outbreak of violence.

Learning Kampfingen to Handle Violent Patients

When I first started working in the Psychiatric wards, “Kampfingen” was my first lesson and I thought it was an overstatement. Now I understand why it is required. But we are a group of fragile nurses lacking the muscle power. How can we protect and subdue an out-of-controlled patient who is yelling, screaming, and kicking?



Listening to the patients and respond appropriately is a way to build mutual respect, whereas communication can prevent the increase of anxiety in patients with emotional disorders.

In Psychiatry, there is always the potential danger of experiencing the violent actions of some patients. Nurses need to be familiar with the procedures of the ISO (International Organization of Standardization) workflow, be observant and accumulate experience by partnering with other teams to control violence.

If All Things Fail, Activate the Code Word

There is a nineteen year old female patient of muscular build with a mental disability. She comes to the station everyday to get attention. If her request isn't granted, she may become violent.

One night I was attending the station and she came to me and said, "I don't feel well. I want a shot (medicine)." She repeated her demand several times. I put off my things and started to work with this patient. First with empathy, I said to her, "X, I see you are not feeling well," then with

listening and accommodating, "why don't we talk?"

This patient started to kick the wall in front of the station. It was getting louder and harder, and she began to cry. I tried to comfort her but she ignored me. Suddenly, she glared at me and yelled: "I want my shot." The room was filled with patients at the time, and people were quite disturbed by the screaming. It looked as though a volcano was about to erupt. A safety officer was with me at the time so I asked him to assist me with this patient. In the mean time, I made a gesture to my coworker to activate the violence code word; then I told the other patients to go back to their



The safety and security personnel are important members in assisting the violence prevention in the Psychiatry patients' wards.



| Medical staff can observe patients' behavior through a central video monitoring system.

rooms. While the patients were leaving the area, I called the nearest nurse station, then the attending doctor's office with the same message: "Patient Jane is very emotional, she is becoming violent, please send help!" As soon as the message was announced, another safety officer was preparing the prevention safety room, to have it ready to restrain the patient.

Violence Came to an End, and We Reviewed Our Procedures

I tried in vain to persuade this patient to come nearer to the violence prevention safety room. She sensed my intentions, and rushed to attack me. The safety officer pulled her from behind to prevent

the attack, but it was already in progress; the two, struggling, both fell to the floor. I screamed for the other safety officer to come over. While helping to restrain this patient on the floor, I suddenly came up with the idea to sit on top of the patient, and did exactly that. The patient finally stopped struggling but I had to worry about her safety, I was concerned that I could hurt her if I put too much weight on her. I said to myself out loud, "I probably should watch my diet." I could hear my colleagues behind me laughing about my actions and comments.

The patient was moved to a bed where her movements were constrained under control and safe. An attending doctor examined the patient and decided to calm

her emotions with a dose of tranquilizer. After that, the episode ended without further reoccurrence, at least for this time.

Violence is not limited to patients with psychiatric problems. I want to remind my peers that the initial contact with the patient is very,

very important. Frequently we neglect to pay attention to the patient's point of view and emotions. In this particular case, this patient, to get what she felt was needed, a dosage of tranquilizer, became angry and expressed her feeling violently.

From the perspective of the care givers, nurses also become emotional. They can become frustrated, angry, or sympathetic. We, of the nursing professional, must always try to maintain a positive attitude, and adjust our behavior to meet the challenge. At times it can be very difficult, but when it becomes necessary, we should not hesitate to activate the violence prevention program code word. We should not risk the possibility of injury to both patients and others.



When dealing with violent patients, nurses need always to stay calm. In emergency situations, they activate the “violence prevention program” to minimize harm to both patients and staff.