

Magic Finger Grandma

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The beautiful green origami swan in the ICU is made with a prayer in each fold. It is grandma's prayers for the well-being of her husband.

In my career as an ICU nurse, I am constantly in a tug-of-war between life and death. Many people ask: "Aren't you scared? How can you be so brave?" I just smile and reply: "I can't be afraid. How would the patient's family feel if I show fear?" Whenever I answer a question like this, it reminds me of the "paper-folding grandma".

A special visitor who never misses a day

I met grandma when her husband was admitted to our unit. Grandpa had been diagnosed with final stage of lung cancer. When I first saw him, his face was covered by a white beard and a breathing apparatus. The headboard of his bed hung a Feng Shui divination symbol. I thought that he was quite a character and his family must be very superstitious.

During visiting hours, a grey-haired lady walked in with a smile and lively mood. She turned out to be grandpa's wife. In the days after, she always showed up on time during visiting hours, just like a student attending classes - never late, never left early, and never missed one day.

Later, grandpa needed an endotracheal tube to help his breathing. After discussions with the family, the intubation was done. Grandpa was unable to talk, though he was still conscious. Grandma still came to visit and gradually began to socialize more with us.

One afternoon, while we were busy

taking in new patients, we were talking among ourselves: "Today has been so busy that we haven't had a chance to eat lunch yet!"

At the end of the visiting hours, grandma gently patted my shoulder and spoke with a Taiwanese accent, "Nurse, I will be right outside! Thank you for taking care of my husband. Be sure to eat something when you get a chance." I responded with "Okay" while continuing with my work, but my heart was instantly warmed up by this gentle comment.

After raining for several days, grandpa can finally see the sunshine from his bed. Grandma spoke to grandpa excitedly: "Honey, it's such a nice day. Do you see the trees outside?" When grandpa looked down where Grandma's finger was pointing, he smiled and nodded. As grandma tenderly touched his head, time seemed to freeze at that moment, as if they were in the old days, with no obstruction from the medical devices that were on grandpa.

The ideal helper in comforting patients' family

Grandma always observed every move of our work and was curious about grandpa's roommates that came and went. When she sensed worry in a new patient's family, she comforted them: "The doctors and nurses here are very good and caring and nice. Don't worry. Just leave it to them." For patients plugged in with the

endotracheal tube, she would say, "Look! My husband also has the intubation. He is fine except the inability to speak. If you cooperate with the doctors, there is hope for the eventual removal. Don't worry too much."

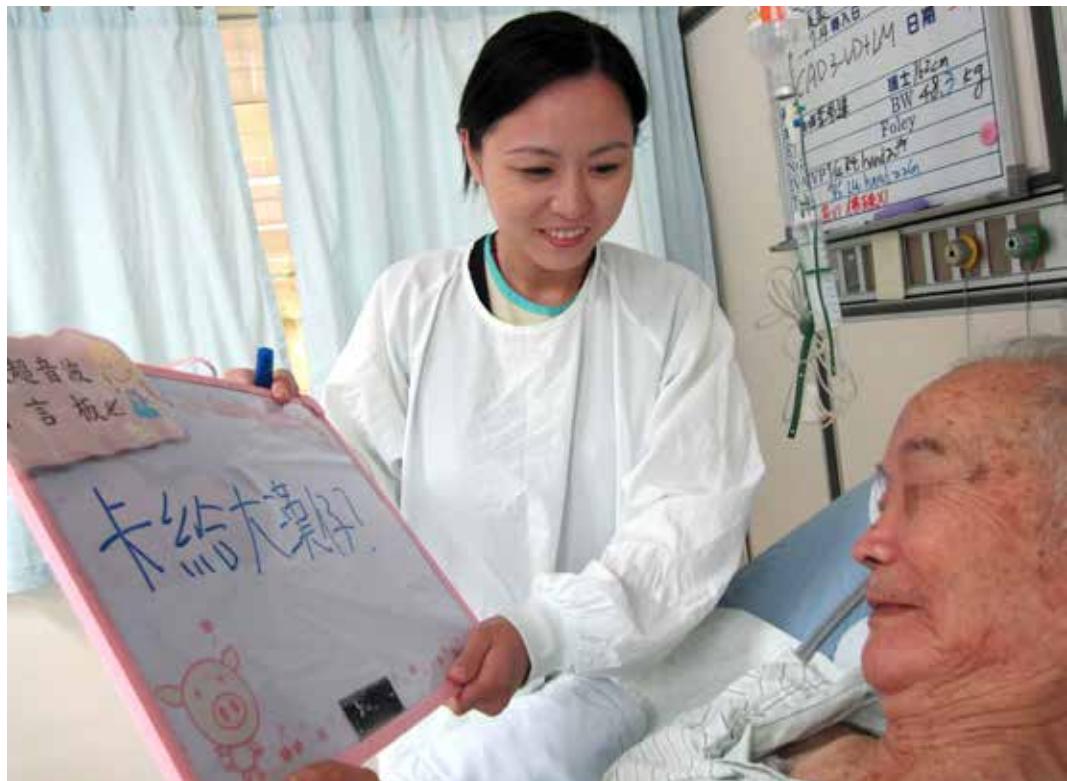
Sometimes when the nursing staff was busy, and other families wanted to ask questions, she helped to appease them by telling them: "Be patient. They are busy right now. I will ask them to come and help you when they are done."

In a way, she helped us a lot and even resolved potential misunderstandings. She became the bridge connecting families and

medical staff. However, I knew in fact that she was worried about any change in her husband's condition. Usually, grandma's eldest son would accompany his mother and offered support for his father. He was always very polite when making requests and asking for medical updates, and would engage in conversation with us like friends.

A green swan origami settles the mind

As grandpa's condition slowly deteriorated, the doctors once discussed



Besides taking care of patients at the ICU, nursing staff must also maintain good communication with patients' family to build mutual trust.

emergency treatment procedures with grandma. She calmly said, "Just let it go on its own course. You have done your best."

We specifically spent time to chat with grandma, hoping to release her emotions. She said, "I understand everything. I have had relatives who passed away from cancer. The doctors have informed us and we are prepared."

From that day on, she started doing paper-folding. There were more and more peace symbols on the bed, including the prayer flag from the folk deities.

One midnight, we had to contact family members for a patient's emergency treatment. When I rushed to the lounge to find the family members, the call woke up and startled all, including the paper-folding grandma. That was probably the worst nightmare of all family members waiting in the ICU lounge, and my least favorite thing to do as a nurse.

Shortly, a green origami swan, about 20-centimeters long, appeared in our unit. We later learned that grandma made it by hand with her prayers in each fold of the origami.

More and more often, we could see her folding papers outside the lounge. As she was folding, she chatted with others and greeted the nursing staff. Gradually, other family members started to fold papers with her, and it looked just like a small factory assembly line.

The purpose of grandma's paper-folding was to keep her busy, so she

wouldn't worry too much. She also used it to encourage and cheer up grandpa. For every shift change, she was always there, folding papers with reading glasses while greeting us. Our coworkers would also do paper-folding with grandma and pray for grandpa whenever they are free or off duty.

Saying goodbye to her beloved spouse

Without realizing the passing of time, grandpa had stayed for 21 days in our unit. Since he still relied on the ventilator, he was transferred to the Respiratory Care Center. Although in the end grandpa couldn't resist the ravages of illness and passed away, grandma never shed a tear and always kept a smile on her face for grandpa and us.

Grandma has taught us many things that we won't learn from textbooks. Some people said that "Be thankful for every patient you meet because they are teaching you valuable lessons with their lives." In fact, not only patients teach us, patients' family members are also teachers to us. The paper-folding grandma is an example of an elder who showed love and care for the nursing staff while she dealt with her own sorrow. She is a gentle wife who remained strong, wise, and brave throughout the process. She is a woman who makes me understand what it means to be calm for both life and death.

Delivering Love and Care

Kai-Ni Liu, registered nurse, Respiratory Care Center, Hualien Tzu Chi General Hospital

Without any prior examples or procedures to follow, the Respiratory Care Center at Hualien Tzu Chi hospital began home visit services at the end of 2010. Following our head nurse, Yi-Ching Lin faithfully, we were all very excited about our forthcoming mission into the unknown.

Many questions raced through my mind when we were planning the trip: What lies ahead? How do the patients and their families handle their situations? Do the families know how to care for the patient? Most important of all, I wondered - What can we do for them? The only thing I knew for sure was that the trip of love and care was a teamwork mission and we were about to depart.

My heart softened under the gazing eyes

We first stopped at Chen's funeral. I was so shocked and surprised by his sudden passing that I could hardly believe he was really gone. Looking at his picture, I couldn't help but thinking about the 42 days we spent in the RCC to practice breathing. Those days were important to my career because it was Chen who helped me to realize the meaning of my profession.

When I first saw Mr. Chen, his whole body was stiff due to tetanus. He couldn't even move his finger joints and needed help to complete rehabilitation exercise. I will

never forget the fear and helplessness in his eyes during every exhausting, repetitious practice of his breathing exercise.

One night during my shift, he looked at me wistfully after a successful practice. I knew that he liked to look at the cars and people coursing down the street at night. So I pushed his wheelchair to the corner where he could see the street lights and the streaming traffic that most of the people take for granted.

Staring out of the windows, he began to pour out the emotions that he had been burying in his mind for years. At that moment, looking into the eyes of Mr. Chen,

the self-conceit that I had had for the past ten years of nursing was completely shattered.

It was as if I had been struck by lightning. I suddenly understood that the so-called empathetic care which I thought I had practiced. But I did not bridge the gap between my patient and me. In fact, it bred a sort of superior sentiment which distanced me from them. At that instant, I realized that only by having a tender and empathic heart, could I be close to the patients and generate greater strength to help them.

Like a wakeup call, Chen made me



For every patient they visit, the RCC team will take a group photo with the patient and family. The film is developed on the spot and given to the grateful family as a souvenir. First from the left is program director, head nurse Yi-Ching Lin.

mentally readjust myself and rekindle my passion at work. Later, when our team reported on our clinic experience with him at the intra-departmental academic forum, his story touched many listeners.

After he had been discharged to recuperate at home, I often thought about visiting him during my vacation, yet I never did. I never expected that this final visit would be the only time we would be together again after his discharge. I could barely imagine his family's grief. When I hugged his wife, I wholeheartedly wished my hugs would do something to lessen the sorrow, and I prayed that he may now rest peacefully.

Helping love grow through effort and bravery

After Chen's funeral we went to visit Huai-Chiang. Before he came to the RCC, the doctors had given up on him and said that he would have to use a respirator for the rest of his life. But Huai-Chiang is a man of stubborn character; he loves to watch TV and adamantly refuses to do rehabilitation exercises. Nevertheless, he is lucky to have a doting wife who never leaves his bedside.

We visited him the first day after he was transferred to the RCC, and we knew then that in spite of the doctor's ominous predictions, it was our mission to teach him how to breathe by himself. We did not consider failure an option.

Even now I feel extremely exhausted

when I think about the days I spent in the RCC with Huai-Chiang. At the same time, I couldn't help but admire his wife's persistence. Like a military commander, she strictly disciplined her grudging husband, who while lying in bed did his best to go through each exercise prescribed by the doctor.

When we visited him at home for the first time, we were surprised to see him living comfortably without a respirator. We were even more touched by the stories told by his wife about how she looked after him.

She told us that she took him on bike rides all the time. She demanded that he hold on to her tightly so that she would know that things were going wrong when he loosened his grip. At night, she would wake up periodically to pull his fingers. If he did not respond, that meant the concentration of carbon dioxide in his body was rising to a dangerous level, and that he would need to see a doctor immediately.

Huai-Chiang and his wife's love is indeed the most touching story of a life without complaint or regret. To this day I still wonder what gives his wife the strength and commitment to walk through the challenges of life and live so selflessly.

After visiting Huai-Chiang, we went on to see Yi-Lun, Hsiu-Fang, and Juifang. At each stop, we carefully checked on how they were doing after leaving the RCC. Even though they had to start new and radically different lives after being

discharged from the RCC, we found that they had all been well taken care of by their families.

Yi-Lun is paralyzed due to a spinal injury. Her family makes sure to keep everything she needs around her bedside to be within her touch. In Hsiu-Fang's case, she has to live with a respirator, yet she can move easily around in her living quarter because it is equipped with many electrical outlets to keep the respirator running everywhere. And May-Ling has installed a

respirator, a saliva remover and an electric bed in the tiny space where she lives with Jui-Fang. After patients and families left RCC, they have all adjusted their ways of living to start new lives.

Warmth continues after the home visits

After our home visits were finished for the day, we hurried back to the hospital and discussed what we had seen. Even



Though this is an outside-of-work volunteer program, the RCC team is glad that they can visit the discharged patients. They are even more delighted when seeing many patients are able to live without a ventilator.

though we were exhausted, we still mulled over the details of the visit trying to come up with ways to provide more assistance or better equipment to ease the patients and their families' lives.

Sitting in the corner of the room, I started to recall what happened during the day. When we arrived at the patient's home, each person spontaneously took his position and started to work. It was as if we had meticulously planned this beforehand, but we had not. Dr. Liu assessed the patient's conditions with his stethoscope, and Su-Chen measured the oxygen level in the patient's blood. Hui-Fen tested muscle flexibility and then showed the family what needed to be improved and how to do it with the illustrations she designed.

Social worker Wen-Shan inspected the living conditions to make sure they were in the best possible condition; he observed to see what each family needs in order to maintain a safe, comfortable and convenient life. Our nurse team took the patient's blood pressure, and one of us clumsily worked on the film developer at the corner trying to surprise the family with a group photo print.

For the entire day, I was very touched with each member's unreserved team spirit. None of us had the slightest intention to exaggerate our profession or contribution. Looking around me, I started to realize that all patient care stories became lively because of the courage and intensity of the

people involved. I held back my tears while thinking about the brilliance of this one-day trip with everyone's commitment.

Each one of us carries individual responsibilities – a mission, a hope, or a dream. Often we cannot succeed at these on our own. It is only when we work together as a team that each person can hope to reach his own potential. The more successful each person is at his role, the more successful the team will be as a whole. When I think of our solidarity, tears swell up to my eyes. But I didn't want to be seen crying, so I withheld my emotions.

To perform these house visits we all had to take one day off without pay. All of the gifts for the patients were prepared by volunteer Tsai, but we were each responsible for our own expenses. Despite the chaos of preparing for the trip, the early morning rise, and the exhausting day of work, in the end, we all felt that the program was invaluable and indispensable.

What is happiness? I think it has several incarnations. It can be the knowledge of the person you care about is living a happy life. It can also be the knowledge of someone who loves and cares about you, and you know and appreciate it. Or it can be a group of people that work hard to realize a selfless dream. I guess our "trip of love and care" has no end. It goes on merrily and consistently around us in our everyday lives.