Nursing and Health Policy Perspectives

Nursing care at its finest: a personal experience

As a nurse educator, researcher and supervisor of postgraduate studies, I have taught nursing theories and debated about nursing, nurses’ roles and nursing care. Students’ questions, as to precisely how any specific nursing theory could assist their patients, remained difficult to answer until 2015 when I was admitted to hospital with severe vomiting and diarrhoea and an extremely high infection count.

During the critical stages of my illness, I heard nurses talking to me, felt them touching me and encouraging me to ‘hang in there’ as at least Ebola had been excluded by laboratory tests, and a Salmonella infection had been confirmed. This was not much comfort because no person I had encountered with a severe Salmonella infection had survived. Frequent bouts of diarrhoea and vomiting for several days were humiliating and exhausting, but the nurses provided supportive care and hygienic surroundings. They ensured that all my medicines were administered as prescribed, observed my vital signs regularly and were alert to the possibility of septic shock and complications of dehydration. Due to my high infection count, the nurses had to dress up like astronauts before entering my room. Despite this time-consuming procedure, they attended to all aspects of my care while managing infection control measures.

After 8 days I was discharged from hospital, only to be readmitted 1 week later for an urgent cholecystectomy. One nurse cared for me and a few other post-operative patients and ensured that my pain levels remained under control. This nurse’s reassurance, competence and availability facilitated our post-operative recovery.

During my recuperation, I realized which nursing theory contextualized my experiences as a patient. It is Virginia Henderson’s view that nurses are helping ‘... people, sick or well, in the performance of those activities contributing to health, its recovery (or to a peaceful death), that they would perform unaided if they had the necessary strength, will, or knowledge. It is likewise the function of nurses to help people become independent as rapidly as possible’ (Henderson, 1991 in Halloran & Thorson, 1996:79).

The nurses who cared for me also displayed all virtues mentioned by the American Nurses Association (ANA 2015) in their code of ethics, namely knowledge, skill, wisdom, patience, compassion, honesty, altruism and courage.

The accomplishments of the nurses could partly be attributed to the prevailing culture of care in this particular hospital because ‘... a care culture seems to be dependent on how care is interpreted and given meaning by the personnel as well as the organization’ (Ryterstrom et al., 2008:97).

Nurses who participated in Enns & Gregory’s (2007:339) Canadian study believed that ‘... the extent of support that existed on the acute care units directly affected their ability to provide quality care for their patients and co-workers. Support from peers, unit managers and supervisors are the key to fostering teamwork development and enhancement. Nursing is a profession that demands teamwork’.

The hospital’s doctors and nurses were instrumental not only in saving my life but also in restoring my health because they managed to ‘... integrate and apply knowledge, skills, judgments and personal attributes required to practice safely and ethically in a specific role and setting’ (International Council of Nurses, 2008:8).

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References


