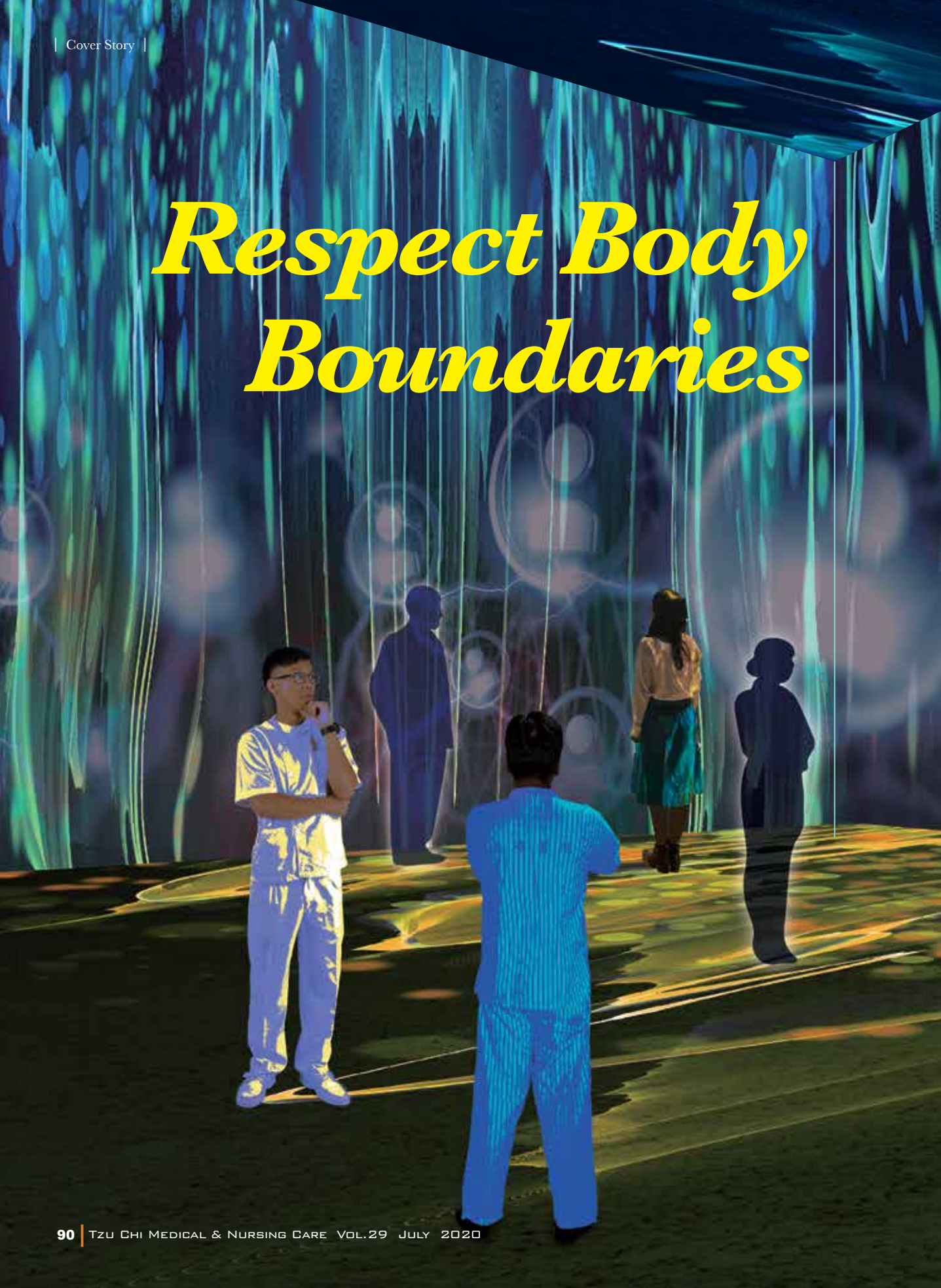


# TZU CHI NURSING CARE

*With the Compassion of Bodhisattvas,  
Where Ever Sufferings Are, We Are.*

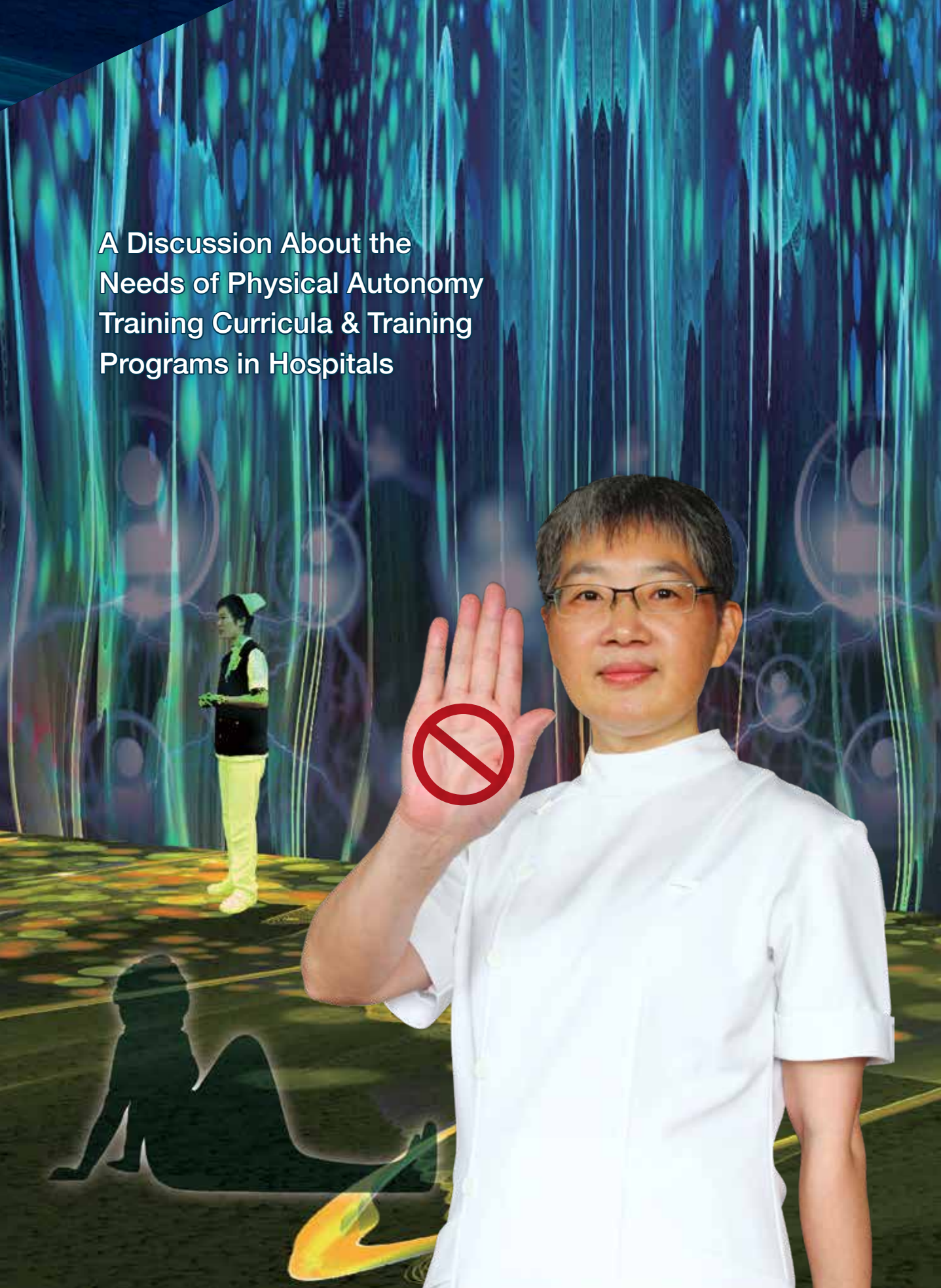


# *Respect Body Boundaries*





**A Discussion About the  
Needs of Physical Autonomy  
Training Curricula & Training  
Programs in Hospitals**



**By Lin Yu-Chuan, Assistant Professor, Nursing Department, Tzu Chi University**

An 80 year-old male patient with Alzheimer disease and multiple chronic illness was admitted to the hospital. A night-shift nurse was making her round and found the IV was almost empty, so she prepared for an IV change. Suddenly, the patient grasped the nurse with one hand and touched her buttock with the other like it was unintentional. Several days later, again, he touched her breast like it was an accident. The nurse thought he did it intentionally, so she reported to her supervisor. When the patient and family were asked, they replies are like: "I have no recollection of it," "My father had Alzheimer and confused, I don't think it was intentional." They thought the behavior was normal. The nurse felt so wronged, "Did I make a big deal? I can only feel being wronged and remain silent? I can only work in fear? Can I continue with my job?"

A female patient was sent to recovery room after surgery, her female nurse aide was attending her belongings and preparing her ward bed while a male nurse and another male intern were attending the patient's IV stand. At the moment, the

## Basic Statistics

Gender	Number of People	%
Female	1,446	94.1
Male	91	5.9
Total	1,537	100.0
Age	Number of People	%
under 20	27	1.8
21~25	570	37.1
26~30	267	17.4
31~35	209	13.6
36~40	218	14.2
above 40	246	16.0
Total	1,537	100.0
Nursing Level	Number of People	%
N	465	30.3
N1	245	15.9
N2	623	40.5
N3	134	8.7
N4	70	4.6
Total	1,537	100.0

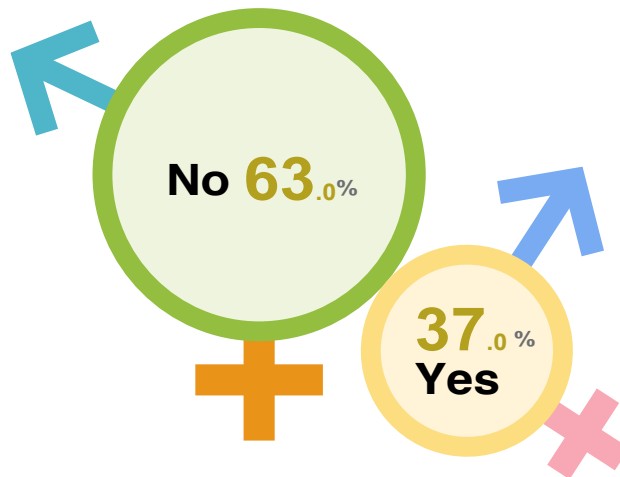
patient's husband came in and accused the two male staff of exposing his wife's bottom, thus hysterically yelled at them. Hearing the commotion, the head nurse ran to the room to calm the irate husband. But he didn't listen and kept yelling, "You should take off all your clothes and then I will listen to your explanation." He insisted, "How can a hospital make such an arrangement to have male nurses take care of my wife? My wife's buttock should never been exposed!"

In the hospital routine work, the most frequent contact with patients and their families are nursing staff. Contact with the body in the course of treatment is unavoidable. Very often, we hear stories that nursing staff and interns being sexually harassed. Recently due to the popularity of social media, there are even more news and reported cases about the sexual harassments in hospitals. This makes the nursing staff, patients and family members uncomfortable and helpless. This affects

Job Title	Number of People	%
Registered nurse	1,246	81.1
Deputy head nurse	55	3.6
Head nurse	65	4.2
Supervisor	19	1.2
Functional unit/case manager	53	3.4
Nurse practitioner/senior RN	99	6.4
<b>Total</b>	<b>1,537</b>	<b>100.0</b>
Department	Number of People	%
Internal Medicine	281	18.3
Surgery	221	14.4
Pediatrics	55	3.6
Obstetrics & Gynecology	66	4.3
Intensive Care & ER	335	21.8
Functional Unit	11	0.7
Kidney Dialysis	53	3.4
Operating Room	102	6.6
Outpatient Clinic	209	13.6
Palliative Care	29	1.9
Administration	31	2.0
Psychiatry	55	3.6
Others	89	5.8
<b>Total</b>	<b>1,537</b>	<b>100.0</b>

Q1

**Have you ever been touched during clinical practice and felt uncomfortable? ( N = 1,537, singal choice )**



the trust of patients and their families toward our nursing staff and vice versa. Some nurses even thought of ending their nursing career. Why are there so many such incidents occurring in our daily life and working environment? How do we keep a safe distance with our patients? How do we recognize patients’ verbal and nonverbal behavior? And how do we abide the laws, ethics in the work environment? This is a topic of discussion between the nursing staff, interns, and patients on bodily autonomy and privacy.

### **What Is Body Autonomy?**

“Body autonomy” means self-awareness with respect to manage one’s physical body and psychological obligations, right and ability. For example, one can exercise the autonomy of the right and ability to exercise the obligation of protecting one’s physical body, and to self-discipline for that behavior. In summary, it contains four areas: deliberation, behavior, mental and physical state. Everyone has the right to exercise how to use one’s physical body, others can’t interfere even though they may not agree. But this doesn’t mean that everyone can use this selfishly and unlimitedly, and doesn’t consider others’ feeling. Bodily autonomy is natural and everyone’s physical body is the biggest and private asset for all of us.

“Private parts” such as the reproductive organs, buttocks, and breasts are protected that only intimate partners can see or touch. But sometimes, due to the special circumstances, other people will be allowed to touch, for example, medical diagnostics, giving birth, or sexual related diseases. Other than those, most people don’t like their private parts being invaded. Therefore, to be able to differentiate from what is uncomfortable, where can be touched or where can’t be touched are the fundamental concepts of physical bodily autonomy.

### What are the Body Boundaries?

The limit that one can tolerate by other’s touching is called “physical body limit”. It’s invisible but very subjective. Everyone can define one’s physical body limit, but need to understand the definition of the limit. Besides, the scope and scale that others can touch is different and such differences can cause tension and conflict. Thus, one must clearly and appropriately express one’s physical body limit when there are others around. This is not only an expression of physical body limit but also a right and obligation to protect one’s physical body and respect.

Disrespect others’ bodily boundaries/limits may increase sexual harassment and assault incidents. Sexual harassments and assaults can be in the forms of eye contacts, verbal attacks, and physical bodily touching. Depending on the incident, it can be classified as sexual harassment, sexual bribe, sexual threat, and sexual attack (five categories). According to the statistics about suspected sexual harassment cases on campus from Taiwan’s Executive Yuan Gender Equality Committee in May 2019, 94.06% of the victims are female.

## Q2

**What kind of body autonomy invasion have you encountered during clinical practice? ( N = 569, multiple choices)**



# Q3

**How did you feel when your body autonomy was invaded?**  
 ( N = 569, up to 3 choices )



This cover story conducted an electronic survey of nursing professionals at the six Tzu Chi hospitals with valid 1,537 samples. The results revealed that some of our medical professionals did suffer the invasion of bodily autonomy and some were complained by patients by violating the privacy rules.

### 37.0% Reported Body Boundary Been Invaded

Firstly, in terms of how our nursing staff feel when their body boundaries are invaded, 37.0% recalled the experience was very uncomfortable. They indicated improper physical touching (78.6%) is the highest, the next is conversations with sexual contents (21.4%), and the third is improper physical body touch and conversation with sexual contents. The most touching areas are the breasts, waists, buttocks, hands, shoulders, and thighs. The situations occurred when measuring the blood pressure, blood sugar, when connecting IVs, assisting patients to turn, changing patient’s bed, during treatments, or even during conferencing. The methods include: purposeful bump, grasp, hug, pat, or even forceful kiss. Other than the verbal assault with sexual contents, “visual” also occurs a lot during the interaction between the patients and the nursing staff. One nursing staff said, “He is staring at my breast with obscene expression that makes me feel so uncomfortable.” These results reflect



the common phenomenon that the nursing staff are being sexually harassed. This should alert the nursing staff to be more vigilant about sexual harassment to protect one's physical bodily autonomy.

### **Avoid Being Invaded or Invade Others' Limit, Respect Each Person's Body Boundaries**

Nursing staff reflected that when their body boundary was invaded, at least one of the following unpleasant feelings appeared: being scared (28.1%), angry and feel like vomiting (26.0%), I am making a big deal? (14.9%), no big deal (12.3%), feel dirty inside (4.6%), nightmares and/or insomnia (3.9%), did I do something wrong (3.7%).

Being Scared, angry and felt like vomiting are three most common reactions by the nursing staff when they faced with bodily autonomy invasion. These are normal reactions. Once their feeling is disturbed, they may not want to take care of the patients, which affect their quality and efficiency when tending the patients. Some of the nursing staff wrote down the following: "felt very uncomfortable", "very disgusting", "outrageous", "created a shade inside my heart, very scared", "why touched my shoulder when he talked", and "you can't touch me without my permission, they don't respect others and our profession"...

## Q4

**What action you took when your body autonomy was violated?**  
( N = 569, up to 3 choices )

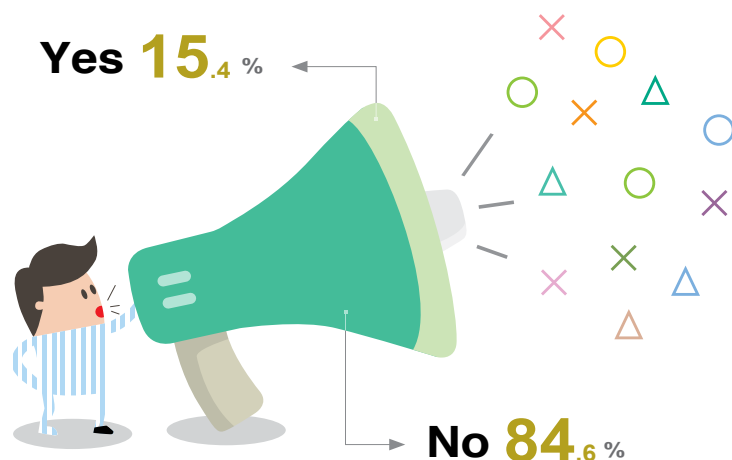


Junior nursing staff might not be sensitive enough, and thought that his/her patients might not be intentional, so they didn't need to talk with patients on their behaviors. Also, they didn't want to make it a big deal and pretended there was nothing. The nursing staff who were accused felt that they were doing their jobs. These are the reasons why the bodily autonomy was neglected during the internship training. A senior nurse expressed, "Sometimes, I noted an intern nurse was preparing IV, and saw a patient touching her hand, and she was afraid to stop the patient. Some less senior nursing staff had such experience, the mentality was "He is a patient; I don't think he is deliberate with his actions. I should not care about this act, I will forgive him!"

On the contrary, there are very few patients or their family members complained about the nursing staff's sexual harassments. A male nurse shared, "The patient's husband was very upset and wanted to hit me, and said how I could see his wife naked buttock." "One patient's husband said why I didn't ask him first before I put urinary catheter on his wife." This male nurse felt he was being accused unfairly, because in his mind he had to put the urinary catheter and collect urine to cultivate the bacteria, and he did inform the patient before taking action.

## Q5

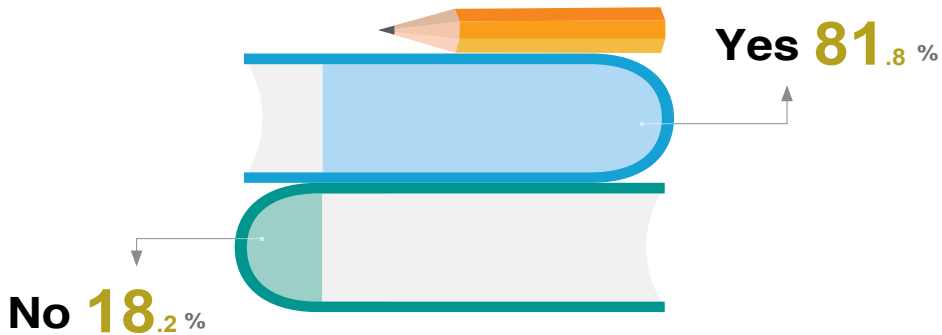
**Have you ever been complained or reported of body boundary violation by patients/families during clinical practice**  
( N = 1,537, single choice )



Q6

Have you had any body autonomy training courses?

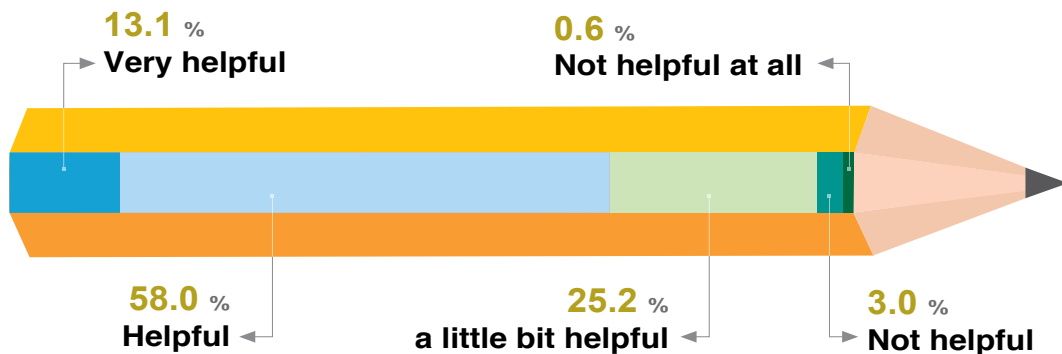
( N = 1,537, single choice )



Q6-1

Did the training courses help your work?

( N = 1,257, single choice )

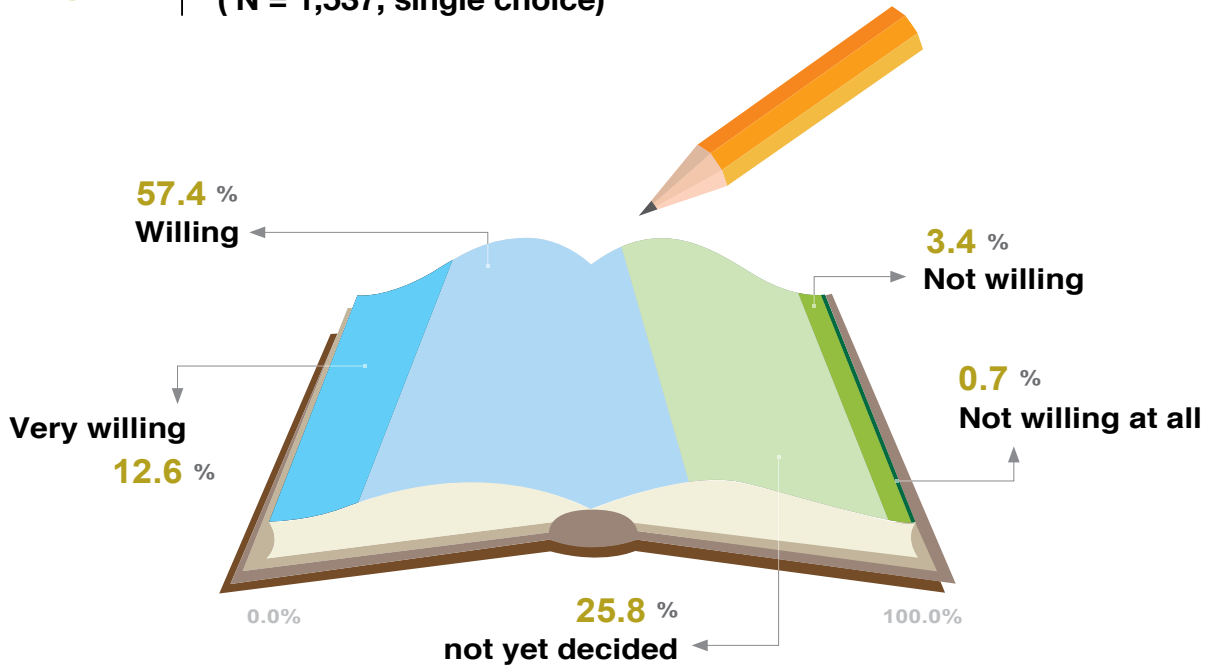


### One Should Stop the Violation at the Moment When It Happens

When body boundaries are violated by the patients or patients' family, what are the nurses' responses? 54.7% of Tzu Chi's nursing staff expressed "reject them right away." 23.2% of the nursing staff expressed, "get help from supervisors." "Report to hospital hotline" and "afraid to tell others" are 4.6% and 3.5% respectively. "Yell

Q7

**If there is an opportunity, will you participate in body autonomy training course/program?**  
 ( N = 1,537, single choice)



back right away” is another common way used by nursing staff. The percentage of reporting to “hospital hotline” or “Equal Sex Opportunity Committee” is really low, and very few nursing colleagues will respond this way. To avoid inappropriate reaction from nursing staff, the bodily autonomy awareness training becomes a necessity to maintain safety in the medical field and on campus. On the other hand, when nursing personnel were being complained by patients or patients’ family, responses were “complain to the colleagues”, “telling patients’ family members it is my responsibility”, and “ask colleagues for help”.

### **Education for Bodily Autonomy Begins at School**

We remind all teachers and students in every professional nursing course to protect one as well as respect others’ bodily autonomy. During class or interacting with classmates, avoid the use of sex related language, sexual content, discrimination, obscenity, assault, or intimate discussion. Avoid being too close with classmates or



discuss issues not related to the nursing subjects, exceeding the normal relationship as teacher/student relationship, touching others, exceeding the limit that makes others feel uncomfortable and invaded. We also invite the Equal Sex Committee to conduct educational training to avoid the violation of bodily autonomy for teacher/student, and nurse/patient.

For every course of intern nursing curriculum, we teach students to respect patients' bodily limit and their privacy. During the process of interviewing the history of illness, physical examination, and revealing private areas of patients, we should first explain to the patients who we are and get an agreement from the patient. If patient refuses, we must respect patient's wish. We also educate students to avoid touching the patient during care and treatment. When patients feel uncomfortable, one should stop to show respect.

### **Increase the Awareness of the Bodily Autonomy, Guarantee a Safe Work Environment**

We asked our nursing colleagues if they had attended the training courses for body autonomy. 81.8% of them said they had attended. Building friendly hospital or campus safety is the responsibility of hospital administration and school teachers. Thus, hospitals and nursing schools should have the courses or workshops for bodily autonomy, sexual equal opportunity related laws, or professional ethics to assist colleagues, classmates and patients on bodily autonomy and privacy issues.

Do nursing staff who had the training feel body autonomy training course helpful? A majority (96.4%) agreed the training course helps in their clinical practice. Only 3.6% of nursing staff felt it was not helpful. Then we asked if they are interested to participate at the training course on the body autonomy, the result showed 70.1% said yes, 25.8% would reconsider and didn't say no.

The feedback from nursing staff will provide us ideas to pursue bodily autonomy training courses, especially on bodily limit, language, and the respect of nurse-patient privacy. We believe our nursing colleagues have pretty good bodily autonomy concept, sexual equal opportunity training. Not only they can protect themselves, but also maintain a good nurse-patient relationship and to avoid sexual harassment in professional and nurse-patients arena.

Everyone has limit on bodily autonomy. If the nursing staff and interns can recognize its importance and respect patient's bodily autonomy, it will help the nursing staff, interns, and patients together in a safe environment.

# Be Aware - “No, Run, & Tell”

**By Jiang Jiin-Ling, Assistant professor, Nursing Department, Tzu Chi University**

One hospital was accused by the family members that a patient was exposed in training some medical interns on catheterization. The family member recalled that her 85 years old mother was tortured by unnecessary demonstrations before she passed away. They sued the hospital, doctors, and nurses for negligence as well as involuntary manslaughter. The family claimed that their mother was tortured to death by this practice. Another case involved an unwed mother undergoing abortion. When she was readying for the examination, six interns were allowed in. She was so ashamed and asked them to leave, but the physician-in-charge allowed them to continue. This patient felt her privacy was violated so she demanded the doctor and hospital to apologize and compensate for her suffering. The above cases exposed the conflicts between patients, patients' family and clinical practice with interns. We can see there are different points of view between patients' family and medical staff (Ching-Yi Liu, 2007).

## **Respect Different Points of View Regarding the Physical Bodily Boundaries**

“Physical body boundaries” refers to the limit that one can endure by others' touching. It depends on individuality with regards to time, age and sex. One can decide one's “physical body boundaries” as a privacy right issue. No one can question other's physical body boundaries. School teachers always remind students to be aware and respect the physical body boundaries and privacy. As a teacher for the nursing department, I always ask my students how they should perform the task of changing clothes in the dormitory at the very first class. I want to understand



**While teacher Jiang Jiin-Ling (left 2) instructs nursing students she always notify patient and family members in advance and ask for permission.**

students' view regarding physical body boundaries and make them aware of the definition of body boundaries. A person is respected with respect to body autonomy will also respect other's body boundaries.

### **Ask for Permission Prior to Any Action and Treat Patients with Warmth**

If the teachers only concern with the instructions and neglect to cultivate humanistic spirits, then more than likely they underestimate the values of social influences, mental, and environment impact on medical treatment. Not only is it hard to understand the needs of patients, but also easy for medical disputes. Teachers can inform patients and their family members regarding the participation of interns in the course of treatment, giving them ample time to consider and cooperate, and the opportunity to ask questions if they choose to participate. For patients who cannot decide on their own,

their family members or the persons with the Power of Attorney should be contacted. In addition, the hospital can increase training among the medical personnel and patients and families for better understanding and cooperation. (Huang-Hsuan Keng, 2018)

My experience in leading the interns practicing in the hospital was to appreciate and promote the interaction with patients and family members, so the atmosphere would be respectful. For example, if normally the curtain is down, an intern should ask for permission before entering, "I am teacher Jiang Jiin-Ling, and may I come in now?" When diaper change for patients in coma, explain to patients what needs to be done and try not to expose patient's privacy. So patient and family would feel that they are protected and respected even when they are feeling helpless. With diseased patients, we still emphasize cleansing, comfort, and warmth. If it is intended for clinical instruction, we would obtain patients and family members permission ahead of time.

As a clinical internship teacher, I insist my teaching and student's learning should not invade patients' privacy. We must protect patients' rights for privacy so students can learn from this. Through respecting each other, students can learn from teachers about the respect and moral standard. Thus, when leading the interns, we should enforce the concept, "Who is sick with what illness? What are their fears?" Students should not be too concerned with the types of technique or the application methods. We should not let technology dictates how we learn and should be more concerned with patients feeling the warmth during treatment.

### **Also Teach Nursing Students to Protect Themselves**

When we teach nursing students for patients' privacy, we also need to teach how to protect their own privacy. One day a student assisted an old man for cleansing and was inappropriately touched. She felt so uncomfortable and disgusted, but she still helped him finish cleaning and then told her teacher. The teacher immediately notified the head nurse, and instructed the student should use calm and steady voice to say "NO" at that moment and push away the hand to stop him and ask for help. Also, let others help finish her undone task. This type of situation once occurred with a male student nurse when they were alone behind a curtain. A female patient grasped his hand to place on her body. This student then reported to me after the incident.

Thus, I would remind nursing students when caring for patients behind a curtain; they need to have other medical staff or family members on the side. When one faces this dangerous situation, remember these three words: "No, Run, and Tell" to protect one self.



# Physical Examination Class Simulates the Nurse-Patient Body Boundaries Interaction

Hsieh Mei-Lin, Assistant professor, Nursing Department, Tzu Chi University



Teacher Hsieh Mei-Lin(center) introduces a Standardized Patient, teaching students the skills for physical examination as well as the need to respect the patient.

In the Declaration of Lisbon on the Rights of the Patient, the World Medical Association claimed that patients had the right to high-quality medical care and that the physical examination had to be the main reference in making a diagnosis in order for that to happen. The twenty-fourth article of the fourth chapter of the Nursing Personnel Act states that the responsibilities of a nurse include a nursing assessment of health problems, which implies that all nursing personnel should know how to conduct a physical examination (Laws and Regulations Database of the Republic of China, 2018).

Today, many medical personnel are obliged to consider the perspective of a patient. Although the patient should have the right to be respected by medical personnel, for the sake of treatment, the medical institution should notify the patient of his or her responsibilities, such as providing information about personal health for an accurate diagnosis and conceding parts of his or her bodily privacy to cooperate with the physical examination. Therefore, it is imperative for medical personnel to explain the examination process in detail to maintain professionalism and respect for the patient.



As the privacy and independence of a patient is taken more into consideration, we teachers in the medical field face the challenge to discuss such a topic with our students, especially during training for physical examination. Some procedures require revealing parts of the body hidden under clothing to accurately see, hear, and touch for an accurate diagnosis. To practice preserving the independence of a patient, students take turns roleplaying as the patient and performing procedures, such as monitoring vital signs, performing intramuscular injections, evaluating the body, and more. We also practice on standardized patients (also known as SP) for further practice.

Some students would reflect to me like “Why can’t we perform examinations with clothes on?” or “I feel very uncomfortable being examined by my peers!” However, it is from these very experiences to perform as a patient that students are able to truly relate to the patients. For example, you might ask questions too fast and move on to the next question before the patient has time to react; or when you ask the patient to inhale and exhale fast, the patient may become short of breath; when you handle the patient’s body with too much force, the patient may feel uncomfortable, etc. Additionally, if you examined the heart, the lungs, and the abdomen while the patient was fully clothed, you would not be able to accurately locate inner organs.

Because physical examination cannot be simply taught through lectures, videos, or demonstrations, hands-on practice is a vital part of the training process. Especially when students have just begun training and have not been taught medical protocol, teachers need to respect the students’ privacy and feelings. We must ask for the students’ consent when they roleplay as patients and appropriately cover with clothes to protect privacy. We must perform procedures calmly and skillfully with appropriate force. While performing physical examinations, one must frequently monitor the patient’s facial expression and posture for any signs of discomfort.

The Nursing Department of Tzu Chi University has implemented SPs in its curriculum since 2009. After practicing on each other, students will have a chance to practice on SPs to practice interacting with strangers. The final examination is also based on an Objective Structured Clinical Examination of a SP in hope that such a method will help students learn while acquiring skills for the medical field.

#### **Works cited:**

Laws and Regulations Database of the Republic of China (December 19th, 2018). Accessed March 6, 2019. <https://law.moj.gov.tw/LawClass/LawAll.aspx?media=print&pcode=L0020166>



# STICKING TO THE INITIAL RESOLVE FOR 30 YEARS

Lai Hui-Chun,

Night-Shift Head Nurse, Dalin Tzu Chi Hospital

By Hsieh Ming-Feng



Because Lai Hui-Chun worked during the night, she would usually spend her daytime taking care of her father. Lai would usually accompany her father to the hospital. Sometimes she would notice a patient whose foot had fallen from the foot rest of the wheelchair while the patient's family was pushing the wheelchair, and she could not help but blurt, "Don't put your foot there; you'll scrape your foot!" Other times, she would see a family member hold the urine drainage bag too high, and her kindhearted nature would immediately prompt her to remind them to make changes, regardless if they accepted her advice or not. Besides, whenever she saw the family members taking good care of the patient, she would beam and say, "Good job!"

After accompanying her father for a while, the patients and family members eventually realized that Lai Hui-Chun was a nurse. Even her parents' friends would joke, "Mr. Lai, you were so lucky to have invested in "blue-chip stock". Look, the benefits are all coming back to you." Lai Hui-Chun was elated at such a compliment, and she continued to willingly serve as her parents' "blue-chip stock".

### **The Decision to Be a Nurse - An Inspiration by that School Campus**

Because she was the eldest child in her family, Lai Hui-Chun was advised by her mother to study nursing after she graduated from middle school. As she knew nothing about the field, she did not favor such a choice, but her mother still registered her for the entrance exam. When they entered the campus, there was nothing but a wide expanse of grass and courtyard in sight. Accompanied by the majestic buildings decorated with red window frames, the school exuded none other than peace.

"Wow, this school is different!" The beauty of the school immediately attracted her, and she silently prayed to the heaven: "Please let me pass the exam, so I can go to this school!" Her wish was granted, and she was admitted to Stella Matutina Girls' High School in the department of Nurse-Midwifery.

Each textbook required for the nursing course was large and heavy, and she had to carry them home every day. Her grandmother could not bear to see her suffer, saying, "You're already short, and now you're carrying such heavy books everywhere. You're never going to grow that way!" However, Lai continued to study fervently, and when she was in her fourth year of nursing school, she became a medical intern in a hospital in Changhua. Everything there, from basic nursing, surgery, general medicine, to public health, told her that studying medicine was what she wanted to do.

When she was an intern in the surgical ward, she and a senior nurse cared for a patient who just underwent a pancreatic surgery. A day after the surgery, the patient



**On September 17, 1989, Lai Hui-Chun (fourth from the right in the front row) was one of the one-hundred and seven students at Tzu Chi College of Nursing who graduated.**

was in so much pain from even the slightest movement that he became angry at everyone. However, after the third day, the patient could sit and became much gentler. After the fifth day, the patient could walk, and the patient bid farewell and went home on the seventh day.

Witnessing the patient's recovery day by day, Lai Hui-Chun was in awe of nursing healing power.

### **First class of Tzu Chi College of Nursing - One out of One Hundred and Seven**

In 1987, while many vocational schools were closing and colleges were rising in their places, teachers began to encourage their students to apply to these schools, and Lai decided to apply for a two-year junior college. But what school should she apply?

Lai's mother was a devoted Buddhist, and she participated in the Buddhist Lotus Society formed by women. When Lai was in middle school, she would attend the Lotus society with her mother and recite the Sukhāvativyūha Sūtra and The Lotus Sutra's Universal Gate Chapter. One day, Lai's mother stumbled upon a page on a magazine reporting that Master Cheng Yen was planning to build a college of nursing, and she kept the page of the magazine. As Lai's parents valued their children's education, the whole family embarked on a trip to travel around the entire island visiting colleges.

When they arrived in Hualien, they asked all over where the Tzu Chi College of Nursing was, and someone even responded, "College of Nursing? I only know about the Tzu Chi hospital!" Therefore, the family traveled to the Tzu Chi hospital in Hualien. A fountain was situated in front of the main hall, and the first sight in the lobby was the

illustration of Buddha providing consolation for the sick. Lai Hui-Chun thought, “This is a hospital? I can’t smell any traces of medicine though!” As she walked in, she asked people for direction of the college of nursing. “If you drive past the produce market, you’ll see Jianguo Road. Turn right and head straight down.” They were finally given directions.

The family parked the car after following the directions, but all they found were two buildings that had just had their formwork removed. There was a tall fence surrounding the buildings, as construction had not been completed yet.

“All we saw back then was the first row of offices over there and that two-story high building.” Lai Hui-Chun could never forget the school’s first sight. “This is a school? This is a temple, you mean!” Her brother’s words were innocent and funny at the same time.

Lai swiftly passed the exam for the nursing college with splendid scores and was now only concerned about which school to choose. At this time, her mother said, “Master Cheng Yen never speaks nonsense. Buddhists never lie. The Tzu Chi College of Nursing is the first nursing school formed by a Buddhist organization. Let’s choose this one.” Since she had never been to Hualien and wished to train herself to be independent, Lai Hui-Chun became one of the one hundred and seven students to first enroll in the Tzu Chi College of Nursing (now “Tzu Chi University of Science & Technology” ).

### **The Passionate and Kindhearted “Little Bee”**

Ever since she was young, her grandfather would call her “munchkin” (referring to a short girl), but besides that, the elder generations knew that she was a very polite and kind girl. At the nursing college, her kindhearted nature earned her the nickname “Little Bee”.

One day, while the outside roared with hurricane winds and pouring rain, Jianguo Road had basically become a mini river. Despite these conditions, Lai still went out to the convenience store for food and even asked peers and colleagues , “I’m going out for bread, and does anyone want any?” Everyone was delighted for her help.

The rain poured heavily that night. “I may have been reckless for risking myself out there, but I was happy to do it.” Lai buzzed with happiness like a bumblebee. Even though thirty years had passed, she remembered her first days at the college clearly.

While she studied at Tzu Chi nursing college, she became involved in the Buddhist Society. In her first semester there, she would attend the club every time she was



after school. The club cooperated with the National Hualien Teachers' College to host seminars on health for children in remote areas.

Before she began her second year at college, she became an intern at the Tzu Chi hospital, living a life without advanced technology. According to Hui-Chun, "A physical checkup of a patient requires a vital signs report, a blood test report, an immunity test report, an X-ray report, and five or six other reports. My hand was never at rest from writing. I was so busy back then that I would forget my original intentions." After the internship, she returned to school to study, and before she knew it, she was ready for graduation. Out of the one hundred and seven people in her class graduating, half of them were already working part-time jobs. She was not one of them, but she graduated with a scholarship and stayed around in the area to work. In July of 1991, she reported to the Tzu Chi hospital as an official employee.

### **Ten Years at Hualien, Developing the Skills in Clinical Practice**

"When I began working at Tzu Chi Hospital, there were computers with basic information of every patient. I was incredibly lucky." Lai knew that this hospital was quickly making modifications for improvements. Everyone was dedicated to the benefit of the patient, and even the director would help a patient take a bath.

In reality, there was high turnover in nursing staff because Hualien is too rural living for many of them. Lai would hear her seniors said, "Regardless where you perform nursing, it's all the same." However, after her two years at Tzu Chi College, she was introduced to Tzu Chi and began to understand Master Cheng Yen's teachings about helping others, so she decided to stay at Tzu Chi Hospital. Besides, Tzu Chi Hospital was only a five-year-old hospital, so the managers of each section cared for their subordinates

After staying at the Hualien Tzu Chi Hospital for two years, Lai became the Deputy Head Nurse of the orthopedic ward. She worked in the orthopedic department for about eight years, and was impressed about several patients. For example, Xiao-Gu, one of her first patients, suffered from gout, and the joint of his big toe had become deformed from swelling, and white gout crystals would pop out from his foot, putting him in unbearable pain. He was also suffering from welts that constantly produced pus, but Xiao-Gu did not have any family members to take care of him.

Lai Hui-Chun helped Xiao-Gu take a bath and apply ointment on his welts. After cleansing, Xiao-Gu was incredibly delighted and could complete tasks by himself afterwards, which bestowed a sense of accomplishment in Lai Hui-Chun. When Xiao-Gu was free to go home, he bid farewell with delight.





**Yang Sze-Piao, the first principal of Tzu Chi College of Nursing, took the first class of students hiking with his wife. Lai Hui-Chun (third from the right in the third row, the one posing in a hat) was one of them.**

Another patient Ms. Li, a resident of Taitung in her thirties. Her husband was driving a car with her as his passenger, but a car accident happened, and Ms. Li suffered from multiple fractures and required an amputation. Tears soaked her face every day as she lived in the orthopedic ward. Her husband, who needed to take care of her at the hospital and run errands at home, was incredibly guilty of what he did. He tried to compensate for his act with kind actions, but Ms. Li always grumbled coldly in return, which increased his frustration.

Lai Hui-Chun became the mediator between the couple, and they finally began to reconcile. Her husband would always drive her for checkups, and after several appointments, Ms. Li admitted to Lai that she was angry at her husband because he had an affair with another woman. Lai encouraged her to be strong, saying, "At least he was willing to use his salary to support this family." Her words of encouragement ultimately allowed Ms. Li to feel relief. The two became as close as sisters, and Ms. Li would always visit her and give her sugar apples whenever she had an appointment.

In July of 1999, the Geriatric Psychiatric Day Care Center needed more nurses, so Lai was asked to take the position of head nurse there. She managed the facility while learning how to care for the elderly.



She remembered a funny elderly man about 150 centimeters in height who would point and say, “You, you, you,” then pretend as if he were to smack someone. According to Hui-Chun, “He would hit you, but it would be a light knock, and he would then chuckle happily.”

This man’s children were very filial. They took care of him themselves before they sent him to the center. They were finally able to take a break, and they thanked the nurses at the center dearly. “We are only responsible for taking care of our patients as well as possible. Although the center was provided by the hospital, the children treated us like heroes.” Lai gained lots of experience at the care center, but after a year, she was relocated to the Dalin Tzu Chi Hospital on the west coast.

### Caring for the elderly in Dalin

While at Hualien, Lai was notified that Tzu Chi was planning to build a hospital in Dalin of Chiayi. She thought of moving there as it was closer to home. She had originally left for Hualien so that she could train herself to be independent, but before she knew it, ten years had passed.



**Lai Hui-Chun frequently traveled with the Yunlin and Chiayi Medical Association to provide care at the clinics. In the picture, Dr. Yeh Chang-Ming is examining the blind Mrs. Hsu’s skin. Lai Hui-Chun helped her clip her nails and taught her granddaughter how to take care of her.**



The Dalin Tzu Chi Hospital officially opened on August 13, 2000. Lai Hui-Chun registered there as a nurse on September 1 and became one of the senior personnel in the hospital. She utilized all her skills attained from her experience in Hualien in this new hospital.

As the head nurse of the internal medicine ward for two years, she then moved to the 7B surgery ward for three years. After that, she opened the 9B ward and the 11B articulations or joints ward. Lai Hui-Chun was incredibly excited when she spoke about this, claiming that opening wards with then Nursing Dept. Director Luwas an incredibly satisfying experience.

Especially when opening the 11B ward, she and her peers had to recruit people from other units. Work at first was very non-cohesive, but at last they were able to come to a consensus and work together towards a common goal. Lai Hui-Chun was gratified to see her potential in planning and was incredibly thankful for the people that worked with her for the new unit.

To this day, the 11B ward hosts education sessions every Monday and Wednesday to reinforce their initial goals. Back then, Lai realized that most people in the ward required similar treatment (especially those requiring knee surgeries). She asked junior nurses to present simple care tips to prep them for career development. Lai was confident. She insisted on hosting education sessions like “knee surgery safety tips” for in-patients the night before surgeries. After a while, this became a tradition in the 11B ward.

Due to her experience in orthopedics learned in Hualien, Lai also became a head nurse of the 8B orthopedic ward. Her coworkers say that she has very high expectations and never fails to provide high-quality care.

### **Relating to the Helplessness of Family - Thanking Dalin Medical Team for Being Her Support**

From the 7B ward to the opening of 9B ward, to the return to the 8B ward, and to the opening of the 11B ward, she also had experience in promoting tests of nursing ability. It was only in the recent two to three years that she felt stability in her life. Eight years at Dalin had passed and it was 2008. She never knew that it was that same year her life was changed because of her father.

It was about ten o'clock at night when her family called, saying that her father was in critical condition in a hospital in Taichung. Lai Hui-Chun speculated that her father's spinal cord was injured. She rushed to the hospital and asked the hospital to perform a skull traction, but the hospital committee said that they had never performed such



an operation and that the patient's blood pressure was unstable and they needed to find the rupture point. At that time, she wanted to transport her father to a Tzu Chi Hospital, but the hospital said that they did not want to further injuries because of moving.

It was around midnight, and Lai was still debating on what she should do. As the eldest in her family, she was capable of nursing but could not do anything to help her father, so she felt incredibly helpless. The next morning, the Nursing Dept. Director Hsin-Ju Lu called, and she felt as if she finally found support and a person to vent. Tears streamed down uncontrollably from her face. "At the time my father illness, she gave me so much support and encouragement. I can't thank her enough!"

Since she wanted to care for her father while working as a nurse, Lai volunteered to become the nursing director for the night shift. She smiled as she said to her coworkers, "During the financial crisis of 2008, everyone was getting cut in salary while I sought to "raise my salary."

There were many times when her father was critical, and she received the support of the Dalin and Taichung medical teams. Everyone treated her father as if he was a family, and Lai was overwhelmed with gratitude for their support.

### **Treating Everything with Harmony and Reason**

Despite her switch from a head nurse of one ward to many during the night, Lai already possessed exceptional management abilities. This new position also allowed her to refine her skills. Lai is filled with gratitude for prior Hualien Tzu Chi Hospital Nursing Dept. Director Wen Shun-Hua (now the secretary of the Tzu Chi Medical Foundation), who initially inspired her to take such a path.

The largest challenge of working night shift was sudden. "For example, sometimes the families of patients may express dissatisfaction with our services," Lai said, "Unless someone was creating a commotion under the influence of alcohol, if we truly treated every single incident as abuse on medical personnel, we would forever be busy with work." We said, "Is this person truly causing trouble?" Because the hospital is in a rural area, most people speak in a very loud manner. If we misinterpreted their speaking as verbal abuse and asked the police to come, the people would think that the police were there to arrest them and would be infuriated..." After working night shift for a while, Lai learned that as long as they put in their fullest effort in care, many incidents would dissipate into nothing.

When asked about her juniors, Lai says, "Although I have up to twenty years of supervising experience, I sometimes adhere too much to one set of principles. I still



**January of 2013. Participating in volunteering was Lai Hui-Chun's method of rest. In this picture, she participated in a winter distribution for Longping Village in Luodian County in Guizhou, China.**

have much to learn about management.” However, she says that some of her juniors treat her as a friend, “Come, you should sit with us and eat, so you have friends,” and she would respond, “That would be weird if I eat and you don't.” They loved teasing her for a laugh.

### **Nursing Is Life, Improving Bit by Bit**

In 2018, Lai Hui-Chun became a student once more, and she said, “I want to thank now Nursing Dept. Director Chen Chia-Jung for opening a master's program for nursing. I can improve myself while working!” While studying, she found that she enjoyed serving in the clinical sector of the hospital, and she strived to refine her attitude while completing tasks.

While she was caring for her father for the past ten years, she was fortunate enough to participate in the performance of “Dharma as Water”. Her coworkers taught her to develop a deep understanding of Master Cheng Yen's teachings and the humanistic culture of Tzu Chi, so she could educate others in the same manner. A year after the “Dharma as Water” performance, she participated in a scholarship donation program in Guizhou, China. She heard volunteers' stories in helping others, and she suddenly came to a realization. “I've been in Tzu Chi for so long, yet I have never done any volunteering work. I need to change from a “person of Tzu Chi” to a Tzu Chi volunteer. Therefore, she began her path to become a Tzu Chi commissioner.

Serving as a nurse in clinical practice for at least 30 years, aren't you exhausted? Lai Hui-Chun smiled, saying that nursing profession allows her to care for her family, improve herself, and involve herself in volunteering, which truly has improved the quality of her life.



Please listen to me,  
Dear Teacher

# Senior Social Worker, Junior RN

By Chiu Chien-Yuan, Dept. of  
Nursing, Tzu Chi University of  
Science and Technology





My maternal grandmother influenced me greatly in choosing the path of becoming a nurse. I was raised by my grandmother. When I was young, regardless of the severity of the illness, as long as I go to the clinic to see a doctor, the remedy was always served with a syringe, even if it was a small cold. If I had a fever, that would have been worse; I would receive the intravenous treatment. During moments like this, I would always use a sharp piercing cry with twists and turns to struggle with the nurse until she lost her patience. Then my grandmother, who used to work in the clinic, would take over and administer the needle on me. In my memory, Grandmother's hands were gentle and soft. Under her soothing comfort, the administration of the needle was quick and quiet. At that time, I often thought that when I grew up, I also wanted to be a nurse. I felt that doing the same work as my grandmother would be cool. However, later I went to a traditional high school and then on to a university, and thus, temporarily deviated from the nursing path.

### **Became a Social Worker and Then Rekindled a Childhood Nursing Dream**

I studied in social work department at college. Although I longed to become a nurse, I felt that social work and nursing are similar as both serve and help people. After graduating from university, I entered the field of social work. Since most of my clienteles were teenagers, I needed to accompany them to hospitals. Every time I entered the hospital, the smell of hydrogen peroxide, medications, and disinfectants percolated in the air penetrate my every cell from the first breath, quietly awakened the forgotten memory. After my grandmother died, I once discussed the dream with my teenagers at work, and felt that I had been encouraging them to pursue their dreams. What about myself? With such an opportunity, I picked up books and got admitted by the nursing department of Tzu Chi University of Science and Technology. At the time, I was 36 years old.

### **Pursuing Nursing Profession and Fallen into a World of Unknown Difficulties**

Although social work and Nursing are both studies with humanity, however, the development of education and practice differs greatly. Especially with nursing, there are many techniques required, and each technique requires a set of standardized operating procedures to be followed. However, when dealing with case studies in social work, despite having its own operating procedures, each step may



be modified accordingly to each individual case. There is no fixed standardized process. Thus in the very beginning in my nursing program, everything must be memorized step by step, regardless of practices or tests. The operations may appear to be discontinuing parts with no holistic views until a full comprehension of the processes. Throughout my nursing program, I often came across “I don’t understand” until I interned with Teacher Ms. Hsin Mong-Chuan. Using high blood pressure as an example, Ms. Hsin said that we might understand the possible causes but not the mechanisms. Two patients may have the same disease but different etiologies. Or like the requirement for ECG, we often do not know the purpose of monitoring. Therefore, teacher uses physiology to explain the various mechanisms and treatment processes that may cause high blood pressure, and then conducts an integrated analysis with the symptoms of the case and related treatments. The original care case depends on the entire interface, not just a single point. As I get more involved into nursing program, during my senior year, I became enlightened. May it be nursing or social work, despite the differences in application, but the essence is the same.

### **Frustrated with Setbacks During Internship; and Looking Back the Initial Resolve**

The nine-stage internship program was a great challenge. In addition to the internship at the hospital during the day, the endless research of medications and diseases, along with reports and essays that I felt always missing some contents. I am not smart. I need repetitions to memorize along with the heavy load of homework, materials, and reports. Once I reached a break, the sun rose and I had to drag my tiresome self to continue my internship into morning. This never-ending routine continued throughout my internship. I once leaned on the window during another sleepless night, thinking if I was suitable for the job. The atmosphere of the internship, the way to get along with classmates/colleagues, and the pace of the work created a sense of frustration of not grasping the ideas. I am grateful for Teacher Mr. Lee Chung-Jen for helping me through my confusing time by clarifying the meaning and value of nursing work. Mr. Lee reminded me that if you pay too much attention to what others think, you will be tied to your feet when you do things; if you do it for others, you will lose the meaning of why you are doing it. The teacher helped me to clarify that the main purpose of the internship is not to be my classmates’ little helper, nor to please anyone. What the intern is to do is to learn

how to take care of, discover, establish relationships, and contrast with theories. As for the pace of the work, I will not really comprehend until I join the workforce.

Mr. Lee's advice awakened me and instantly pulled me out of the quicksand. I then began to adjust my mindset, removing irrational expectations and focused on what I should be doing during my internship. I eliminated the negative thoughts that bothered me. After such adjustments, I had different motivations which then allowed me to be freed from the uncomfortable quagmire and returned to my original intention wanting to become a nurse. All of a sudden, I felt what thought as important became trivial. "What are not supposed to exist could never let it be dusted."

### **Support and Encouragement from Teachers Provided Extraordinary Nursing Motivation**

Fortunately, the teachers I met during the internship, in addition to education and practicum, were very professional, and they also gave me full support and encouragement, which provided warmth. Among the two memorable teachers were Ms. Chang Shu-Min with Pediatrics major and Ms. Peng Chih-Yin with Obstetrics major. The pediatric ward was always filled with screams from children daily, especially when the medicine is given or treatment is provided. Ms. Chang used different methods such as finger games for younger children or using homemade media for older children. She was always able to make the unwilling to cooperate and become obedient. Teachers often said that the great purpose of internship is to make us like this occupation, rather than to just complete the internship. We will then determine if we want to continue nursing





in the future. If one is interested in learning, it can go a long way in nursing. I was quite skeptical toward Obstetrics during my internship because I am a male nurse. I feel much entangled in the need to touch or observe the private parts of pregnant women. At the beginning of the internship, I always hoped that the mothers would reject me so that I could avoid situations that made me feel awkward. However, Ms. Peng always communicated with the pregnant women in good faith beforehand, hoping that the “male” intern can participate in the medical care. The teacher always led and accompanied me. After a few times, it seemed that the previous rejection and embarrassment no longer existed, instead, I was able to perform naturally.

Once on the path of nursing, I realized that nursing work is far more complicated and difficult than the idealistic dream. Once I hesitated between social work and nursing. However, after four years of cultivation, the original training of social work and nursing later made me unique, just like the fiction characters in Jin Yong’s Wuxia (Chinese fiction novels), who has two different types of martial art techniques. My nursing skills included my social work background. I believe that there will be many obstacles along my nursing path to overcome. However, I will always remind myself to remember my original intent because this will determine how far I will go. I am still new within the nursing profession; for the future, please continue to advise me.



# A Male Nurse with Social Worker Background

**By: Chi Lee-Mei, Assistant Professor, Dept. of Nursing, Tzu Chi University of Science and Technology**



Chiu Chien-Yuan is a fourth-year student of the second graduating class in the Nursing Department of Tzu Chi University of Science and Technology, nicknamed “Crocodile”; the reason for this name is because his family is engaged in the breeding industry in Madou District, Tainan City. He already had a degree in social work from Hsuan Chuang University. After working for 12 years at the Taipei Shepherd Social Welfare Foundation, he wanted to have his dream come true - nursing. Thus, he resigned, changed his career path, and came to the Tzu Chi family through a series of tests and examinations. He came far from Tainan to study at our school, located in Hualien, eastern Taiwan; he is economically independent, relying



on his savings and working as a social worker on a part-time basis. Due to the need to work rotations, he did not choose accommodation on campus. Chiu rented near Tzu Chi University and used a bicycle to commute. It was energy consuming to ride to school on a daily basis as the school is located on a hill. However, Chiu didn't think it was difficult; he considered it an exercise. Sometimes due to the work schedule as a social worker, the accompanying of young people to other counties or cities for medical treatment or working the night shift, he missed classes.

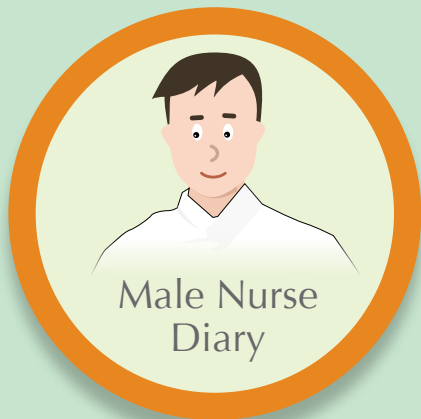
Starting school at age 36, living off campus and independently, Chiu initially worried that he would not fit in or that he would be considered as "an elderly." Even though he was shy and sometimes cheerful, his presence was found in basketball, volleyball, baseball and track competitions on campus, leading his classmates, men or women, indulging to the fullest. He was filled with vitality and physique, assimilating into all classroom activities. During a community health care assessment exercise, his group chose to collect information in JingPu tribe, a remote beach community. Everyone took their scooters together and completed it in one day. When asked why they chose such a far community instead of a nearby community,



Chiu responded, “We considered it a mini getaway to connect ourselves. It was good.” He was able to think differently and seek new knowledge. For the curriculum of Human Development class, students must take turns “caring” for infant dolls on a 24-hour basis. It was necessary to carry it at all times, and to breastfeed in the middle of the night. The responses from students were very tiresome! As for Chiu, he was riding a bicycle halfway with his baby on his back. When it cried, Chiu immediately stopped and changed the diaper on the roadside. He made the learning adventures fun in light of this trying experience.

Before the internship, students must complete professional prerequisites: such as basic nursing, medical and surgical nursing, obstetric nursing, pediatric nursing, psychiatric nursing, and community health nursing. The class work would get heavier and harder. There are written tests, technical tests, group discussions, group reports, etc. Theories, technologies, methodologies, and applications must be overcome one by one and the pressure is heavy. It was not easy for Jianyuan, an older student and working part-time. However, Chiu prioritized his studying time and took advantage of the little time to prepare his homework. During weekends, he would also gather his classmates to study in the library together, discuss each other’s homework, and improve each other’s learning abilities. His academic performance was excellent, and his grade point average was among the top five. However, the internship was another challenge. Even though he was already studious, striving upward, in reality he had had to struggle with many changes and be on his toes at all times. Meanwhile, at the request of his teachers, Chiu had to assist other students who were trailing behind in their studies, which added burden to his stress. Fortunately, the internship instructors provided timely advice and counselling. Chiu was able to accept with their guidance with humility, discuss with the teacher, and make timely revisions. He also helped his classmates and was repeatedly praised by the teachers. He was awarded the second place for internship performance award as well as an award for speakership at the graduation ceremony.

From being a social worker to becoming a nurse, it was a divergence of career for Chiu Chien-Yuan. However, if the two professions can be merged to provide succinct care to patients, provide services to the disadvantaged and help overcome difficulties, it will be beneficial to service the nursing units, patients, and family members. It is hoped that Jianyuan will step out of the school boundary to become a professional, and develop his talents for the future.



Male Nurse  
Diary

**Tsai Yi-Ting, RN,**  
Surgical ICU, Taipei  
Tzu Chi Hospital

# Life Guardian in Surgical ICU

“Beep, beep, beep...” the life-sustaining machine screamed due to low blood oxygen. Then someone cried anxiously, “Grandpa, can you hear me? Grandpa, Grandpa?” “Senior, hurry up, please,” I shouted for help. Suddenly, the machine sounded more irritating, signaling a sharp drop in heartbeat. “Get the pace-maker,” I shouted again. The pacemaker didn’t start quick enough, so I started CPR. “Give me a shot of Epinephrine, start CPR at 20:07, one, two, and three...”

During the CPR, the emergency phone rang, it was the operating room calling that there was a patient just finished CABG surgery. They needed help to transport a patient back to ICU for observation. I was caught between a rock and a hard place. One senior said to me, “Don’t worry, just leave everything to us, we’ll take care of it.” Then seniors divided diverged, one continued CPR, the other helped to transport a patient from the operating room. The above pictures are like medical television drama happening to me. I am a male nurse; these are my daily life in the surgical ICU.

When I graduated from Tzu Chi University and left the army, I came to the intensive care unit of Taipei Tzu Chi hospital and started my nursing career. However, most of my friends were surprised when they heard my decision. “How brave you are! Among all the medical departments you chose the most difficult as your starting point!” In fact, I have already forgotten why I made that decision. I believe it was the influence of my school teachers Ms. Hsieh Mei-Lin

and Ms. Jiang Jiin-Ling, my college tutors. Both of them started their nursing career in ICU and they are specialized with their professions, which inspired me imperceptibly during the college life. Since I had been a soldier for one year I had forgotten most of knowledge from lessons, also I had no experience with ICU, I was worried about my first job before I actually started work. Although nervous at first, through learning and problem solving with each detail I encountered, I adjusted to work smoothly.

There was an uncle whose blood vessel was very fragile because he was born with Reye's syndrome. He came into ICU because of cerebrovascular accident, and the CT scan revealed almost half of his brain was filled with blood. Senior told me that the patient's wife was ringing the bell, she wanted come in and stay with him one the last time. I asked for a clearance from a physician on duty, then let the aunt in. She thanked me at first when she came in. Then she went to uncle bedside, wiping tears from her face, "Daddy (his children), wake up quickly, please. We are all waiting for you."

Although I have seen many pictures about life and death before, I still felt touched for my uncle and aunt at that time. I brought a chair to her and she turned to me, "Nurse, he was looking fine this morning, and how could it happen so fast? Can he wake up again?"

I saw her tearful eyes and heard her question, I felt sad and replied, "Aunty, I understand how you feel. It may because of uncle's fragile blood vessels and the sudden change in weather. Please take care of yourself, or uncle may feel worried..." Aunty reached out holding his hand, "You know, his hand is so cold now. I used to enjoy holding his hand the most because his hand is always warm and thick, and I feel relieved





as soon as I hold his hand...” My heart broke with these touches. A few days later, with families decision to remove his life support, shortly, this patient left us to go to heaven with the angels... I experienced life vicissitude and impermanence. Thank you, uncle angel!

Since working in the ICU for more than one year, we compete with life and death every day. Facing with critically ill patients, I feel like a life guardian. With my profession and enthusiasm, through delicate nursing care, I try my best to save each patient’s life. And nursing makes me deeply realize the preciousness and impermanence of life, because no one knows who will win the tug of war with death...



# Teamwork Good Partners



**By: Dr. Lai Yu-Hsien, Attending Physician of Nephrology Dept. and Director of 28W Ward, Hualien Tzu Chi Hospital**

I still remember many years ago, there was an old bodhisattva from Kuanshan. She had always been accompanied by her living abroad son during her stay in the hospital. During the time, her son's attitude to caregivers or the physicians was unfriendly. He often questioned our medical treatments. It created headache and frustration to caregivers who had to deal with the patient and family members daily. Despite his unfriendliness, nurses and medical team still cared for the patient with the understanding that his behavior was a reflection of love for his mother.

The medical team realized that the problem came from his anxiety because he could not get his mother's condition in a timely manner. In order to meet her son's need for real time updates and to avoid the unnecessary miscommunication, the medical team came up with a consensus: Always had the attending physician to explain the patient's condition and the treatment plans. Whenever her son had questions, nursing colleagues called me and I would give him the explanations. However, the nursing staffs still cared about the patient and interacted with the patient and her family warmly, and constantly paying attention to the family's reactions.





Because of the medical team's seamless work to provide a single communication approach, the son received timely updates. Many misunderstandings gradually disappeared and the medical team started to earn his trust. The patient was finally discharged from the hospital. At the time, we thought it could become a medical dispute, but we earned his trust which was a happy ending. I really wanted to appreciate the joint cooperation of the whole team.



During holidays, I would visit patients in the hospital wards. I knew nursing staff are very busy so I would not request them to be with me. But 28W ward (for general internal medicine inpatients) nursing staff always initiated to follow me when I made rounds. They provided me patients' information, helped me rapidly understand the patients' conditions during holidays. After my regular rounds, they also took the initiative to help explain to patients and their families about my visits. I felt that these are very critical in teamwork; dealing with patients and their family questions in time and avoiding unnecessary miscommunication.

Inside a medical team, I think good communication and teamwork are very important. In my daily work, I take the initiative to tell my nursing colleagues the reason why I start a patient with one antibiotic, but before long stop and switch to use another antibiotic. I hope the communication and explanation will help nursing staff understanding the changes in antibiotics application. At the same time, it can reduce troubles encountered between shifts and better understand the treatment plans.



It was an accident why I chose the medical profession. My father is a physician. Because of my father's work, I had limited time with my father. I told myself I definitely didn't want to be a physician. When I grew up, I started to understand my father's work and its meaning, plus I like people and care about people, so I also joined the profession as a physician. Over the years, I found recruitment is the challenge in Huadong. Myself as an example, my family would like me to leave Hualien. But thinking of the importance of Tzu Chi Hospital's health care to Huadong people, and how to attract the nursing staff to stay, it has been always the goal that I and Nursing Director Ru-ling wanted. At noontime, I would go to 28W ward and have lunch with the nursing staff as long as I have free time. Through these daily routines, I understand more and more their thoughts and feelings. We try to find solutions. As long as I am available, I will also help them with their spiritual growth. I wish with our efforts, 28W ward's nursing colleagues can find the meaning and passion of caring, and initiate to stay in Hualien Tzu Chi Hospital to work together for the health of Huadong people.



# Pioneering Holistic Health Care in Dalin

By Lin Ming-Nan, Vice Superintendent, Dalin Tzu Chi Hospital



It is always meant to be comprehensive care for all patients in a hospital. In most cases, nurses are the pioneers in proving holistic care.

When I just joined Dalin Tzu Chi Hospital, I had to be on night shift due to the lack of resident physicians. There was one chilling night when I received a call from a nurse in the hospital ward. She asked me to check on a patient for additional prescription. It was painful to get up from a warm bed in winter. I hurried to the ward. The night shift nurse explained that her patient might need more morphine for pain relief. Cancer patients in hospice care usually need pain medication, therefore, a prn order (Latin “pro re nata order” is a written practitioner’s order for a medication) is needed. When I examined this patient’s medical chart, there was already a prn order. So I asked the nurse if she gave the medicine to the patient. She answered, “I did. But I feel the dose needs to be adjusted.” She brought me to the side of the patient. The patient was at the terminal stage, cancer spread to his brain and bone. He was too sick to talk. So, we couldn’t ask him about his condition. He was unconscious. I was complaining in my mind, was she joking? How could I assess and adjust the dose of morphine while the patient was unconscious? The nurse told me although she had given him the medicine 30 minutes ago when she checked on him she found he was grimacing on his facial expression. Thus, she thought the dose needed to be adjusted. She was sorry to wake me up!

I felt ashamed at the time. My colleague nurse assessed discomfort by means of patient’s facial expression, the patient was grimacing, although he couldn’t talk, but the nurse was able to discern the message.



**Group picture of Dalin Tzu Chi Hospital Palliative care team.**

In the course of medical care team training, the focus should be on the care of patient. Besides physical suffering, mental stress, family responsibility and readjusting are some aspects of needed attention. These require a team effort. It is inescapable that physicians are focusing more on physical problems but neglecting a patient's needs in other areas. Moreover, they may even overlook some details when assessing a patient's prognosis. However, our nursing team is treating patients with a whole person approach. I often find nurses in their continuing education adopting the humanoid diagram posters to be person-centered.

These lively human feature pictures are used to describe a patient's sickness, and show the patient's concept about health, family relationship and the impact of the diseases. It even includes what the patient needs to adjust to homecare after discharging from the hospital: community resource introduction, and improvement in the home environment. It is an all-rounded care. The unclear concept of holistic care is presented in concise and easy to understand format that includes all physical, mental, social or even spiritual needs. We can find the solutions for the patient's problems on the poster which is full of detailed information that carefully collected by the nursing staff.

The purpose of a medical care team is to take good care of all the needs of the patient. We need not only physicians, nurses, medical skills, pharmacists and social workers, but also volunteers. We rely tremendously on our nursing staff. We should be the pioneers of holistic health care. Let us work hard to alleviate the suffering of patients and their families!





# Superman-Like Good Helpers in ER

**By: Dr. Li Kuan-I, Director of Emergency Medicine, Taichung Tzu Chi Hospital**



“Dr. Li, patient on the sixth bed, should I handle it first?”

“Dr. Li, the tenth bed’s family cannot be reached, I have notified a social worker.”

In a busy ER, it is always full of patients waiting for treatments with their anxious family members. In this noisy work environment, it is difficult to fully grasp the conditions and follow-up treatment plans with all patients; other than the attending physicians, the ER nurses are indeed the superwomen. Slightly different than nurses in other units, ER nurses have to deal with many new patients and their families in a single shift. Doctors and patients relationships are not easy to establish in a short period of time. When patients’ conditions change from time to time, good communication and the efficient executions are my high highest compliments to the ER nurses.

When I was a young resident first entering the emergency room, I remembered I always had to rely on the reminders from senior nurses for





patients treatments in order to handle all patients successfully. Especially, when many patients came at the same time, the ER nurses and I were always able to cooperate perfectly with each other to stabilize patients with urgent needs.

“Who’s in charge of this patient? Come! Let’s give intubation to those having urgent needs!”

“Intern student boy! Don’t stop the chest press; I’ll come and help you in a moment!”

“That low blood pressure patient need stabilizer, I’ll be right there after I finished the intubation for this emergency!”

“Dr. Li, there is another bed of hypoglycemia patient! I’ll draw blood first, and then make up blood sugar right away, I’ll remind you to see the patient when the patient wakes up.”



Although the ER nurses are responsible for executing the doctor's medical instructions, but their roles are not that obvious. Instead, they are like partners. Many senior nurses will also joke with the ER doctors in their free time. They give family members' feedback to the attending physician for discussion. Some extraordinary nurses even understand the patient's potential subsequent treatments, and cooperate with the attending physician with all the preparations, so the treatments can proceed smoothly without interruptions. The ER nurses are on 8-hours shifts. They easily handle a dozen or even twenty or thirty patients. Every patient is a new face. Each condition requires time to understand, the emotions of patient's family members, the considerations of the family financial factors, and so on. They all need to be dealt with comprehensively. So it is not exaggeration to say that ER nurses have superman's three heads and six arms. However, because of the fast pace in emergency room, the relationships between doctors and patients are weak. It is usually the place in hospital where medical violence most likely to occur. ER nurses are often first-line victims. Fortunately, with the government's effort in recent years, the situation has improved significantly. And it has also provided a safer working environment for our nursing colleagues.

It is not easy for the ER nurses to stay on the job long. The most common quitters are the new hires who typically transferred or resigned in less than six months because of job related stress. It may also be personal for many cannot continue yearlong shift rotations due to family reasons. Sometimes it also happened because of ER doctors shouted at them unknowingly. So it is rare to stay on for over 5 years. However, those who stay behind are usually tightly bonded. They all are big bodhisattvas with loving and big hearts. Also because of the busy work schedules, ER medical colleagues often neglect their meals. Sugar drinks often become ER nurses' favorites. Although it is not healthy, it can quickly achieve the healing emotions purpose. It is also one of popular items in ER doctors' treats. Every New Year party or spring department dinners are also organized for the nurses. There are no unnecessary performances, but lottery is usually arranged to give everyone a blessing for the New Year. This is also the time that ER doctors express their gratitude to the nurses and ER nursing colleagues.

The ER managers' responsibilities are, not only to cultivate the professional skills of ER nurses, but also to participate and assist individual colleagues in their life planning. Many specialty nurses in my department were in-house transferred from ER nurses. These specialty nurses with the on-job training usually have no problem adjusting. They



**Dr. Li Kuan-I thanks the nurses and nurse practitioners in the emergency room of Taichung Tzu Chi Hospital for their dedication to their jobs.**

can assist the head nurse working on clinical education. Emergency department often have opportunities to cooperate with the health department or the fire department for a large number of injuries, or help organizing ACLS or BLS training courses, which are also some ways to convert mood in the workplace. Some nursing colleagues even developed high interests in these non-clinical business and take them as lifetime careers.

The ER nurses are very important members in the emergency medical team. Although their practice is not easy to develop and the working environment is tough, but once it becomes mature, their expertise is as good as the doctors! I'm proud of the ER nurses!

# The Little Girl with No Cry Doing Rehabilitation

**Yeh Tsai-Hsin, RN, 6A Pediatric Ward, Taichung Tzu Chi Hospital**

To me, the daily nursing activity in the Pediatric ward is plain and regular. But in the summer of 2018, I had a deep impression of a little girl who was well-behaved, considerate and inseparable personality with her family and friends. It's another touching story connected to my nursing career.

One day in June of 2018, Xuan-Xuan suddenly felt weak on her left shoulder and was wobbling while walking to school. Her family took her to a nearby clinic, but couldn't find anything wrong so she was transferred to our hospital emergency room. After a visual inspection, she was checked into our Pediatric ward. Later, she started to have sudden convulsions and became unconscious. She was taken to the Pediatric Intensive Care Unit (ICU) where a Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) were performed. The results indicated infarction combined with bleeding in the brain causing coma. After treatment at the Medical Center, she woke up and needed rehabilitation, and transferred back to our Pediatric ward over a month later. Xuan-Xuan is an excellent child and her parents are proud of her. Because of the sudden impermanence, the whole family started a long road to her rehabilitation.

Since Xuan-Xuan could not express herself, and her limb muscle strength had not recovered. The team established some methods of communication with her. We thought of using eye- blinking but then we worried if it was regular eye blinking, Xuan-Xuan sometimes would be misunderstood. Finally, we thought of a way to practice her strength training in the ward by using hand grip.





**On Xuan-Xuan's day of discharge, the medical team prepared a party to celebrate her rebirth.**

Besides morning and night time rehabilitation therapy, I would go in and interact with Xuan-Xuan during my leisure time by asking what she did during the day. Xuan-Xuan's mom said, "She stacked cups and pushed wooden blocks." After finding out Xuan-Xuan's rehabilitation progress, I would also take cups in the ward and let her practice, my way to test her recovery. We found out Xuan-Xuan like hot bath but had few opportunities so we planned such an event. One day the nursing unit director and I changed to shorts and sandals to help Xuan Xuan take a bath. Looking at her smiling like an angel, her happy face impacts me greatly. A nurse isn't just about doing daily clinical routine work. In fact, we can do more for the patients and their families, and in the meantime feeling touched.

Xuan-Xuan's condition continued to improve and also accepted the skull replacement surgery on August 9. After surgery, she was in the Pediatric ICU and be observed for a day. When Xuan-Xuan went into the ICU, we were there to cheer her up. We agreed and made a pinky promise that she would be transferred back to the regular ward the next day. Although she was transferred to other surgical wards before returning to the Pediatric ward, but seeing Xuan-Xuan joyful mood, we couldn't help but smile too.





The recovery process was bitter for Xuan-Xuan, but she never complained. We knew she didn't want her family to worry and let everyone down. August 24 was the day of her discharge from the hospital. Our team prepared a rebirth party to celebrate. Xuan-Xuan's parents were emotional and she expressed gratitude to us and thanking everyone for treating Xuan-Xuan like their own child, taking care and accompanying her.

After leaving the hospital, we were still seeing Xuan-Xuan's in the rehabilitation department continuing her recovery. Her mom asked her one day, "Do you want go back to 6A ward and visit the sisters and aunties?" She said, "Not right now. I want to walk back on my own feet to see everyone." On Lantern Festival Eve, we invited Xuan-Xuan and her parents to come and have fun together. Even though Xuan-Xuan was in a wheelchair, it's obvious her limb muscle strength has improved significantly. She now can also verbally express herself when she gets a lantern and balloon. Everyone looks forward to the day when she walks in to visit.

The road to nursing is hard, but these kinds of stories keep happening in the ward: Treating the patients like a family and taking care of them. What we get in return is joy and emotion. This helps me being steadfast on the road of nursing.