

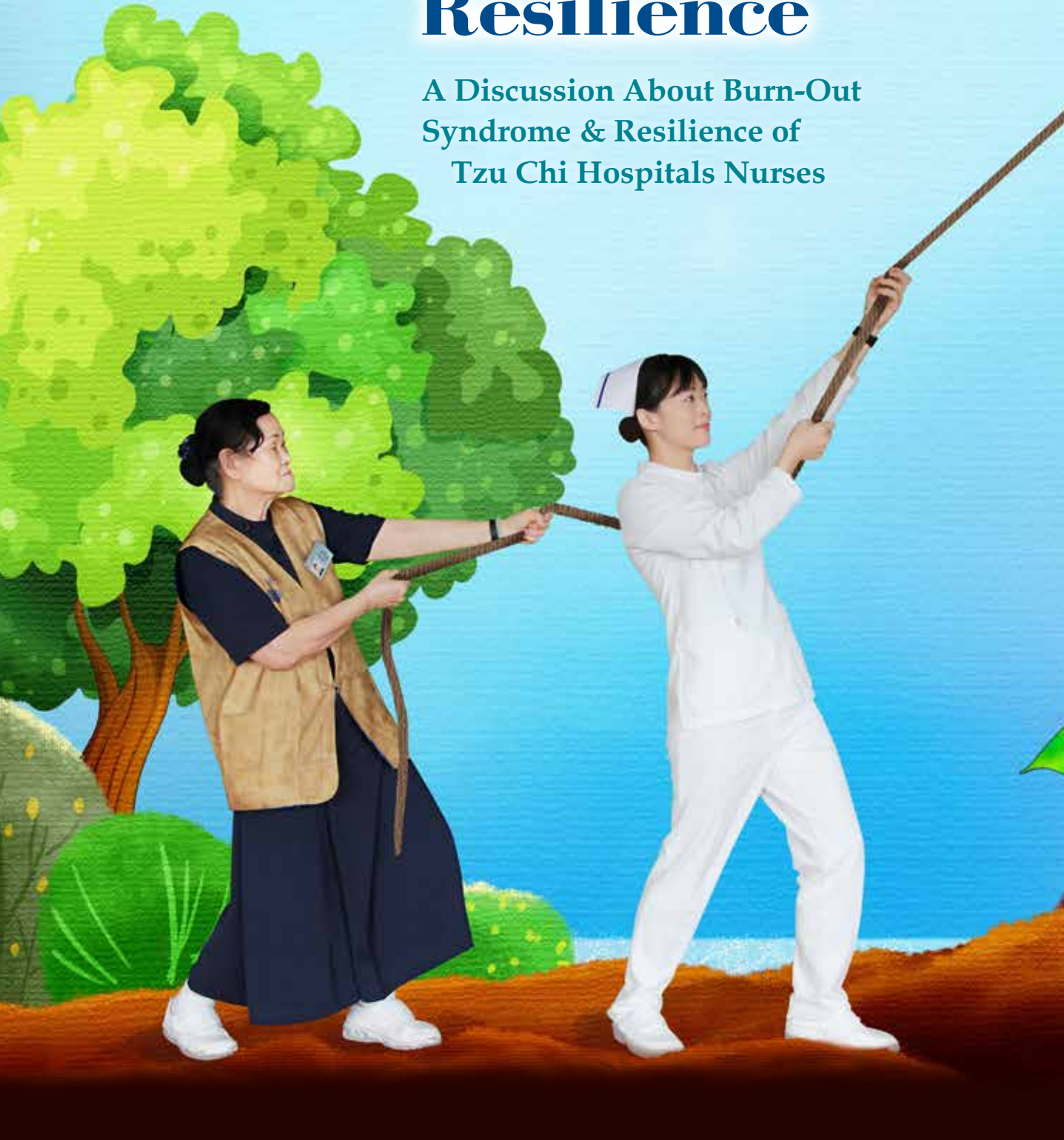
# TZU CHI NURSING CARE

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



# Cultivating Resilience

A Discussion About Burn-Out Syndrome & Resilience of Tzu Chi Hospitals Nurses





**By Wang Shu-Chen, Deputy Director, Department of Nursing, Hualien Tzu Chi Hospital**

In recent years, the Joint Commission of Taiwan has associated resilience with patient safety, and, as a result, there has been a growing interest in exploring the resilience of healthcare providers.

What is “resilience”? It is also known as the “ability to bounce back” and refers to a person’s ability to recover from adversity or stress in a short period. It’s like a rubber band that bounces back when you pull on it vigorously and then let go. The rubber band will bounce back to its original shape because it has the elasticity to allow it to return to its original state. The same is true for people. If they can rehabilitate themselves, they can restore their physical and mental state in a high-stress work environment. In the same workplace, some people can handle difficult problems at work with ease, while others, when faced with problems, take avoiding or retreating actions, allowing themselves to be trapped in the problem and eventually generating ideas such as leaving. How they handle, cope with, and act on stress, work fatigue, and the thought of quitting stems from what is called “resilience”.

Some people believe that resilience is an innate trait. Those who are more positive will view problems in a positive light. But resilience can also be strengthened or developed through education or training. For example, the Joint Commission of Taiwan organizes an annual course to promote resilience and a positive atmosphere in organizations, thereby creating an overall culture of safety. If healthcare professionals can recover from stress more quickly, they are less likely to make mistakes on the job, thereby making patients safer and themselves less likely to consider leaving the workplace. The topic for the current survey is the resilience of nursing staff. A total of 1,326 valid questionnaires were collected from the nursing staff at seven Tzu Chi hospitals, with the largest number of respondents (48.4%) having served for more than five years.

### **Good Rest and Sleep Are Necessary for Going to Work Refreshed the Next Day**

The first question asked nursing staff whether they can recover quickly from work-related fatigue. While 38.2% of the nursing staff “agreed” (including “strongly agreed”) that they will be refreshed to go to work the next day after taking their off-duty rest, a similar proportion of 40.0% (“strongly disagreed” and “disagreed”) felt that even after taking their off-duty rest, they still feel tired the next day. The remaining 20% did not express an opinion.

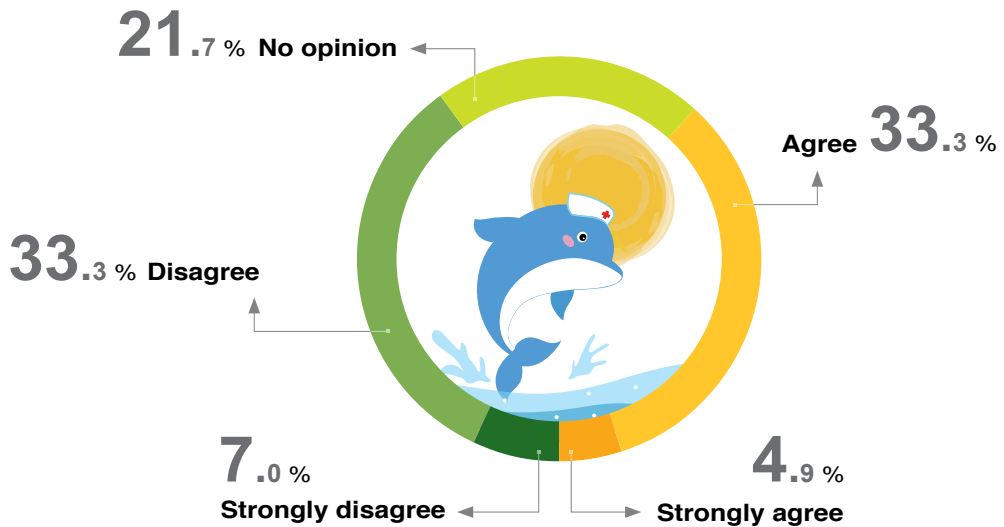
## Basic Statistics

Gender	Number of People	%
Female	1,248	94.1
Male	78	5.9
Total	1,326	100.0
Age	Number of People	%
under 20	21	1.6
21~25	433	32.6
26~30	224	16.9
31~35	178	13.4
36~40	185	14.0
above 40	285	21.5
Total	1,326	100.0
Years worked in the hospital	Number of People	%
under 1	159	12.0
1.1~2	171	12.9
2.1~3	156	11.8
3.1~5	198	14.9
above 5	642	48.4
Total	1,326	100.0
Job Title	Number of People	%
Registered nurse	1,046	78.9
Deputy head nurse	50	3.8
Head nurse	63	4.7
Supervisor and above	24	1.8
Case manager / functional unit	53	4.0
Nurse Practitioner / senior RN	90	6.8
Total	1,326	100.0
Department	Number of People	%
Internal Medicine	240	18.1
Surgery	177	13.3
Pediatrics	40	3.0
Obstetrics & Gynecology	53	4.0
Intensive Care & ER	253	19.1
Functional Unit	16	1.2
Kidney Dialysis	48	3.6
Operating Room	104	7.9
Outpatient Clinic	202	15.2
Palliative Care	25	1.9
Administration	38	2.9
Psychiatry	39	2.9
Others	91	6.9
Total	1,326	100.0

Q1

**Does resting after work alleviate the fatigue so that you can go to work with energy the next day?**

**( N = 1,326, single choice )**



For those nurses who still feel tired at work the next day, I think it is related to the sleep quality; I often hear that clinical nurses have trouble sleeping or even suffer from insomnia. In my opinion, good sleep quality should improve the mental state at work the next day and allow for a quick recovery. Of course, if their mental fatigue has been building up over time, there may be other causes.

In addition, the delay in leaving work may cause a build-up of fatigue that is not easily eliminated. If nurses do not have to leave work late, they will have more time to rest.

In recent years, the hospital has been proactive in creating a positive work environment, and one of the priorities has been to reduce the “nurse-to-patient ratio” in order to reduce the workload of nursing staff so that they can complete their work as scheduled and leave on time whenever possible. In addition to adopting various measures to reduce the nurse-patient ratio, Hualien Tzu Chi Hospital also finds ways to reduce the workload of nursing staff, including reducing the proportion of non-direct care tasks, such as liaison and transportation. The head nurse of each unit is the central figure responsible for responding to superiors and organizing the work of subordinates. Chiang Ching-Chun, the head nurse at Heart Lotus Palliative Care Ward, said her unit

has adopted the Australian Palliative Care Outcomes Collaboration program (PCOC) since 2014. Since one of the program's indicators involves assessing a patient's ability to function and move around, when she assigns a patient to a nurse, she considers the burden of caring for the patient and the number of patients that nurse is caring for, rather than assigning all patients with a high burden of care to the same nurse.

Creating a friendly work environment fosters the ability to face stress positively at work; and in order to strengthen the resilience of each nursing staff, hospital management focuses on how to make the work environment more friendly and team-oriented.

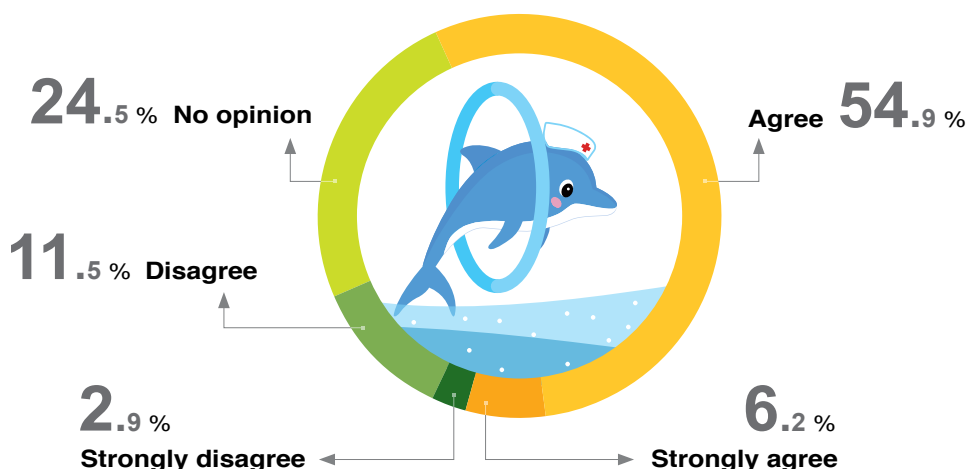
### **60% Believe That Setbacks Actually Provide Opportunities to Better Hone Their Skills**

If a person is able to see setbacks at work as an opportunity to hone his or her skills, it shows that the person has the ability to think and to face adversity positively. Therefore, the second question of the questionnaire asked respondents if they can see setbacks at work as opportunities for self-development. 61.1% of these nurses answered “strongly agree” or “agree”, while only 14.4% of them disagreed. Just as a rebounded ball jumps higher and farther, a change in mindset can allow one to take on

Q2

**Do you consider setbacks in the workplace as an opportunity to hone your skills?**

**( N = 1,326, single choice )**



the challenges of the job when there are setbacks. Although I have been in nursing for almost 30 years, I still remember the frustrations I encountered when I was a beginner. I also believe that every nurse who has been in clinical practice for over two to three years has experienced many setbacks. However, they are able to take the setbacks as trials and tribulations and understand that “sweet are the uses of adversity”, thus becoming independent and confident and coming this far.

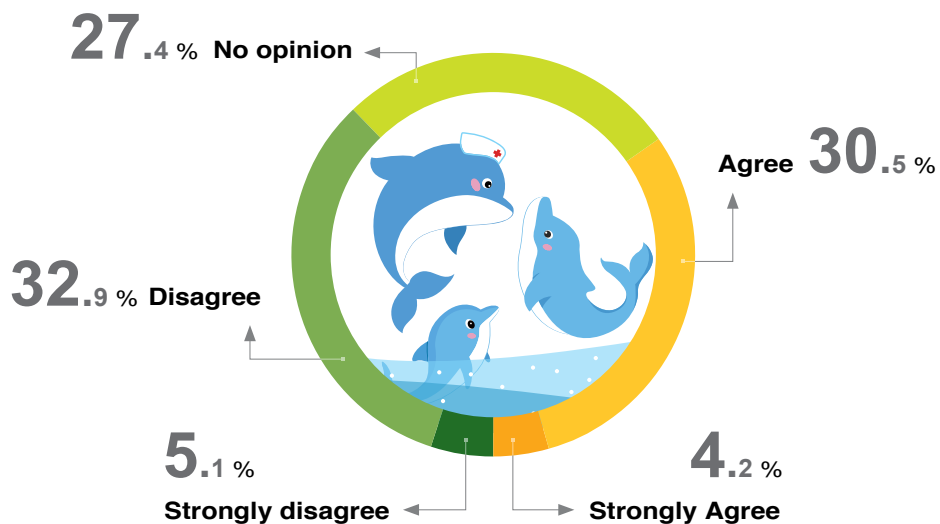
### **Adjust Your Feelings When Facing the Suffering of Patients and Their Families to Avoid Compassion Fatigue**

Nurses provide care for people. Facing life and death scenarios every day inevitably creates many emotions and worries, especially when the patient is not well or when the family hears bad news. Emotional adjustment is also an important component of resilience.

Faced with patient/family grief, 34.7% (“strongly agree” and “agree”) of nurses felt that their emotion at work will not be affected, while 37.9% felt that they will be affected; the percentages were similar for the two different choices. In fact, frontline nurses empathize with the pain of patients/families when dealing with their illness. If nurses do

Q3

**Does facing the grief of patients/families affect your emotion at work? ( N = 1,326, single choice )**

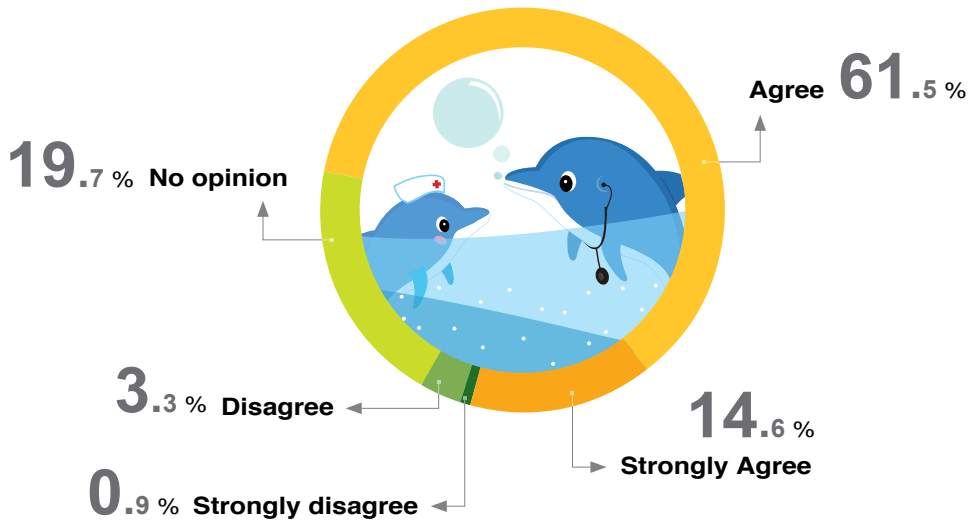




Q4

**Can you actively discuss your patient's changing condition with the physician to find a solution to the problem?**

**( N = 1,326, single choice )**



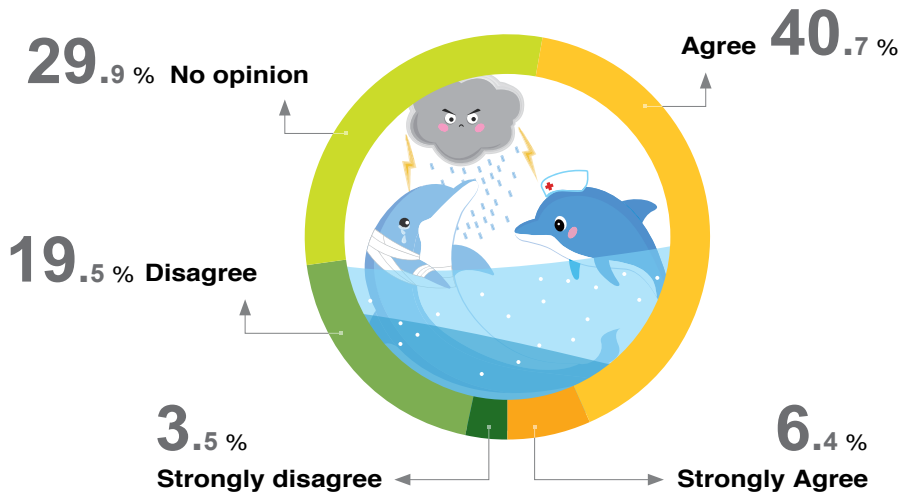
not adapt well, they are prone to psychological exhaustion. Some scholars refer to this phenomenon as “compassion fatigue”.

The sudden demise of a patient can also make nurses feel sad. Nurse Ah-Hui (alias) said, “As my shift was about to end, the patient was ... ‘gone’ ..., which was a little hard for me to accept. I got a little teary-eyed while sending him away, but I thought I should hide my feelings from the family as much as possible ...” Ah-Hui said she felt sad at the time, but then thought that it was also a relief for the patient. As she sent the patient out of the ward, she thought to herself, “The next patient is waiting for me,” so she ignored the sadness, pretended it was okay, and didn’t mention it to anyone else. “But late at night, when it’s quiet, the sadness will surface and I will feel that even if I put my heart and soul into taking care of the patient, it’s useless because the patient will still be gone ....” If this sadness for the patient is not processed and digested, it will drain the person’s energy internally. Over time, such a working condition will lead to fatigue and exhaustion, which is the last thing we want.

Feeling sorry for a patient is a sign of compassion, which can actually generate positive energy. If compassion is affirmed, it generates positive energy and enables one to continue to work hard at nursing.

Q5

**When confronted with a patient's angry emotions, would you assume that the patient is not against you, but is worried about his/her illness? ( N = 1,326, single choice )**



Hualien Tzu Chi Hospital once invited Chen Yi-Chu, a holistic caregiver, to hold the “Taking Care of Yourself – Spiritual Self-Care Workshop”. One of the methods requires the nurses to do a “big tree” meditation, imagining themselves as a small sapling growing into a big tree, and then express their feelings with pictures to share with the group. Trees need sunlight, air, water, and soil, but they can also be affected by pests, big and small. To people, pests are their bad thoughts.

During this workshop, Supervisor Cheng Ya-Chun remembered her late mother and experienced a rare sense of loss in between her busy work schedule. She felt the grief of losing her mother, something she had overlooked in the past. Through this opportunity, she expressed her thoughts and gratitude for her mother and deeply appreciated her contribution to the family. By confronting the grief over her mother that had been hidden in her mind, the missing corner of her spirituality was mended.

Playing the role of a helper, nurses often forget to love themselves a little more. Therefore, it is important to provide an outlet for our emotions and heal our hearts through different activities so that we can have the energy to care for our patients.

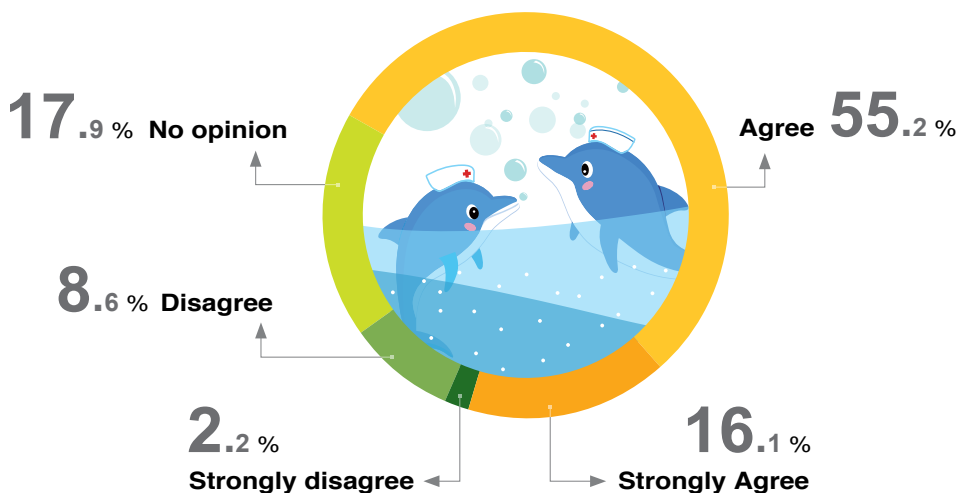
## Build Team Cohesion

If the patient's condition goes downhill, will the nurse be helpless, or will the nurse be able to actively seek a solution? 76.1% of the nurses will actively discuss the problem with the physician to find a solution. Only 4.2% do not think they will do so.

Hualien Tzu Chi Hospital is very active in promoting discussions within the medical team. Every quarter, a hospital-wide interdisciplinary team meeting is held. Each department also actively conducts team meetings with the Medical Department or other medical professionals. Chen Tao Pei-Yu, Head Nurse of the Medical Intensive Care Unit, said that creating an atmosphere between the unit and the medical department is important. The head nurse will introduce the newcomers to all the physicians at the Medical Department meeting when they report to the unit, so that people can get to know each other. In addition, the team members are able to fully express their views on patient care at the joint medical conferences, and the physicians are also very willing to teach, so that communication and discussion with the physicians can lead to very close cooperation. Whenever nursing staff have a problem, they are able to fully discuss it with the physician.

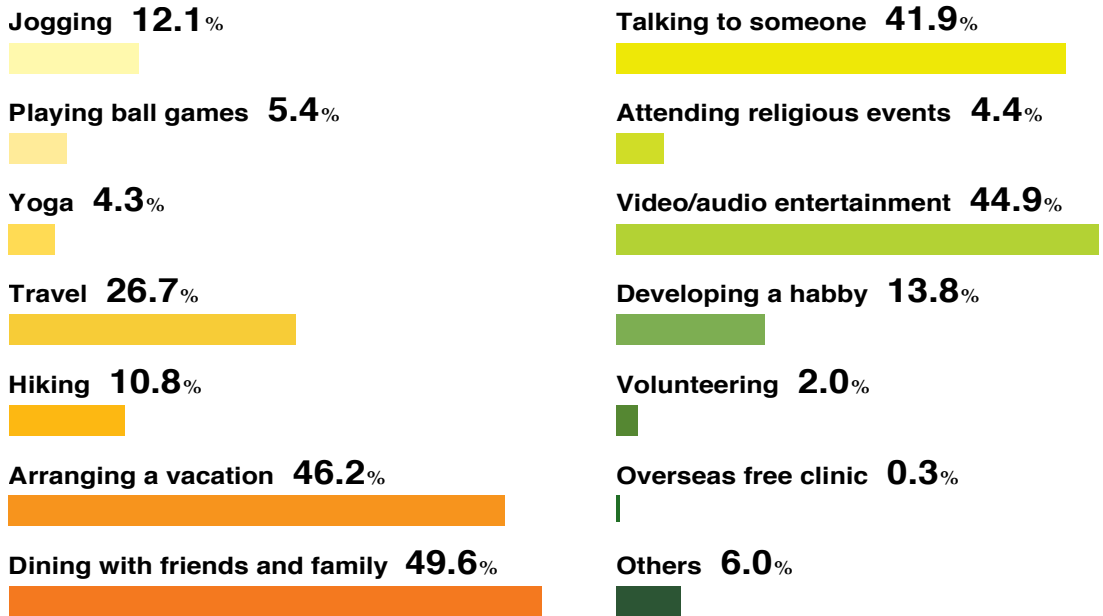
Q6

**When faced with unreasonable requests from patients or family members or unfriendly attitudes from other staff, will you hold back and only express your own grievances or emotions to a third party when you return to the nursing station? ( N = 1,326, multiple choice )**



# Q7

**When you feel fatigue at work, how do you personally adapt?**  
 ( N = 1,326, multiple choice )



Chao Chi-Yen, a male Head Nurse of the Surgical Intensive Care Unit, also mentioned that the problems nurses help patients with are not necessarily physical. Once a patient in the Surgical Intensive Care Unit became critically ill and his girlfriend wanted to marry him in a civil ceremony. All the nurses in the unit were mobilized to help make their wishes come true and arranged balloons around the bed in the ICU, hoping to help the patient and his family make the best memories of their lives.

### **Address Negative Emotions and Do Not Pass Them On to Innocent Third Parties**

As for the emotions of others, can nurses determine where they come from? Will nurses get irritated or disturbed easily? Or can they address the emotions of others appropriately?

In question 5 of the questionnaire, 47.1% of the nurses agreed that the patient's emotions are not directed at themselves, but 23.0% disagreed.

Dai Wen-Hui, a nurse in the outpatient clinic, attends the weekly reading of the Lotus Sutra in the hospital's humanities room. She mentioned that she often gets

annoyed when a patient asks the same questions over and over in the clinic, especially when she is busy. Of course, she still holds back from showing impatience when answering, but holding it in too long can be painful for her. She said, “Attending the book club helped. My perspective changes when I think about the book that says Bodhisattvas will appear in different forms to test us. When some patients feel that they have waited for too long for their turn and ask me in a bad tone, I will say to myself, ‘He is actually a Bodhisattva who is here to test my temper, so don’t get annoyed.’ I will no longer be affected by this and will not transfer the patient’s displeasure to myself.”

In recent years, the Nursing Department has held several positive thinking workshops, including stress reduction with positive thinking, breathing with positive thinking, walking with positive thinking, and more. One of the nursing staff gave feedback after the positive thinking training, “When I encounter a patient or family member who is aggressive, I will first take a deep breath and then think about whether he is angry at me for something I have done. If not, then what is the reason for his aggression? Before I learned to think positively, I would immediately be overwhelmed when confronted with an angry or cursing patient. Now I can analyze the cause and calm myself down.” It was also mentioned, “If you let your emotions affect others when you get agitated, you will feel remorseful afterwards. Why should some irrelevant people be affected by such emotions which destroys not only the harmony, but also the efficiency of work? After this practice, I will calm down and give it some thought.”

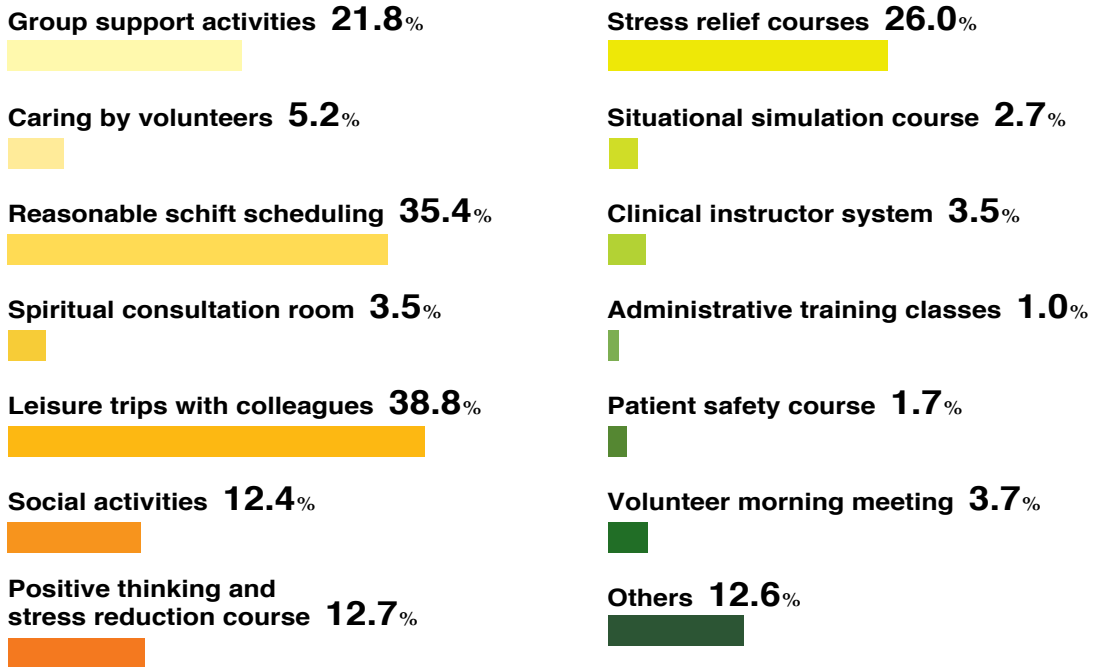
### **Don’t Start Head-On Conflicts, But Don’t Let Yourself Be Mistreated Either**

Question 6 of the questionnaire was to find out the attitude of nursing staff when dealing with conflicts. When faced with unreasonable requests from patients or family members, or unfriendly attitudes from other staff members, 71.3% choose to hold their tongues and only express their dissatisfaction or emotions when they returned to the nursing station. Only 10.8%, or about 1 in 10, disagreed.

Lin Meng-Hua, Head Nurse of the East 26 Ward, shared that a nurse in her unit once encountered an unreasonable patient in the ward, “at the time she would not confront the patient, but when she came back to the nursing station, she could not hold back her emotions and shouted in anger.” But if she kept yelling, the whole ward would have heard her. The head nurse invited the angry nurse into her office, closed the door, and let the nurse vent her frustrations and talk about what had happened after she calmed down. Of course, if a patient seriously threatens a nurse or makes the nurse uncomfortable, the situation can be reported to the Medical Department, which will help resolve the issue with us. If there is a potential medical dispute or a violent patient, the



**When you feel fatigue at work, how do you personally adapt?**  
 ( N = 1,326, multiple choice )



hospital will protect the nursing staff first and then provide assistance for subsequent legal or administrative proceedings.

**Avoid Work Fatigue by Making Good Use of Various Channels and Methods**

When nurses feel they are about to experience job burnout, how do they adjust themselves? Question 7 of the questionnaire listed 13 options, four of which were selected by more than 40% of respondents. The first was “dining with friends and family” at 49.6%, followed by “arranging a vacation” at 46.2%, “video/audio entertainment” at 44.9% and “talking to someone” at 41.9%. This shows that when faced with work stress, nurses need an outlet, such as meeting with their closest family or friends at the dinner table to express their emotions, or finding someone to talk to, either casually or with expert advice in various areas. Of course, giving yourself a vacation and getting out of the work environment can make the stress of the job go away for at least a while.

Other options were also chosen, such as jogging, hiking, various sports, hobby development, etc. In fact, as long as you take the action you think is best for relieving stress, it's a good choice and a good solution.

“Attending religious events” was chosen by 4.4% of the respondents. Although Tzu Chi Hospitals are Buddhist hospitals, we does not exclude other religions. The Christian Endowment Society meets weekly for fellowship and evangelism for patients/families. There are also Mormons who come to the hospital to teach English. In addition to the Dharma reading group, Tzu Chi Hospitals also offer a variety of monthly classes in the Meditation Hall, which include Dharma study and volunteer service experience sharing. Chou Ying-Feng, Head Nurse of the East 25 Ward, said that sometimes the colleagues are not doing well at work, their resilience is gone and they just want to quit. She is frustrated because she has tried all kinds of ways to keep them, but to no avail. She felt relieved when she read a passage in the reading group, “Those who are not fortunate do not have the opportunity to hear the truth I speak, and those who are not fortunate enough cannot understand it when they hear it.” To her surprise, a former nurse who had resigned felt that Tzu Chi Hospital was still better and came back soon after. It's just that when a person is determined to leave a job, he or she will not listen to anyone.

Regardless of the adjustment method used, in order to recover from a stressful situation, people need to be aware of their stress so that they can take actions to recover or adjust to it.

### **Hospital Continues to Promote Resiliency Programs to Create a Positive Workplace**

The final question asked the nurses what types of resiliency programs offered at the hospital they felt were most helpful in elevating their personal energy. Topping the list was “leisure trips with colleagues” at 38.8%, followed by “reasonable shift scheduling” at 35.4%, “stress relief courses” at 26.0%, and “group support activities” at 21.8%. Other programs also received varying degrees of recognition, with the single program that stood out being the “positive thinking and stress reduction course”. The hospital also encourages colleagues to call on their peers to start new clubs.

Retention of nursing talent has always been a global issue. Nurses need to be resilient in order to work in a healthcare environment. The global impact of the COVID-19 outbreak continues and has repeatedly tested the resistance and resilience of nurses. Resilience of nurses can be developed and deepened through a well-conceived resilience plan. Personalized care and supervisory support can also help them develop perseverance. In this time of fighting the epidemic, nurses must continue to think positively and rise to the challenge without compromise.

# Patient Empowerment” Raises the Confidence Level

**By: Cheng Ya-Chun, Supervisor, Nursing Department, Hualien Tzu Chi Hospital**

Speaking from my own personal experience, a nurse who feels accomplished can recharge much faster after work. First a front line nurse, then a nursing head and now a supervisor, I often hear from new colleagues that positive feedback from patients and families are their best medicine for recovery. It helps replenish energy and confidence. Therefore, when nurses are able to “empower” patients, they are most likely to assert confidence and strengthen their ability for recovery.

The Less a Patient Cooperates, the More the Accomplishment Afterwards

The pregnant lady Ann had in-vitro fertilization procedure and successfully conceived. But because of complications, she needed an urgent caesarian section; her baby was born premature at 27th week and placed in the intensive care. As a mother for the first time, Ann and her husband had no confidence in taking care of their pre-mature baby. During visiting hours, Ann would stare at the monitor and said, “There are so many tubes on my baby. I am afraid to touch him. If I accidentally touch the wire, it may trigger the monitor so I worry.” After consultation with the nurse, Ann realized that the monitor makes noises only when the baby cries or suffocates, not because of an emergency. This calmed her down.

Once the baby was stabilized, the nurse encouraged Ann to try breast feeding. At first the baby wasn’t able to suck on her nipple, Ann blamed herself and withdrew from trying. But the nurses were determined to “empower” the patient. The term “empowering” means helping patients





**Help the new parents with health education.**

overcome problem under guidance. During the process, a patient will adapt his/her behavior to effectuate better outcome.

Nurses from the Neonatal Intensive Care unit did an assessment on Ann whose anxiety came from postpartum fatigue. Therefore, before a breast feeding session, they would teach her relaxation techniques. After mastering relaxation, she was able to follow the instruction techniques to breastfeed. Her baby started to gain weight so it strengthened her will to continue. Moreover, when the family was discharged, nurses provided them telephone numbers of the Neonatal Intensive Care unit for 24 hours consultation.

After their discharge, the nurses conducted a video conferencing with the family. Ann said the baby was able to feed easily, and she thanked the nurses for their caring and guidance during their hospital stay, now even the father could help taking care of the baby. She also shared some pictures to show how excited and happy she was being a new mother. The whole nurse team at the Neonatal unit was very pleased to hear a success story.



**The pediatric nurses use the health education courses to guide the new parents to take care of newborns. When the parents learn how to take care of their infant, the nurses feel the accomplishment.**

Nurse Yi-Ru who has been working in the neonatal care for many years expressed that they are grateful for the compliments from parents of newborn babies, but the real satisfaction of their care is the existence of a comprehensive program empowering parents of their newborns. Patients and their newborns are safe and adjust well after discharge. This proves that the quality of patient oriented care is one major reason for staying on the job.

### **During the Pandemic, Taking Care of Oneself Is Paramount**

Since 2020, visiting hours are limited with the number of visitors and only one time a day, how do the nursing staff react and cope with versatile policy during the COVID-19 pandemic?

As front line defenders, nursing personnel working in high risk areas can easily be affected with emotion and stress. Many people tries to encourage them with handwritten encouragement cards: "I am OK, you first (to obtain face masks)." These are motivations as well as encouragements to continue their commitment to safeguard lives.

# Four Recruitment Strategies-with Kindness and Compassion

**By: Wang Wan-Hsiang, Deputy Director, Nursing Dept., Hualien Tzu Chi Hospital**

According to a study “The research and plan on nursing staff manpower requirements for the next 10 years” by the National Institute of Health and sponsored by the Ministry of Health and Welfare, nurses staying in the field after graduation is less than 60%. This phenomenon is not only a waste of educational resources, but worrisome in terms of the quality of nursing. Thus, the Ministry of Health and Welfare implemented many revolutionary changes to improve the industry and reduce work load. Since 2015, for example, they have been tracking the turnover of nursing staff, establishing a library of information related to nursing resources in order to understand recruitment issues, turnover rate, vacancy rate, and the career paths of graduated nurses.

Hualien Tzu Chi Hospital is located on the east coast of Taiwan. Because of its remote geographical location, recruitment and retention are more difficult than other



**Commend the clinical nurse during the Teacher's day.**



**Yi-De parents play the roles as supporting parents for the nurses at Hualien, frequently visit the unit to express their love and concerns, as well as providing mental support.**

areas' hospitals. Therefore, other than participating proactively in an improvement plan for quality nursing staff at the Ministry of Health and Welfare, we also made improvement in salary and benefit, professional advancement, and the flexible use of human resources.

In 2019, Professor Shih le-Ming of Johns Hopkins University came to Taiwan to share with Dharma Master Cheng Yen a scientific research paper about the discovery that human's brain has an area of mercy and altruism. If we see other people suffering, this area of the brain is stimulated to induce mercy to help others. This research study proves that nursing benefit others, as championed by Dharma Master Cheng Yen, can be used to guide nurses' retention and recruitment strategy.

Therefore, we established “four compassionate strategies” to help recruitment and retention of nurses – influential power model, dream inspired model, wondrous overcoming model, and individualized care model. Using these methods to lead the nursing team and achieving self-satisfaction with values in the professional field, we improved the turnover rate from 13.1% in 2016 to 11.81% in 2020. This shows that the hard work pays off. The following describes how we applied the four successful recruitment strategies.

### **Influential Power Model**

This model is to elect a spokesperson with the most influential power, and recognize the person in public. Public recognition includes: appreciation letters and comments from patients and families, nominate excellent nurses on “International Nurses’ Day”, and exhibit pictures of recognized individuals on the hallways of the hospital. In addition, other strategies include: nominate the best teachers on “Teacher’s Day”, report distinguished nurses on journals and magazines; post relevant stories on hospital’s web pages, and invite nurses to share their success stories on broadcasting channels to deliver positive messages on nursing with love.

### **Dream Inspired Model**

This model inspires expectations, and encourages nurses to join and lead team members to pursuit dreams. Nursing department runs the Facebook “Dream teacher” pages to attract followers to share postings. The head of the nurses often uses team spirits and emotions to encourage colleagues to achieve team’s objectives and goals, thus the efficiency is higher than individual’s effort. Also, a collection of stories from nurses’ best practices enable publication to promote recognition of the nursing profession.

### **Wondrous Overcoming Model**

This model encourages colleagues to be creative, challenge oneself with new ideas, new methods and solutions to solve problems encountered at work. It is literally the “wondrous” application of intelligence to “overcome”, “empower” problem solving. The head of the nursing department and the hospital management make irregular visits to corresponding units to boost morale, and to provide support and encouragement to all medical personnel. Tzu Chi’s unique “Yi De” (parental) system is supported by Tzu Chi volunteers providing “parental” support for Hualien’s nurses. They frequently visit the units to express their love and care. Besides, there are 14 social clubs designed to provide an environment to decouple stress after work, and to meet and engage nurses



from other departments. Also, there are many supporting activities such as literature and art clubs. People can hold team activities with funding support from the hospital.

### **Individualized Caring Model**

Individual loving care model customizes care based on each individual's need, ability and goal. Team leaders are like coaches or consultants, they listen attentively to understand each unique situation and need, then provide nurture and guidance. Also, a meeting room staffed with experts in different expertise are available for consultations. Those who are over 40 years old have the benefits to access high technological advanced examinations for early detection of diseases.

When one is devoted, the heart becomes inspired with compassion. Soon after the discovery that the profession can save lives and safeguard health, the ability to recover from stress develops automatically and unknowingly. Of course, with the accumulation of experience, questions on how to relieve stress and communication conflicts are becoming common. To our nurses, let's not worry about the challenge because we are stronger today than we were yesterday. Let's reach for our beautiful values, we hope to receive more respect from the society.

#### **Reference:**

Hsiong Chao, Chang May (2015). "The research and planning on the need of nursing staff for next 10 years" Sponsored by Taiwan's Ministry of Health and Welfare in 2015, unpublished.

# Enhancing Nursing Quality Secures Patient Safety

**By Tai Chia-Hui, Supervisor, Nursing Dept., Hualien Tzu Chi Hospital**

The safety of the patients is the most important task in the hospital. However, everyone makes mistakes. In the past, the health care managers handled the mistakes or “near miss” incidents by means of “punishment.” It puts health workers in a condemning work environment all the time. This has made their work more stressful. In recent years, the health industry has continuously improved through training, and creating safer work environments, as well as by encouraging the reporting of unusual incidents, patients are able to receive safer care and health workers can reduce their workload, enhance their resilience, and remain in their jobs.

The development of culture for patient safety is the same as enhancing nursing quality. It requires coordination in various areas. Effective communication, work training and continuing education, discussion and feedback for warning incidents, monitoring potential trend and model, and establishing a safe environment with supervisory support are some examples. The proactive approach adopted by Hualien Tzu Chi Hospital includes visual indicators management, work training and an early warning system for incidents.

## **Implementing Indicator Management by Applying Visual Graphics**

In order to compare nursing-quality index among different units, a quality indicator approach using red and green light is adopted in each unit starting in January 2020. It was the result of joint discussions between the Nursing department and the Nursing Quality Committee. The method uses a green light to indicate the best quality. By means of bubble charts, supervisors of each unit can easily visualize their unit’s standing as compared with other units in the hospital.

At the beginning, everyone felt strange with the display. Some people reacted adversely. However, through various explanations, communications, healthy competition

between units and encouraging improvements, colleagues and supervisors have given those changes with some feedbacks, as follow:

“Colleagues can feel the changes when seeing the quality indicators of the unit gradually becoming stable.”

“Colleagues are sharing information to enhance nursing quality.”

“At the beginning, we just hoped not to be the last one in line, now everyone is working together towards improving care quality.”

### **Learn from Adverse Events**

Adverse events hurt patients and negatively impact the medical team. Some colleagues failed to report the events due to fear of condemnation. Fortunately, after many years’ efforts from the hospital, the medical team now is able to face adverse events with positive feedback. In order for more people to avoid similar incidents by sharing information, the hospital is using warning incident notice to remind people, including reminders of some common patient safety incidents, caring for wounds and skin, etc.

The feedback from a colleague nurse: “These situations are often encountered during clinical practices. Through a reminder from the ‘Warning incident notice’, I react more carefully when I am facing a similar situation. Mistakes indeed hide in small things.” There was also a chief nurse sharing her experience, “Before, our colleagues did not like to see the Hospital Information System bulletin. Lately, they would actively click on the link to visit the bulletin, and during the morning meeting, we also discuss how to handle similar situations.”

### **Evidence-Based Nursing and Training - Growing Together**

Besides learning from the adverse events, we also integrated the procedures of evidence-based nursing to improve each other. The class of evidence-based nursing started in early 2020, clinical teachers led colleagues who have less experience started looking for common care problems inside the unit; and use Q&A to find supporting documents. After sorting through all the documents and suggestions, we turn them into easily understandable information or update health-care tools for the patients. The findings are published so knowledge is shared.

Every season’s “Evidence-Based New Knowledge” meeting also drives people to learn together. Along with current events, the meeting results in learning new knowledge by reviewing the past events. For example, at the beginning of 2020 when the COVID-19 epidemic condition was relatively unclear, colleagues who cared for the



suspected or confirmed patients were emotionally affected. The first-line colleagues later were able to feel safer during clinical care after checking out relevant information; discussing with Infection Control unit about how to reduce infection risks, such as: the wearing of Personal Protective Equipment, cleaning environment, adjusting care procedure, increasing knowledge of covid-19 and preparing medical supplies, etc.

Besides training to increase knowledge we regularly monitor quality indicators to reassure the accuracy of execution. At the same time, we also benchmark with other units to enhance care quality of other units - taking proactive action and finding each unit's own health care's "shining spots."

Studying the topic of fall prevention, the team of gynecology and obstetrics found most newborn mothers were in a good health condition when admitted. However, after giving birth, their focuses changed to the newborns and learning related caring skills. There were many falling incidents when the mothers were caught off-guard trying to get





in-and-out of the bed. The introduction of patient-participation modelling has increased attention of the mothers and nurses in fall prevention. The using of “maternity/nurse fall risk factor evaluation chart” and education and training have successfully eliminated the fall rate from 0.28% to 0%. The evaluation system later was promoted to medical and surgical wards. Patients’ families also reacted positively to the system.

The chief nurse of maternity ward, Lin Jiahue, said that at the beginning of the project, all the nurses were complaining. The mother and her family members also thought such precaution were unnecessary. However, later on, they all realized that the mothers were at risks of falling, especially during the moment to standup after using the toilet. Gradually more and more mothers gave positive feedback to the nurses. They think the nurses are very professional, providing them with good reminders and their attitudes are very nice too. The chief nurse also took the meeting as a chance to publicly praise the nurses. At the end, the nurses felt a sense of achievement. This project also passed the Taiwan Nurses Association’s administrative review.

Nobody likes to leave their comfort zone for changes. However, through training, visual management, and benchmarking, one motivates to become better. This will also strengthen one’s resilience to grow together with the team. This creates a positive environment and enhances care quality so all the patients are safe.

# Miss My Petit Prince

**By: Li Yi-Shiuan, RN, Heart Lotus Palliative Care Ward, Taipei Tzu Chi Hospital**

Each moment in my life, I wonder why I survive so strong. Life became mediocre because of my selfishness. Only if I change my thinking, I can then feel all the love and happiness. Or maybe because I am not so perfect, when I am frustrated, I learned, and moved at every turn during the encounter.

In the past, my biggest wish was “To live my life gently without any thorns!” So fortunately, I became a nurse. Inadvertently, I entered the field of Hospice Care. I recorded the moments with patients, and collected them in my life album.

In my life album, there was the most beautiful fireworks blooming in the sky. And there stood a “he”, the bravest little prince. The fireworks he left behind was deeply engraved in my heart.

The little prince was a 15-year-old boy who suffered from brain cancer. The various signs on his body showed his persistence to fight the disease. He was told that there was no other available treatments when the cancer cells metastasized to the spine in 2019. A hospice care was suggested. His family brought him back to Taipei from Shanghai, and was admitted into our Heart Lotus Ward. Since then, we began our adventurous journey with the little prince.

When I first saw him, my heart was full of entanglement and sadness. “Is God not fair? Why is he sick?” I wish I could be a big warm sun and I could give this little brother much more warmth. Even if he could not speak, he could feel a trace of happiness at some moments because of my care. I also wanted to accompany his mom and dad. They were so sorrowful. How could I ease their pain?

Life is romantic but also realistic, the stronger the person, the saddened the heart. His father was always serious in front of us. On the contrary, his mother reluctance to give up and the worries speak through her eyes. I told myself, “I will do my best, because this is my job and it is what I do.”

The little prince had totally lost his mobility. Everything had to rely on others. So I accompanied the family members every day. I played music, massaged him, helped him exercise his joints in a relaxing atmosphere, etc. I also kept him fresh and clean. During the time, I liked to hear his mom talk about the little prince, anything she would love to share with me from her heart. Once she mentioned, “He was much well behaved kid.

He was good at learning and there were many girls who like him. I think he became sick because he was a good kid. If it is possible, I wish he would not be so good in his next life.” Her words stayed with me since then. It made me realized that the love is so deep from a mother.

Maybe they sensed our company and caring, the interactions between the mother and son started to evolve. Mom would hold her son’s hand tightly at the bedside, and talked to him in his ears. Slowly, we saw mom’s smile! And dad used to be a tough guy, now he started to take initiative to care about us, and the medical staff. Our daily massage time with the little prince became more joyful and with a sense of happiness since.

Unfortunately, the little prince had difficulty swallowing. Mom and dad wished he could maintain the basic food intake. After trying the anti-cerebral pressure medicine that did not help, the medical team suggested using nasogastric tube. Making the trade-offs, mom and dad decided to go for it with reluctance. When the little prince started to take milk and other liquids, mom and dad’s eyes lit up for they had made the right decision.

In order to help the little prince and the whole family cherish every moment together and build memories, I wanted to make a unique hat for each of them. So I asked them what kind of animals they would like to be. Dad said, “During Didi’s sick time, I was always bull-tempered. Didi has been struggled so hard, you can draw me a bull!” Mom said, “Yes! You sure are tempered like a bull!” Then she said to me, “You can draw me a rabbit.” Dad said, “Well, a rabbit is the best fit for you!” Of course, the little prince was the king and put on the crown! All three of them put on their unique hats and took a family portrait. The picture at that moment was really lovely. That night was so beautiful. Although the little prince could not talk, I think he also felt the beauty of being together.

One afternoon, dad offered me a drink and said seriously, “Thank you for being so caring for Didi and spending so much time with him.” I was a little shocked at that moment. I thought I just did what I do. I remembered my school sister always says, “During the process, patients and their families can feel every details and effort that you made. It is very simple for us, but it means a great significance to them. It can stay in their hearts for a long time for a little heart-warming action from us.”

But the final moment still came. The little prince’s condition deteriorated and relied on regular extraction procedure for saliva and sputum; otherwise his respiratory tract would be blocked. Mom ran out of the ward every time. Dad sometimes could not help and said angrily, “Why can’t you cough it out!” Both of them could not bear to see the suffering.



That morning, after the doctor explained the little prince's condition, mom and dad accompanied the little prince to the sky garden to bask in the sun as usual. But this time, mom held him crying hard and for a long time.

How strong should the patient family? In fact, the family was making progress much faster than we thought. They trained themselves to accept the fact that their loved one was time to leave. The next day, the little prince passed away.

I accompanied mom, dad and the little prince to huddle in tears. I cried hard beyond my control. I am very grateful that the little prince coming into my world. He is still staying in my heart. I still cries when I think of him. But he taught me a lot, he opened up my confidence in nursing care.

Now I have a definition of death. "Death is nothing to fear. The terrible thing is only I did not live to be myself. Losing my ability to love and hate is my real nightmare." I must cherish every moment of myself, be myself, and treat others sincerely. The thanks, apologies, and love in our realm are what we must learn with great effort from the moment we were born. And these are the true meaning of treating people. Only when we live our life well, we can finally say goodbye and "leave." And it is no longer scary for you and me, right?

# Raise My Right Hand to Voluntarily Care for the COVID-19 Elderly

**By: Lu Tzu-Ying, RN, Internal Medicine ICU, Taipei Tzu Chi Hospital**

Under the severe COVID-19 epidemic, a case of pneumonia was transferred to the ICU. Because the symptoms continued to worsen, the doctor conducted a Coronavirus test. Two days later, results came out positive. The hospital immediately initiated relevant intervention measures, including all front-line health care workers who had contact with the patient to home-quarantine for 14 days. Next, in order to care the confirmed and suspected cases, a diversion of flow control must be carried out. So during the morning unit meeting, the Chief Nurse was seeking volunteers to care for the confirmed cases. There was silence at that time, so I raised up my right hand and volunteered!

But when I really needed to confront a confirmed case, I began to worry. The news media were flooded with fearful COVID-19 misinformation, I thought to myself, “Oh my God! Why did I raise my hand and say I would look after them?” Soon I was relieved because the medical team worked with each other to find ways to conduct the best treatment safely. The most unforgettable moment was when the patient was in poor condition and family members were unable to visit due to epidemic prevention regulations. So we used tablets to video conference with family members and patients in the unusual time.

From the beginning, I was scared and worried about my family objection for fear of infection spreading to family members. I did not



go home on vacation. Later when my family and friends learned that I was taking care of confirmed cases in the ICU, they expressed their understanding and support. My colleagues also encouraged each other and let us take care such cases till the later stage, recognizing our work and values.

Unfortunately, the patient still succumbed to the disease and died due to severe septic shock and multiple organ failures. We were very sad, but also grateful to him, giving us a chance to do our best. We also learned to face the fear to take care of pneumonia patients and also adapt to mood changes when facing life departures - gaining grounds both professionally and spiritually.



Please Listen to Me,  
Dear Head Nurse

# Learn from My Mistake





I made a mistake! I admitted my fault and faced it and deal with it positively. I always want to do my best to take good care of every patient, still discouragement and distress were unexpected.

### **My Nursing Journey Began Smoothly**

An instructor in my high school who was a school nurse asked me if I wanted to major in nursing for my undergraduate. She said to become a nurse is an option and can help others. It is my desire to help others, therefore, I chose to be a nurse.

Time went fast, I successfully passed the national examination and obtained a nursing certificate right after I graduated from my 4-year college, so I chose to serve at the Hualien Tzu Chi Medical Center.

Under senior sisters' careful guidance in clinical practice, I became a novice nurse and manage the routines independently with my colleagues in the wards.

I considered my nursing career as steady until an incident happened.

### **A Controversial Apology – I Wanted to Hide and Run**

In one of my day shifts after more than 4-month clinical, I went to one of the patients to dispense medicine for infusion. After I checked the instructions on the injection package, the patient's relative was wondering about the dispersed dosage for it was different from yesterday.

Concerned but need to be take care of other patients, I peeked on the computer screen and respond, "I checked the dosage and it is correct." Then I pushed the ward trolley to the next stop.

A senior later found I did over-dose that patient. I was very nervous when I discovered the mistake, worried about the impact to the patient, for I might have committed a crime. Immediately, I felt the need to apologize to the patient for my wrongdoing, so I went to see the patient the next morning.

After my trip to talk to the patient I went back to the nursing station to report the incident. Meanwhile, the patient's relative returned and was upset about the apology. She demanded medical personnel to go over the event. I followed closely behind the supervisor who oversaw the night shift. Nervously, I went with the senior to face the patient's family and I noticed indistinctly the family member was holding a phone. Faced the patient's family aggressive questioning, I kept apologizing.



While I was back to the nursing station to continue working in an extremely shocking state, I received a phone call from my head nurse Yu. The family just put our private conversation video on social media so it attracted the news media. My colleagues helped me to finish my scheduled work and urged me to leave the office immediately to avoid the media. My colleagues were so concerned and worried about my mental state. After I went home, I only thought about making up for my mistake and end my nursing career to escape from the embarrassment.

Head Nurse Yu texted that attending doctors were discussing the potential over-dosage effect on the patient. I felt a bit relieved the following day after learning from the doctors that the course of dosage was within the reasonable range for the patient. However, I worried still, I thought about the effect might not have immediate but may appear later. I became cranky and blamed myself constantly.



### **Head Nurse Reminding Self-Reflection and to Bravely Face My Wrongdoing**

Head Nurse Yu texted me to make sure I was safe at home that night. The next day, she talked to me face to face to understand the whole incident and also shared her concern about my mental health. After she was certain and assured about my condition, she advised me to voluntarily tell my parents about the incident better than having them find out from the news media. She also reminded me to think about how to improve myself and to reflect on the errors in order to put an end to it.

After the Ward Chief had sized up the situation, he invited the family members of that patient for a briefing. The family members asked for my presence and I agreed. I wanted to face the patient and family members bravely, so I attended the briefing.



Later, the hospital supervisor, the director of the ward, and the head of the nurse accompanied me to meet with the patient and the family members. The patient said no one would like to see this happen, but it would take great courage to tell a patient. The patient's family said I should learn from this experience and be more careful in the future. Fortunately, the patient did hope an end to it.

### **Grateful to Colleagues - My True Responsibility**

A few days later, Head Nurse Yu conveyed colleagues' comments while I was still on annual leave. A colleague wrote, "You need to be blamed for your wrongdoing, but your courage to face it is much appreciated. This small card is

written for the latter. Our society is not very friendly to medical care giver, but you have a kind team to accompany you to grow up. I believe you blame yourself very much, but I also believe that you will be more responsible in the future...” All of these were comforting and encouraging. Undoubtedly, all the encouragements from family and colleagues motivated and supported me to keep going while I was under tremendous pressure at that time.

I did talk to my parents after the incident. They first were shocked and then expressed their sadness. Then they asked me how I think about the issue and told me to be responsible for my action. The next day, the hospital issued an official statement regarding the incident. The chief nurse officer instructed me to show it to my parents, so they could better understand the hospital’s position and feel more at ease.

After the incident, the chief nurse officer scheduled me a break, and continue a scheduled vacation to leave the environment temporarily to settle down. During the vacation, I went to my teacher who is very close to me. I didn’t explain the whole story completely nor did the teacher ask questions other than something irrelevant to the matter. However, I did feel the teacher understand the whole picture already. In our conversation, I mentioned to the teacher that I wanted to quit my job at the hospital after the incident to end my nursing career. The teacher asked me, “You can face the patients’ family and resolved the matter. Why would you choose to run afterwards?”

### **Restore Instinct to Help Others – Reflect on My Mishap**

Having dealt with this incident and receiving support from everyone enabled me to determine to stay on. I will try to correct and improve myself, and examine where I might make mistakes.

Back to work, I discussed with my supervisor how to improve the process, change work habits and clarify things to improve work flow. I also discussed with the seniors how to deal with potential problem. As to the fundamental cause of this incident – dispersing medication, I followed up with a detailed review. In addition to a scenario simulation, I researched the areas that would be overlooked and updated the procedures.

Till today the incident is still so vivid and clear in my mind. I swear to abide by the rules of nursing, never make the same mistake twice. Step by step, I continue the path of my nursing journey to help others.



**From Head Nurse :**

# Bravery with Wisdom

**By Yu Chia-Lun, Neurology & Neuro-surgery Ward Head Nurse,  
Hualien Tzu Chi Hospital**

“He seems kind of wild like a bear who lives in deep mountains for most of his life and somehow made his way into this hospital to become a nurse...” This was my first impression of Wu Zi-Qi.

## **Like a Bear Rushed into the Nursing Field**

Zi-Qi is like a bear with very low self-esteem. He looks heroic and brave on the outside but very soft-spoken according to the head nurse. He push around the medical cart like a Tarzan, accidentally bump into things, and he also carried small fridges and oxygen tanks on one shoulder. I am honest, this is the first time I’ve seen a nurse like this. I keep reminding him, “Push the cart a little slower, and hold it with your two hands...” After 2 months of careful reminders, an unforgettable incident happened.

The head nurse of the night shift notified us that a medicine-related incident happened in my ward. As the head nurse was explaining, a patient’s family member recorded the process and posted it on social media. In this era when news can spread instantly on the internet, we did not have a chance to explain before the video was posted. I could understand the anxiety and worries of my coworkers.

## **Accompanying Coworkers**

The “Five Rights” of drug administration has always been a necessity for nurses when administering medication, like Buddhists chanting “Amitufo” or Christians saying “Amen”. The process of administering medication must have no interference for it requires ultimate focus and care. Although the directors kept their smiles and the nurse understood what was wrong, he must be very nervous in front of his superiors. I believe the presence of peers is much more important; many in the ward that day voluntarily stayed with ZiQi for the rest of the day and accompanied him for dinner.



Seeing the nurses supporting each other, I am filled with gratitude and pride as their team leader. They truly embraced the concept of caring not just for their patients but also for each other.

### **A Team Approach to Problem Solving**

When an incident happens and a nurse deals with patient and family, the result is always piecemeal. Conflict often requires courage and wisdom, mishandling of either one can endanger anxiety and trust. Admitting one's mistake openly is an incredible act of bravery, but its timing and delivery is also important. It is not intended to avoid responsibility but to consider all possible repercussion from the incident. Those involved in the incident might be in panic, so it is best practice to inform the Directors and primary doctors to assess the impact on patient. Then, a doctor can explain the situation from start to finish and take necessary action. This would settle anxiety for patient and family members.

We focus helping our subordinates understand their mistakes and to prevent it from happening again to ensure accurate administration process. We



reassessed labeling and the quantity of medication, emphasized the importance of triple checking, and added warning popups in our computer system to increase patients' safety.

### **Progressing One Step at a Time**

After the incident, Zi-Qi is definitely more alert than before. However, it is still difficult to change habits within a day. Although he does not make the same mistake again, he still has many areas for improvement. Zi-Qi starts asking questions more frequently and in multiple times to triple checking. Although some of his questions caught me off guard, I believe increased communication definitely prevents bad choices from happening. He also articulates more clearly. He may not have the clearest mind, but I believe that he has walked out of the abyss of confusion.

### **Protecting One's Reputation and Privacy**

Information spreads within seconds nowadays. Back in the days when I was a front-line nurse, I never had to worry about other people video-recording. I do not worry about being on camera, instead, I worry about those who draw their conclusions while not knowing the entire picture. This adds pressure on medical personnel. If you notice someone recording, you have the right to know if you are being recorded. You can protect your privacy and stop being recorded without your prior consent.

### **Notifying Abnormalities, Refining the System**

I believe sharing information about a patient's safety is very important. For example, reflect on an incident and refine the computer system of medicine administration enhance safety. Also, better labeling and package medicines with meals delivery can add an extra level of protection since nurses typically administer 20-30 medications on one shift.

After that incident, Zi-Qi became more and more cautious. The bad part of it was that he got suspicious and uncertain about many nursing skills and he kept asking questions for confirmation. The good part of it was that at least he wouldn't make wrong doings. And what's better for him is that he gradually got his confidence back as time went by. I wish him better and better in his clinical nursing career.