Welcome to the Trilogy course!

We nurses are in a uniquely dynamic time of history. It is a time when we are called to capitalize on caring, on collaboration, on leadership skill-building, on continuity, on innovation in a challenging environment. And we are recognized for our strength and compassion.

Are you in a faith community of diverse individuals who look for guidance in wellness, assurance for life changes, hopeful expressions in a time of discouragement? Do you want to connect with other nurses to experience a mutual bond of not only professionalism, but of friendship?

Introduction

Part 1

Nursing Shortage Factors, Nursing Education Dilemmas, and Relevance

Society is experiencing demographic, epidemiologic, economic and trade, and political changes that have contributed to a crisis in health care delivery. The problem is now spoken of in "crisis" terms: nursing shortage, health care crisis, access to health care limitations, etc.

There are approximately 3.8 million licensed RNs in the U.S; that is more than three times as many RNs as physicians. Most registered nurses today enter practice with a baccalaureate degree offered by a four-year college or university or an associate degree offered by a community college. Employers are expressing a strong preference for new nurses with baccalaureate preparation. The current demand is for master's- and doctorally-prepared nurses for advanced practice, clinical specialties, teaching, and research roles, far exceeding the supply. Approximately 18% hold a graduate degree. While there has been an increase of applicants, with a modest gain in enrollment, space for classrooms and faculty has been limited due to a declining number of retiring faculty. In 2018 over 75,000 qualified applicants for baccalaureate and graduate nursing programs were turned away due to inadequate numbers of faculty, clinical sites, classroom space, clinical preceptors and budgets (American Association of Colleges of Nursing report). The caveat to that is the projected job growth rate in 2018 for the next 10 years was 12% or 371,500. There will be approximately 210,400 RN job openings/year in this time period.

Changes in society and its health status such as: an exploding population of retirees and aging elders--individuals born after 1945; increase in chronic disease and its consequences requiring medical and nursing care; an increase of immigrants needing treatment for untreated conditions; uninsured- and underinsured-related illness gone too long without treatment; a rise in incidence in communicable diseases; increase in natural disasters; and extenuated treatment for antibiotic-resistant diseases all indicate the need for nursing intervention.

The findings of the 2022 National Nursing Workforce Study found that among RNs and LPNs/LVNs "approximately 100,000 registered nurses and 34,000 licensed practical and vocational nurses left the workforce over the past two years specifically due to the pandemic. Alarmingly, 41% of the RN total is comprised of nurses with a mean age of 36 and fewer than 10 years' work experience. . ."

(https://www.ncsbn.org/research/recent-research/workforce.page) Twenty percent were of a minority race with the Hispanic/Latino numbers increasing. Approximately 17% who are Asian are 50-54 y.o.; 15% are Black/African American at 45-49 y.o. 14% of White/Caucasian are 65+ y.o.

The culture of health care in this environment of high demand and diminishing resources has become challenging. With relatively unsolved hospital work-place issues wearing down dedicated and responsibly loyal nurses, some are leaving the profession, not to return. Financial concerns have led some hospitals to reduce staff, thus burdening more those who remain. Burnout is widespread and so is low satisfaction level. Stagnant wages and an environment that diminishes autonomy in patient care can add to the problem. In some regions graduating nurses are facing an unwelcoming job market due to budget-cutting strategies by institutions and failure to prepare for future needs.

New graduates, regardless of their level of maturity or their age, are leaving their current job and even dropping out of nursing altogether because of their stressful experiences in the workplace. They are prepared for nurse-patient interactions, but surprised and disappointed in toxic lateral work relationships in some settings. Many are also not prepared for responsibilities required of them without a considerate mentor.

What does a recent study of 76,000 nurses reveal about employment factors that satisfy? Visit https://www.nursingworld.org/practice-policy/work-environment/

In the wake of several major studies and federally commissioned taskforces to measure the scope of the nursing crisis and health care demands, traditional colleges and universities have creatively increased their nursing program capacities to admit more students, even when faculty could not be increased. Technology and distance learning modes are expanding the reach in nursing education. At the same time several for-profit education companies have opened programs (accredited and some lacking accreditation capability). The marketing strategy many use is to accelerate the student through, even to the Master's level. Typically, the student who can do that is mature and may already have another BS degree in another field.

Brevity in nursing program design for convenience, cost savings to the student and the school, and recruitment attraction has the potential to graduate nurses who are not fully prepared to enter a chaotic or rapidly changing health care setting. Urgent recommendations of recent study groups call for strengthening curriculum to prepare graduates for changing society demographics and behaviors, health care reform, disparity in caregiver-recipient ratios, and advancing disease and growing emergency insults to members of societies.

Relevance and Purpose of This Trilogy Course

When a nursing curriculum, already dense with course content of scientific and practice application value, is abbreviated to conform with market forces, the first topics to be lost are those of psychosocial attributes. Traditionally, nursing programs oriented new students to the cultural behavioral patterns of patient care: attitudes that elicit cooperation of the patient, therapeutic communication, examination of interaction processes. Behaviors that reassure, bring comfort to anxiety, and relieve pain naturally were also demonstrated. Expediency has altered that approach and innovations of "soft" course content has been integrated through faculty modeling, independent study, and other means. Those in distance learning programs under preceptor supervision in the

clinical setting may not be assured of that opportunity. However, if students lack opportunities to practice psychosocial skills, some arrive in the workplace without all the tools for successful relationship-building.

Therefore, this interactive course was conceived to meet that challenge in the 21st century so that nursing schools may assign students to visit and contribute here as independent study and so that you might enjoy learning and experimenting with the fundamental factors of effective and satisfying nursing practice:

- Knowing why you are a nurse and whether you answered a "call"
- Learning the characteristics of sincerely caring and bringing comfort
- Recognizing and operationalizing commitment and engagement in the job, the workplace, and the profession . . . and gaining joy in doing so.

Resolving any doubts or questions about entering the nursing profession through your engagement with this course may be the best action you can take toward contentment with your career.

The second half of this Introduction module will address concepts and theories which build a framework of understanding. In these days of urgency to prepare nurses, this may be as close as you get to nursing theories. I have chosen the most applicable for these topics:

Jean Watson's Transformational Caring Theory
Myra Levine's Conservation Model

Proceed to **Part 2** of the Introduction

Refer to the course Bibliography

PART 2
Theories

What are theories? And of what value are they to the 21st century nurse?

In general terms, a theory refers to a group of related concepts, definitions, and statements that attempt to describe, explain, or predict the activities and behaviors of nurses in practice that might elicit patient responses or outcomes. They are abstract ideas, not concrete facts and are tenable, or subject to change as new discoveries in science and human behavior are made. Actually, they are propositions that suggest new ways of thinking and paradoxically, may sustain beliefs for centuries. Nightingale's theories about hygiene and environmental health are an example.

Theories are important for: (1) a repository of the body of knowledge upon which nursing practice develops, (2) it contributes to the integrity of the nursing profession because of its scholarly characteristics and the respect it builds in the scientific community, and (3) it is a useful tool for developing reasoning, critical thinking, and decision making.

Are concepts the same as theory?

Concepts are frameworks, or organizing structures, similar to theory of broader and more comprehensive implication. Theory may be formed from concepts. Models are even more abstract and may display concepts and theories within them. Levine's Conservation Model in this course is one example. Theory, conceptual constructs, and models have guided the development of nursing research, education, and practice in ways that have facilitated the quality of health care we now experience.

We will begin with a scenario with which we will manipulate the theories of Watson and Levine so that we can feel the texture of practical nursing care implemented through the topics of this course. Questions will be asked of you regarding these theories in later modules so that you may contribute to our learning together.

CLAIRE

Claire sits by her bed, hearing the irregular rhythm and declining quality of Victoria's breathing. An adult son and his wife huddle around the makeshift bed in the humble living room where she has been lingering between life and death for 3 days, suffering in the unfortunate final stage of a battle with AIDS complicated by pneumonia, comforted and cared for by the community-based hospice staff. Claire has been her case manager and now she is remembering when she first met Victoria in this same community 20 years ago . . .

Claire began her career on a Med-Surgical unit in a general hospital of a middle-size town. She worked 2 years full time, during that time she married, and she and Jason began working toward the purchase of their own home. Claire had many challenging and interesting patients over this time (the 90's). One of whom was Victoria, who was 22 years of age.

Six days before Victoria was discharged to home after a cholecystectomy with a 4-inch incision and an adjacent stab wound with a T-tube draining into a grenade-like collection unit (this was before laparoscopy procedures). She returned in 3 days with a fever of 104^0 and abdominal pain. Her surgical wound had eviscerated 10 cm's producing foul drainage. She was assigned to Claire.

In the immediate hours cultures were taken, IV antibiotics begun, pain med ordered and given, diet limited to clear liquids, and activity restricted to bedrest for 24 hours. A male visitor from a different ethnicity from the patient had accompanied her to the Emergency Department, but never returned throughout her hospitalization. It was 3 days before Victoria gained the courage to relate what brought about this setback: a male "friend" had handled her roughly and punched her in the abdomen. Claire learned more about the environmental and social aspects of her living circumstances and, with her permission, arranged for the Social Worker to meet with her. Today she was discharged with new living arrangements made and continuance of the SW support.

Discussion . . .

Today, what assessment measures are in place to discover need for intervention earlier?
What support structure do you have in your community to assist a person like Victoria?

Theory Overview: Transformational Caring

JEAN WATSON – Caring
(Refer to the Bibliography for reference sources)

Her Background: Psychiatric Nursing; Education-Psychology Doctorate; Taught at Univ. Colo. 27 yrs.

A theory demanding use of qualitative research.

Presented in her book "Nursing: Human Science and Human Care: A Theory of Nursing" (1985).

She wrote it following 6 years of study into what she perceived as the problem of a lack of explanation of the work of nurses. It is meant to bring new meaning and dignity and broadens the conceptual scope of nursing. Rejects people as "objects."

Also called the "Theory of Transpersonal Caring".

A middle range, explanatory theory—a world view.

Continues to evolve . . . In spite of her promotion of wholism, she often describes dualism.

The promise and scope of the theory:

- Recognition each individual is a being inseparable from self, others, nature, and the universe.
- There is healing potential for both caregiver and care recipient in a caring relationship

Admittedly, she draws on a range of dimensions:

- Humanitarian
- Metaphysical
- Spiritual—existential
- Phenomenological
- Eastern philosophy

Refer to:

Her extensive philosophical claims on value (Fawcett, p. 659)

Her elaboration on human life (Fawcett, p. 661)

She defines Health: "Health refers to unity and harmony within the mind, body, and soul. Health is also associated with the degree of congruence between the self as perceived and the self as experienced." (p. 661)

Caring is a moral ideal of nursing. Protecting, enhancing, preserving human dignity. Seek ways to enable individuals to reach a higher degree of harmony in the spheres of wholeness—body, mind, soul.

She purposely merges Christianity (Western thought) with Eastern beliefs (Buddhism).

Concepts:

- Transpersonal caring relationship
- Caring occasion/moment
- Care (Healing) consciousness
- Carative factors – 10 Dimensions (Fawcett, p. 663)
- Which are behavior guides for nurses (Core of nursing)
    - Are hierarchical in nature, with each level contributing to the next
    - They are also interactive—holistic

"Caring and love are the most universal, the most tremendous, the most mysterious of cosmic forces . . ." (Alligood and Tomey, p. 102)

Caring--"the ethical principle or standard by which caring interventions are measured." (p. 103)

She refers to technical nursing procedures/protocols as sacred acts conducted with a caring consciousness in a way that honors the person as an "embodied spirit." (p. 103)

Carative Factors (Caring-Healing Modalities) employ intention, conscious use of implements which appeal to imagination, senses, cognition, body movement (kinesis), and presence. Also employed are comfort measures; emotional, expressive, and relational work; and teaching and learning. To be implemented they need on the part of the nurse:

Intention
Caring values
Knowledge
A will to engage
A relationship
Actions
Commitment

Theory Overview: Levine's Conservation Model

LEVINE'S CONSERVATION MODEL OF NURSING PRACTICE

Primary Sources: Fawcett (2000), p. 190; Alligood & Tomey (2002); Mefford article; Mock, et. al article

Myra Levine's purpose in developing the model: provide an organizing framework for teaching undergraduate nursing students. It illustrates a rationale for nursing behaviors/activities—the why's of procedures and activities of care.

Conservation—a natural law common to basic sciences.

Enables students and practicing nurses to understand the scientific nature of what they do.

The underlying purpose of the theory design/structure, in practice, is to "keep together," or maintain a well-considered balance between the intentional activities of nursing interventions coupled with the patient's participation and safe limits of the patient's abilities. Examples:

- a 65 year-old male with severe CHF at home with ambulation, strict fluid and nutrition intake in his care plan
- a 28 year-old male war veteran with RLE amputation adapting to a prosthesis and experiencing PTSD
- a 12 year-old female in the Republic of Congo recently orphaned, caring for a 5 year-old injured brother, receiving instructions for his aftercare

What makes this theory compatible with the concepts of this trilogy is the set of philosophical claims of her perceived value system (selected):

1 a. Regard for the sanctity of life.

1b. Motivation to prevent/alleviate suffering [The fundamental principles of all moral systems]

2. Healing sciences are founded on the belief in the wholeness of man – restoration, well-being. Unction is conferred on the caregiver to bring dignity and compassion in care rendered.

3. The role of the caregiver, and by extension the health system, is to prevent/alleviate suffering.

4. The patient should have ultimate decision-making about his care; the nurse reserves his/her personal values and avoids influencing those decisions.

5. The nurse-patient relationship is built on mutual trust, maintenance of integrity, encouragement to self-care, avoidance of judgmental contingency care. The nurse must accept the patient the way he/she is.

6. Nursing behaviors must demonstrate a respect for patient rights and privileges.

7. "The wholeness which is part of our awareness of ourselves is hared best with others when no act diminishes another person, and no moment of indifference leaves him with less of himself. Every moment of moral injustice extracts a price from both patient and nurse, just as every moment of moral responsibility gives each strength to grow in his wholeness" (Levine, 1967, p. 54)

Why the term "conservation"?

Answer: Nursing activity is conserving in nature, joining the best science (best practices) with the most devoted human acts. Bringing those to the patient elicits a reciprocal relationship.

The primary/ultimate goal of Conservation: To defend, sustain, maintain, define, the integrity of the system. It acknowledges the effort the individual makes to receive recognition, respect, self-awareness, humanness, holiness, independence, freedom, self-hood, and self-determination. (Alligood & Toomey, p. 201)

Conservation measures the effectiveness of nursing care and the patient's adaptiveness.

Adaptation: "The ongoing process of change wherein individuals retain their integrity without the realities of their environment" (Alligood & Toomey, p. 199).

Concepts:

- System
- Wholeness Dimensions of a holistic being (Person)
- Integrity

Conservation Dimensions Principles:

- Conservation of Energy
- Conservation of Structural Integrity
- Conservation of Personal Integrity (Sense of Self-Worth)
- Conservation of Social Integrity

The interface of Integrity and Environment is where nursing care begins.

Environmental Influences:

Internal Homeostasis (stable state)

Homeorrhesis (stabilized flow, fluidity of change within space-time continuum)

External Perceptual Environment

Operational Environment (all aspects of life-space forms not identified by the senses)

Conceptual Environment (language, ideas, symbols, etc.)

[Wholeness is the desired state where these two influences come together and have the best fit—a smooth interface.]

Adaptation (change)

Historicity - evolution of species – information conveyed by the genes through generations

Specificity – synchronicity of physiological activities in the whole being

Redundancy - "fail-safe" options in anatomy, physiology, and psychology. Its failure brings on aging.

Organismic Responses:

Fight/flight
Inflammatory – Immune
Stress
Perceptual Awareness

[Please continue to **Part 3**

Concepts and Expectations

The Whole Person

What does it mean to be "whole"?

Might not the obverse of wholeness be "human need"?

Explore this little ebook on www.LivingSmart.Live -- "What It Really Means to be Healthy"

Spiritual Gifts

If one is "called" to a profession of human interest and service, what natural, innate abilities are required? How are they recognized? How may they be applied? This short module prepared for congregational nursing practice may prove enlightening.

Emotional Intelligence

Howard Gardner in the early 80's proposed a theory which describes the construct of learning as multiple intelligences--varying mental operations of varying strengths across the population of learners of all ages. There are 7 of them: (1) linguistic, (2) musical, (3) logical-mathematical, (4) spatial, (5) bodily kinesthetic, (6) personal/social, (7) naturalist. [He published 2 books on the subject: *Frames of Mind: The Theory of Multiple Intelligences* (1983) and *Reflections on Multiple Intelligences: Myths and Messages* (1995)]

Daniel Goleman uses Gardner's theory in his book *Working with Emotional Intelligence* (1998) to explain effective leadership in business and industry, pointing to the importance of understanding one's personal intelligence in order to grow a competent style of leading that displays flexibility, responsibility, adherence to standards, offers rewards, builds clarity, and is committed.

Mindfulness

Mindfulness meditation is an awareness of moment-by-moment experiences arising from purposeful attention, in the context of nonjudgmental acceptance of the experiences. It has its origins in Buddhist lifestyle practices, but in recent years has been taught in the Western countries as a means of reducing stress and coping with challenging circumstances. It has been accepted in psychology circles and some nurse scientists and practitioners are using it in a variety of settings for a variety of interventions to provide patient comfort and well-being. Daniel Siegel published a book (2010) that reframes mindfulness as "mindsight" or our ability to sense and shape the flow of energy and information within and between healthcare provider and the one served to be effective in *The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration.* In this year of 2021 scientists at are electronically monitoring brain activity while individuals perform normal tasks of living.

In this course we will consider mindfulness as a manner of caring through communication and assessment of human need in the context of one's connection with the Creator God. The focus is more on the "other" than on the nurse's sense of self.

Expectation

It is the expectation of this collaborative group that readers will deeply embrace a spirit of commitment impassioned with moral courage to express and demonstrate perceptive and effective care in service to humanity.

MODULE I: CALLED

Characterizing a Call

While there is no established pattern for the manner through which an individual arrives at a decision to take a certain direction in life, in retrospect one sees how the puzzle pieces of circumstances fell into place. Often in the realm of public humanitarian service the attraction is characterized as a "calling" through a long-held dream or an episodic vision. A model adult who exemplifies the perceived ideal in a profession or vocation may influence a career choice; or an experience in the context of extreme human need may elicit a strong response in one's inner being to intervene with skills and knowledge to improve the same or similar witnessed circumstances.

Using Biblical examples which changed nations and even the world, Saul of Tarsus comes to mind. He knew he was doing God's bidding in capturing, imprisoning, and witnessing for conviction many newly converted Christian Jews who were later executed. Then, that blinding Presence which brought him around to the reality that, in Christ's just kingdom, persecution is lawlessness, interrupted his mission. As a result of mentoring by a God-sent humble man and personal soul-searching and prayer, he became a catalyst of Christian hope whose teachings would revolutionize societies of the future. (Acts, Ch. 9)

Moses of Biblical Old Testament times—1500s BC in fact—was called by God for a purpose: to rescue His chosen people out of Egyptian bondage to a land of promise. So, when the LORD saw that he turned aside to look, God called to him from the midst of the bush and said, "Moses, Moses!" And he said, "Here I am." (Exodus 3:4) While the "call" was dramatic—an unearthly voice from an uncanny burning desert scrub—the conversation was engaging, to say the least. Moses had become so humbled after 40 years in an agricultural occupation that he begged off from God's assignment. Though he had been taught by a Godly Jewish biological mother about his destiny to be a leader of his enslaved people, he was raised in Pharaoh's house to be an educated, princely government leader. You may read about the circumstances which brought him to the desert and 40 years later to the bush in Exodus chapters 1-4.

There are many incidences of dramatic alterations in public and private lives in the Bible; it is an historical account of civilization where God reveals His power and purposes to mankind through traceable events and influences. Paul, the previously notorious Saul of Tarsus, instructs us that it is the Holy Spirit of God who hovers over us and moves our conscience to listen to God's inaudible invitation to a life change (Romans 8:9-14; I Corinthians 2:9-13; I Corinthians 3:16). He also teaches that the Holy Spirit orchestrates/coordinates the development and use of normal attributes (not paranormal abilities) or "gifts" in us "for the common good" of society (I Corinthians 12:1-11). One of those is *discernment*; the use of this gift reveals to our "heart" what the logic of the thinking mind directs. We then understand the "call."

More Contemporary Example
A primary, more contemporary, example is the life of Florence Nightingale, founder of modern nursing. Most nurses have learned that she was born into money and influence in England that she grew to be an attractive and talented woman who early showed a dislike for trivial activities and conversation . . . and that she had a penchant to care for vulnerable creatures, both children and animals. She believed she was called, and the details are intriguing.

She first recognized a verbal invitation when she was 17 years old, but only sensed that God had a special plan for her. She received no details. Seven years of travel, social activities, meeting new and influential people went by. Because her parents abhorred her interest in nursing people who were sick, and especially even speaking of working in a hospital (the conditions of those institutions were disgraceful and immoral in the early and mid-1800s), she secretly wished to get nursing training, but was thwarted in several ways.

Seven years after the first "call" she was impressed again, but without instructions. However; a few years earlier she had learned of Kaiserwerth Institute in Berlin, Germany, where Protestant deaconesses were trained in nursing, and she had even spent a couple weeks there while traveling with friends. Now, at the age of 30, she extricated herself from her controlling parents and traveled to Kaiserwerth in 1833 to train, passing the examination with flying colors as the most promising student. This was her second call.

Florence possessed unusual skill for recordkeeping, collecting data, and innovating change. In 1837, back in England, she studied hospital reports and "Blue Books", the early public health publications. She indexed and tabulated facts on hospitals in Paris and Berlin, and from this research she gained a vast knowledge of sanitary conditions, becoming the first expert on this topic in Europe. As the years progressed and she became more admired and successful in reforms in care for the vulnerable sick, while experiencing criticism and reprisals from her parents and sister, even to the point of withdrawing financial support from her for a while. By 1854, during a cholera pandemic, England entered the Crimean War over control of trade routes through Eastern Europe. The government support for troop transport and medical care was grossly inadequate and soldiers who were wounded and dying suffered in deplorable conditions. A reporter for the first time in British history covered troop maneuvers, informing Britons at home of deplorable conditions, fostering a public outcry. Sidney Herbert, an influential friend Florence had formed a relationship with years before who was now Secretary of War, called upon her to take a group of nurses to administer health care in the Crimea. She was one step ahead of him and was already preparing to do so. This was the third, and concrete, "call" for which her life had been prepared. Her mission from this point on focused on inhumane conditions of troops in the military and sanitary practices in hospitals; a mission that she pursued so intensely her health was sacrificed. Her "calling" and dedication to a cause sparked the birth of the evidence-based profession we know today as nursing (From a biography by Cecil Woodham Smith, 1951).

Another excellent biographical source is Barbara Montgomery Dossey's book "Florence Nightingale: Mystic, Visionary, Healer" (1999).

Spiritual Insights on Being Called

PASSAGES FROM *CHRISTIAN SERVICE* (E.G. White)

The following passages are taken from the book Christian Service, a book consisting of a compilation of related quotations from many of Ellen White's books, articles, and communications that she wrote in the last half of the 19th century and early decade of the 20th century. It was published by the General Conference of SDA's in 1947.

CALLED

As His representatives among men, God does not choose angels who have never fallen, but human beings, men of like passions with those they seek to save. Christ took humanity that He might reach humanity. A divine-human Savior was needed to bring salvation to the world. And to men and women has been committed the sacred trust of making known "the unsearchable riches of Christ." (p. 7)

God could have proclaimed His truth through sinless angels, but this is not His plan. He chooses human beings, men compassed with infirmity, as instruments in the working out of His designs. The priceless treasure is placed in earthen vessels. Through men His blessings are to be conveyed to the world. Through them His glory is to shine forth into the darkness of sin. In loving ministry they are to meet the sinful and the needy and lead them to the cross. And in all their work, they are to ascribe glory, honor, and praise to Him who is above all and overall. (pp. 7 & 8)

In His wisdom the Lord brings those who are seeking for truth into touch with fellow beings who know the truth. It is the plan of Heaven that those who have received the light* shall impart it to those in darkness. Humanity, drawing its efficiency from the great Source of wisdom, is made the instrumentality, the working agency, through which the gospel exercises its transforming power on mind and heart. . . God could have reached His object in saving sinners without our aid; but in order for us to develop a character like Christ's, we must share in His work. In order to enter into His joy,--the joy of seeing souls redeemed by His sacrifice,--we must participate in His labors for their redemption. . . With almost impatient eagerness the angels wait for our co-operation; for man must be the channel to communicate with man. And when we give ourselves to Christ in whole-hearted devotion, angels rejoice that they may speak through our voices to reveal God's love. (p. 8 & 9)

*What is *light*? "It is piety, goodness, truth, mercy, love; it is the revealing of the truth in the character and life." (p. 21)

Every true disciple is born into the kingdom of God as a missionary. He who drinks of the living water becomes a fountain of life. The receiver becomes a giver. The grace of Christ in the soul is like a spring in the desert, welling up to refresh all, and making those who are ready to perish eager to drink of the water of life. (p. 9)

Men are instruments in the hand of God, employed by Him to accomplish His purposes of grace and mercy. Each has his part to act; to each is granted a measure of light, adapted to the necessities of his time and sufficient to enable him to perform the work which God has given him to do. (p. 11)

To everyone who becomes a partaker of His grace, the Lord appoints a work for others. Individually we are to stand in our lot and place, saying, "Here I am; send me." Upon the minister of the word, the missionary nurse, the Christian physician the individual Christian, whether he be merchant or farmer, professional man or mechanic,--the responsibility rests upon all. It is our work to reveal to men the gospel of their salvation. Every enterprise in which we engage should be means to this end. (p. 13)

The HOW of EVANGELISM

Our confession of His faithfulness is Heaven's chosen agency for revealing Christ to the world. We are to acknowledge His grace as made known through the holy men of old; but that which will be most effectual is the testimony of our own experience. We are witnesses for God as we reveal in ourselves the working of a power that is divine. Every individual has a life distinct from all others, and an experience differing essentially from theirs. God desires that our praise shall ascend to Him, marked by our own individuality. These precious

acknowledgements to the praise of the glory of His grace, when supported by a Christlike life, have an irresistible power that works for the salvation of souls. (p. 16)

CARE

Through Christ, God has invested man with an influence that makes it impossible for him to live to himself. Individually we are connected with our fellow men, a part of God's great whole, and we stand under mutual obligations. No man can be independent of his fellow men, for the well-being of each affects others. It is God's purpose that each shall feel himself necessary to other's welfare, and seek to promote their happiness. . . It is the purpose of God to glorify Himself in His people before the world. He expects those who bear the name of Christ to represent Him in thought, word, and deed. Their thoughts are to be pure and their words noble and uplifting, drawing those around them nearer to the Savior. The religion of Christ is to be interwoven with all that they do and say. Their every business transaction is to be fragrant with the presence of God. (p. 26)

Other Biblical callings:
Samuel
The Prophets
Mary, the mother of Jesus

Jeremiah 15:16
Your words were found, and I ate them, And Your word was to me the joy and rejoicing of my heart; For I am called by Your name, O LORD God of hosts.

Romans 1:1
Paul, a bondservant of Jesus Christ, called to be an apostle, separated to the gospel of God

Romans 8:28
And we know that all things work together for good to those who love God, to those who are the called according to His purpose.

1 Corinthians 7:17
But as God has distributed to each one, as the Lord has called each one, so let him walk. And so I ordain in all the churches.

Revelation 19:9
Then he said to me, "Write: 'Blessed are those who are called to the marriage supper of the Lamb!'" And he said to me, "These are the true sayings of God."

Insights from Dwight L. Moody
From http://www.sermonindex.net/modules/articles/article_pdf.php?aid=6017

Mr. Moody on the Special Gift of the Holy Spirit - Experience of the Apostles - Repeated Anointing - Why we Lack Power - The Great Need of Modern Christians - Are we "Filled with the Spirit," and Ready to Go Anywhere?

I suppose if I could put the question and ask those who are filled with the Spirit to respond, very few if any would be heard from. And yet we read in Ephesians 5:18 that this is a command: "Be ye filled with the Spirit." God commands us to be filled with the Spirit; and if we are not filled, it is because we are living beneath our

privileges. I think that is the great trouble with Christendom today: we are not living up on the plane where God would have us live. In the 20th chapter of John's Gospel, and the 22nd verse, are these words: "And when He had said this, He breathed on them, and said unto them, Receive ye the Holy Ghost." Now, those men had already the Holy Ghost dwelling in them. They would never have left their fishing smacks and followed Christ during those three years of humiliation and suffering if it hadn't been for the Spirit of God working in them. But almost the first thing after the resurrection, when our Lord appeared to His disciples and showed them His pierced hands and His wounded side, He breathed upon them and said: "Receive ye the Holy Ghost." Yet again, after that, as we see in Luke 24:49, He said: "Behold, I send the promise of My Father upon you: but tarry ye in the city of Jerusalem, until ye be endued with power from on high." If those men needed to be endued with power, do you think we are going to be used without it?

The great trouble with many of us is, that we are working for God without power. We are sons of God - no doubt about that - and daughters of God. We can "read our titles clear to mansions in the skies," but we are sons and daughters without power. That is the trouble.

Now look at Acts 1:8: "Ye shall receive power, after that the Holy Ghost is come upon you." Notice, Christ said that to the Apostles after they had been with Him three years, and after He had breathed upon them and said: "Receive ye the Holy Ghost." There are two ways in which the Holy Spirit comes to a man. The Spirit dwelling in him is one thing, and the Spirit on him for power is another thing. I think that is where Christian people are misled. The trouble is, they are not looking for the Spirit of God for service. When the disciples were about to begin their great work, our Lord said: "Ye shall receive power, after that the Holy Ghost is come upon you."

How many, do you suppose, would have been converted on the day of Pentecost if Peter had gone and preached without this power? Not one. The disciples were commissioned to go and preach, but they were to wait till they were recommissioned and endued with power by the Holy Ghost. "Ye shall receive power, after that the Holy Ghost is come upon you: and ye shall be witnesses unto Me, both in Jerusalem, and in all Judea, and in Samaria, and unto the uttermost part of the earth." How quickly this whole world would be reached if we were just looking to God for this same Apostolic power!

Turn to the second chapter of Acts and see how the promise was "Our Gospel that we are preaching is a supernatural Gospel, and we have got to have supernatural power to preach it." They tarried as they were bidden, waiting and praying for the Holy Ghost, when suddenly the power came, and they were ready for work. And there was more work done in one day than in all the three years while they were with Christ. The Lord had said: "He that believeth on Me, the works that I do shall he do also; and greater works than these shall he do; because I go unto My Father." "If I go not away, the Comforter will not come unto you; but if I depart, I will send Him unto you." When the power came upon the Apostles, they did greater things than the Master ever did.

There was a time when I thought the raising of Lazarus was the greatest work ever done on this earth. But I think the conversion of those 3,000 Jews on the day of Pentecost was more wonderful still. Those hard-hearted Jews were full of hatred and unbelief; many, no doubt, were the same men who murdered Christ. And yet they were swept down by the mighty power of the Spirit.

We have got the same obstacles to contend with as the Apostles had. Our Gospel that we are preaching is a supernatural Gospel, and we have got to have supernatural power to preach it. There is a class of people who say: "Yes; I know the Spirit came on the day of Pentecost, but He came in miraculous power; and we are not warranted in looking for anything like that today." If you turn to the fourth chapter of Acts you will find that this wonderful work went right on after the day of Pentecost. Peter and John were cast into prison and brought before the Sanhedrim. The Council didn't dare to stone them to death because there were so many young converts. So, they gave them this order: "Now, you can preach in the Temple or wherever you like, but upon one condition - don't you preach any more in this man's name." The Apostles went forth from the Sanhedrim to

the other disciples, and they had a little prayer meeting. What was the result? "The place was shaken where they were assembled together; and they were all filled with the Holy Ghost, and they spake the word of God with boldness." In the second of Acts it says that "they were all filled with the Holy Ghost," and here, in the fourth of Acts, it says again, "they were all filled with the Holy Ghost." They had either lost their power or had got greater capacity - I don't know which.

There are a great many men who had power five years ago that haven't got it now. They are like Samson robbed of his strength, or like fishermen working with old, broken nets. Notice, again, that about ten years after, Peter went out to Caesarea and told Cornelius the words whereby he and his house were saved. While he was speaking, what happened? "The Holy Ghost fell on all them that heard the word." That was about ten years after the day of Pentecost, and yet they received the special gift of the Holy Ghost. I firmly believe that if we had this building filled with men and women expecting the Pentecostal power, we would get it. I believe if this building was filled with men and women hungry for the Spirit of God, we would have this place shaken, and there would be an influence felt not only in this land, but in foreign lands. It wouldn't take long to reach the whole world. Talk about twenty years. It needn't take twenty years if the Church of God is baptized and quickened.

"Notice that those who are filled with the Holy Ghost immediately begin to testify of Jesus Christ." Notice that those who are filled with the Holy Ghost immediately begin to testify of Jesus Christ. Elisabeth, when visited by the Virgin, was "filled with the Holy Ghost," and spoke of the coming Lord. Zacharias also was "filled with the Holy Ghost," and quoted Scripture in reference to the Messiah. Stephen was "filled with the Spirit," and received such unction that the men of the synagogue "were not able to resist the wisdom and the spirit by which he spake." He was able to stand before the whole Sanhedrim, and the power of God was on him in a wonderful degree while he testified of Christ. When Peter was "filled with the Spirit" he went out to preach Christ - he couldn't help it. All through the New Testament we are told that the Apostles were again and again filled with the Spirit. And as they preached "much people were added to the church." That always follows.

There will be conversions breaking out in all the churches if we are filled with the Spirit. Let us pray that we may receive power for service. Let us not be satisfied with only the power by which we are "sealed unto the day of redemption;" but let us pray that we may be baptized with that power from on high by which we can do great things for the Master.

It is important to know whether the work we are doing is the work God would have us do. . . Let every one ask, "Am I in the right place? Am I where God wants me to be?" If we would do that, it might break up a good many pastorates. Are you ready - ready to cut the tie? . . . Let us be ready to go anywhere - to go wherever the Master calls.

If you want this power for service God will give it to you. Just say: "Here I am, Lord. Send me where you please - only give me souls. Give me power to win souls for Jesus Christ." When that is the uppermost thought in our hearts He won't disappoint us. "He that spared not His own Son, but delivered Him up for us all, how shall He not with Him also freely give us all things." If He gave us His Son, will He withhold the Spirit? "Herein is My Father glorified, that ye bear much fruit." Are you toiling all night and catching nothing? Cast the net on the right side. Come, my friend, are you ready to go anywhere? Can you say: "Lord, send me to whom you will - only send me. Let that power come upon me, that I may win souls for Jesus Christ?" May we have no will but God's sweet will. Oh, that our wills may be swallowed up in God's will. . . I want to pray: "Father, not my will, but Thine." May we all be ready to run if He wants us to run, or to stand still if He wants us to stand still. May we say: "Here we are, Lord; take us - take us - fill us - use us." I think, if I know my own heart, I would rather die at once and be buried right off than to live without power. . . Let us pray that we may be filled with this power from on high; and that we may be always ready - ready for anything.

MODULE II: Care and Comfort Outline

1. Agency defined; origins of attitude

2. Compassion, Passion, Impassioned, Pathos, Pathetique, Appassionato, Ministry

a. Examine the terms through combined lenses of visual art, music and Christ's ministry. [Audio links to:

i. Beethoven's "Pathos"

ii. Glinko's "Pathetique" trio

iii. Brahms' "Requiem" (selections)

Begin creating Concept Map with interactive hotspots on terms, definitions, comparisons, theory in action

3. Human Needs (Mazlow, Scripture)

4. The Whole Person – each dimension described (physical, mental/emotional, social, spiritual)

5. Watson's Caring Concept; Informed moral passion vs. moral fatigue

6. Refer to selections from *Dimensions of Caring* (O'Brien):

a. Being, Listening, Touching (p. 14-16)

b. Covenant Relationship (Ch. 4) - Expressions of Nurses

c. Being present (p. 110-111)

7. Refer to selections from *Caring from the Heart* (Roach, p. 12-16, 79-81)

8. Refer to Nodding's caring concept: Receptivity, Relatedness, Responsiveness (*Caring from the Heart,* Roach, p. 142-146)

MODULE II: CARE AND COMFORT

Agency

According to Webster, an *agent* is substance or person that performs an action or brings about a result, or is capable of doing so. Or, it may be one who is empowered to act for someone else. Some synonyms are: advocate, provocateur, ambassador, broker, delegate, fiduciary, intermediary, minister, ombudsman, proctor, proxy, representative, steward, trustee. By extension, the term agency refers to the active force or power through which the act is done; the instrumentality. The Nurse is the health care delivery agent we are concerned about in this course. As you can see, the role assumes considerable responsibility. The practicing nurse must bring particularly acute skills aided by critical thinking to perform the job description of agent for care with regard to patient, family, and community. Comprehension and acceptance of this role is crucial to

effective care. When you consider nursing as a *calling*, the dimensions of *caring* and *comforting* naturally become clear.

Broad Dimensions of Care

Take a little journey with me in reflection and auditory stimulation. Consider meaning-laden synonyms of caring that elicit deeper emotions; describe them on the canvas of your mind and stir some memories as examples:

Compassion
Passion
Impassioned
Pathos
Pathetique (a musical form)
Appassionato (another musical form)
Ministry

Now, visit your favorite online musical source Pandora, iTunes, etc.) and download the following musical and choral compositions to listen to in a quiet, undisturbed place, seeking an expression of these characteristics in sound:
Beethoven's "Pathos"
Glinko"s "Pathetique" trio
Brahm's "Requiem"

For your visual satisfaction, begin to create a Concept Map (How-tos: 1, 2, 3) with interactive hotspots on terms, definitions, comparisons, and theory in action as well as any other items that aid your learning. On this map plot events and interventions from the Case Study.

Human Needs

Maslow may be the most referenced scientist concerning human needs prioritized on individualized satisfaction beginning with physiological needs, safety needs, love and belonging, esteem, and finally self-actualization needs. eNotes gives an extensive explanation for health care providers. Alderfer believes he has economized on the theory with an abbreviated ERG concept. Yura and Walsh (*Journal of Holistic Nursing*. March 1986 vol. 4 no. 114-15) proposed 36 human needs mediated by the problem-solving nursing process. I invite you to read about them, because they characterize most, if not all, wholistic aspects of being. And, while forgotten in this century, their re-appearance may be beneficial.

The Whole Person This concept has a foundation in Scripture in that the entities that compose a person are (supply examples):

physical,
mental/emotional,
social, and
spiritual.

Refer to an example of a whole person mission statement of a health care university (LLU.edu). The ministry of Christ was to make man whole. Toward that end He ministered to physical, emotional, social, and spiritual needs of those he came in contact with (reference the Gospels).

Transformational Nursing: A Caring Theory
Jean Watson

Background: Psych. Nursing; Education-Psychology Doctorate; Taught at Univ. Colo. 27 yrs.

A theory demanding use of qualitative research.

Presented in her book "*Nursing: Human Science and Human Care: A Theory of Nursing*" (1985).

She wrote it following 6 years of study into what she perceived as the problem of a lack of explanation of the work of nurses. It is meant to bring new meaning and dignity and broadens the conceptual scope of nursing. Rejects people as "objects."

A middle range, explanatory theory—a world view.

Continues to evolve . . . In spite of her promotion of wholism, she often describes dualism.

The promise and scope of the theory:

- Recognition each individual is a being inseparable from self, others, nature, and the universe.
- There is healing potential for both caregiver and care recipient in a caring relationship

Admittedly, she draws on a range of dimensions:

- Humanitarian
- Metaphysical
- Spiritual—existential
- Phenomenological
- Eastern philosophy

Refer to:

Her extensive philosophical claims on value (Fawcett, p. 659)

Her elaboration on human life (Fawcett, p. 661)

She defines Health: "Health refers to unity and harmony within the mind, body, and soul. Health is also associated with the degree of congruence between the self as perceived and the self as experienced." (p. 661)

Caring is a moral ideal of nursing. Protecting, enhancing, preserving human dignity. Seek ways to enable individuals to reach a higher degree of harmony in the spheres of wholeness—body, mind, soul.

She purposely merges Christianity (Western thought) with Eastern beliefs (Buddhism).

Concepts:

- Transpersonal caring relationship

- Caring occasion/moment
- Care (Healing) consciousness
- Carative factors – 10 Dimensions (Fawcett, p. 663)

Which are behavior guides for nurses (Core of nursing)
Are hierarchical in nature, with each level contributing to the next
They are also interactive—holistic

Informed Moral Passion

Discussion here refers back to reflect on one's "calling" to care.

What/Who calls me to care?

What is the root of my caring response?

How do I respond? What if I don't?

How will I sustain and nurture my caring consciousness?

Who will care for me? (Alligood & Tomey, p. 99)

"Caring and love are the most universal, the most tremendous, the most mysterious of cosmic forces . . ." (Alligood and Tomey, p. 102)

Caring--"the ethical principle or standard by which caring interventions are measured." (p. 103)

She refers to technical nursing procedures/protocols as sacred acts conducted with a caring consciousness in a way that honors the person as an "embodied spirit." (p. 103)

There is a long quote on p. 104 about the nexus of proffered and accepted care.

Carative Factors (Caring-Healing Modalities) employ intention, conscious use of implements which appeal to imagination, senses, cognition, body movement (kinesis), and presence. Also employed are comfort measures; emotional, expressive, and relational work; and teaching and learning. To be implemented they need on the part of the nurse:

- Intention
- Caring values
- Knowledge
- A will to engage

- A relationship
- Actions
- Commitment

_____

DIMENSIONS OF CARING

Concepts based on O'Brien's *Spirituality in Nursing (2003)*

Being: Also described as *presencing,* or being *present* physically, mentally, and emotionally for individuals in extreme need. Conveying by attitude, tone, demeanor, or voice that you are attempting to join in the experience of need and are standing by.

Listening: An accompanying behavior to Being. Tuning in to the spoken and unspoken word, attending to the individual with all one's senses.

Touching: "Loving, empathetic, compassionate touch is perhaps the most vital dimension of a nursing theology of caring." It may be in the form of holding one's hand, stroking the face or hair, hand or arm, massaging therapeutically, and even with one's voice with words of cheer or comfort.

Covenant Relationship

THE NURSE-PATIENT RELATIONSHIP: A Sacred Covenant

Based on mutual Trust. "The presence of an understood covenant between a patient and nurse (health care provider) no only supports the concept of trust between the partners, but also sets up parameters for appropriate role behaviors and attitudes. . . Examining the term *covenant* from a spiritual/theological perspective also supports an understanding of the concept of nursing practice as involving a sacred covenant." It is a term used in the Bible often, particularly between God and His people, the children of Israel. It established bonds of loyalty and responsibility of a mutual nature. In contrast to a contract that can be terminated by agreement when one party fails to fulfill the obligation, a covenant relationship has no condition put on the faithfulness in keeping it. It is unconditional service that is expected. God described it in this poignant promise: "Can a woman forget the baby she feeds at her breast? Will she not have compassion for the new life that has come from her womb? Yes, it's possible that she may forget or abandon her offspring, but I will never forget or abandon you. You are mine. O Jerusalem, Jerusalem, how can I forget you? I have engraved your name on the palms of my hands. You are always in my thoughts. How can I forget you?" (Isaiah 49:15, 16)

"Historically, nursing has been a discipline of service to others; the concern with one's personal well-being, spiritual or otherwise, was secondary to meeting the needs of the ill."

O'Brien elicited six key concepts from her qualitative study of nurses' conversation about their relationships with their patients and their perceptions of their role:

- Possessing a sense of mission
- Being a messenger of good faith
- Seeing some aspects of the relationship as almost sacred (the covenant)
- In some way touching the hand of God when patients face death, as in walking through the valley with them

- Sensing the vibrations of mental/emotional alterations and giving off vibrations of concern, compassion, and love
- Recognizing that the nurse follows in the shoes of Christ during His ministry in teaching, modeling, intervening during illness—a healing ministry

More Resources

To complement this study, we have sought helpful internet videos and print sources for you to examine and discuss:

Books

Making Sense of Spirituality in Nursing Practice by Wilfred McSherry (2000)

Helping and Healing by Edmund Pellegrino & David Thomasma (1997)

Parish Nursing: Promoting Whole Person Health Within Faith Communities by Phyllis Ann Solari-Twadell & MaryAnn McDermott (1999) Link to online preview: http://books.google.com/books?id=J-v8KTcujaAC&lpg=PP1&ots=JwxUXs5dOa&dq=whole%20person%20health&pg=PP1#v=onepage&q&f=false

I Should be Burnt Out by Now . . . So How Come I'm Not? by Peg Neuhauser, Ray Bender, Kirk Stromberg (Wiley & Sons, Publ) $26. 95 [eBook] At www.ebooks.com

Articles

Comfort: A Value Forgotten in Nursing, Lin, Chia-Chin PhD, RN, *Cancer Nursing*: November/December 2010 - Volume 33 - Issue 6 - pp 409-410

Kolcaba's Comfort Theory - http://www.slideshare.net/davejaymanriquez/katherine-kolcaba-rn-phd-comfort-theory . Her blog is http://comfortcareinnursing.blogspot.com/2010/07/comfort-fundamental-need.html

What Are the Main Points in Nursing Comfort Theory? | eHow.com http://www.ehow.com/list_6821213_main-points-nursing-comfort-theory_.html#ixzz1ANfCb1Q2

Videos

Making a World of Difference with Care- In Honor of Nurses Everywhere
http://www.youtube.com/watch?v=AJViQ1-APWo&feature=related

"Faces of Caring" (Joy Adelman) http://www.youtube.com/watch?v=OvltNOJV3ec&feature=related

Tribute to Nurses - "These Hands" Music
Video http://www.youtube.com/watch?v=29fdVOqraQs&feature=related

1. Framework for understanding the concept

    a. Metaphor: Universe, a balanced, law-abiding, enlarging, limitless landscape
    b. Theory: Conservation of a person's wholeness (Levine)
    c. Psychological metaphor: Meaning > Mindfulness
2. Define and characterize Commitment (Article and book sources: Pelegrino & Thomasma, Manion, Fasoli)
    a. What does it look like?
    b. Influences – Where does it come from?
    c. Value/currency – Why is it important?
        i. Cost – Personal investment
        ii. Loss
    d. Informed by Emotional Intelligence
3. Transaction – Applying it to personal relationships, education, work/career, employer, community, belief system
    a. Focus on making and gaining emotional commitment
    b. Engagement
    c. Expressing Joy
4. Outcomes
    a. Self-inventories (Meyer & Allen's Commitment survey; adapted Brickman's General Commitment Scale for nurses)
    b. Personal benefits
    c. Benefits in following through on caregiving
    d. Economical
    e. Ethically
    f. Morally
    g. Personal fulfillment

CASE STUDIES

THE FIRST SCENARIO ~ A Case Study

Levine's Conservation Model will provide integrated theoretical aspects to the facts of this case. (Remember, theories are described on Introduction 2 page.)

"Nursing can exceed only when it recognizes that the person is not summarized by the immediate present but is burdened by a lifetime of experience—recorded not only on the tissues of the body, but on the spirit and mind as well" (Levine, 1990, p. 197).

CLAIRE

Claire sits by her bed, hearing the irregular rhythm and declining quality of Victoria's breathing. An adult son and his wife huddle around the makeshift bed in the humble living room where she has been lingering between life and death for 3 days, suffering in the unfortunate final stage of a battle with AIDS complicated by pneumonia, comforted and cared for by the community-based hospice staff. Claire has been her case manager and now she is remembering when she first met Victoria in this same community 20 years ago . . .

Claire began her nursing career on a Med-Surgical unit in a general hospital of a middle-size town. She worked full time, during that time, married and with her husband, Jason, began working toward the purchase of their own home. Claire had many challenging and interesting patients over this time (the '90s). One of whom was Victoria, who was 22 years of age.

Six days before Victoria was discharged to home after a cholescystectomy with a 4-inch incision and an adjacent stab wound with a T-tube draining into a grenade-like collection unit (this was before laparoscopy procedures). She returned in 3 days with a fever of 104^0 and abdominal pain. Her surgical wound had eviscerated 10 cm's producing foul drainage. She was assigned to Claire.

In the immediate hours cultures were taken, IV antibiotics begun, pain med ordered and given, diet limited to clear liquids, and activity restricted to bedrest for 24 hours. A male visitor of a different ethnicity than the patient had accompanied her to the Emergency Department, but never returned throughout her hospitalization. It was 3 days before Victoria gained the courage to relate what brought about this setback: a male "friend" had handled her roughly, threatened her, and punched her in the abdomen. Claire learned more about the environmental and social aspects of her living circumstances and, with her permission, arranged for the Social Worker to meet with her. Today she was discharged with new living arrangements made and continuance of the SW support.

Discussion . . .

What are the *conservation* principles applied here? What values are expressed?

Today, what assessment measures are in place to discover need for intervention earlier?
What support structure do you have in your community to assist a person like Victoria?

It is a year later now . . .

Victoria has arrived again on Claire's unit. This time she sustained a comminuted tibial fracture that has been surgically repaired. She states she tripped over her child's toys. Bruises on her arms and face were also noted. During the admission assessment Claire discovered a foul odor from vaginal drainage. Victoria admitted to multiple-partner sexual activities. During the next few days of her treatment, Victoria and Claire bonded a friendship in spite of their many differences. It was clear that Claire's care and concern won her heart. When Victoria was discharged 5 days later, she was referred to the Public Health Nurse who covered her neighborhood.

Discussion . . .

The primary/ultimate goal of Conservation: To defend, sustain, maintain, define, the integrity of the system. It acknowledges the effort the individual makes to receive recognition, respect, self-awareness, humanness, holiness, independence, freedom, self-hood, and self-determination. (Alligood & Toomey, p. 201)

How did Claire honor this goal and what more could be done if it happened today?
What care will the PHN presumably plan for Victoria and her child?

Though Claire enjoyed working on her Med-Surg unit and had progressed in responsibility to a relief Assistant Nurse Manager, she had a yearning to do something different in nursing—to take her perceptive caring skills into the home of patients in order to teach them methods of prevention. Claire began to think of a broader mission of mercy outside the hospital that would aid in preventing these unfortunate circumstances. So she left

her hospital job for a position in a Home Health Care agency. Over the ensuing years she encountered many unique and challenging situations. For instance:

- Lem, the 65 year-old dairy farmer who developed peripheral artery disease as a result of hypercholesterolemia, obesity, and hypertension. After femoral-popliteal bypass surgery, Claire managed his recovery and rehabilitation at home, monitoring wound healing and improvement of circulation and teaching Lem and his wife a healthier lifestyle.
- Sarah, an 82 year-old widow, living alone in a small apartment of an old renovated warehouse, who had iron-deficiency anemia and rheumatoid arthritis. Contacting Sarah's only surviving son in a state 600 miles away, Claire was able to aid them through community resources in resolving a fractured relationship and living together for the benefit of both.
- Denzel, an African-American 13 year-old boy with sickle-cell anemia and a passion to play basketball.
- Marina, an obese 17 year-old mother of twins and her newly-diagnosed diabetes.

Discussion. . .

Comment on the above cases in the context of Levine's theory model. If you wish, you may enhance any of them to create another working case study using either Watson or Levine that we can then be added to this course :)

Claire, now in her late 50s considers retiring soon. She has worked full time most of her career, with a 6-month break to take care of her dying mother last year. Fortunately, she was able to return to the job she loved so much in home health. But she is noticing a lessening of stamina, though she has managed her health well. As she plans for her future, she ponders what she will do with her time and how she will continue to serve the needs of others.