OUR CLIENTS ARE OUR BEST TEACHERS

by Sallie R. Figari

Empathy, to walk in another’s shoes. As senior BSN students, we are coming full-circle in our understanding of holistic nursing care. We have learned and continue to learn that our clients are our best teachers. It is through the nurse-client relationship that we are enlightened and humbled. The nursing home setting represents another opportunity to expand our growth, to function holistically, and to maximize the geriatric client’s potential.

We gather at the nursing home Tuesday mornings with positive expectations, confident in our clinical knowledge and philosophy of the nursing school. Welcomed by a clean, bright facility—it, in fact, resembles a hotel—contradicting the all-too-familiar picture of a nursing home.

It is still very early, and I search the halls for Room 316. I don’t see any members of this geriatric community—neither wheelchairs nor walkers. However, the safety rails that line the walls are reminders that this is a nursing home. As I glance to the left, I see Room 316. I mentally review the report that morning: Mrs E., 76-year-old woman, legally blind from glaucoma and cataracts, limited in mobility due to spinal stenosis. I knock lightly and announce my presence before entering.

Mrs E. is sitting up in bed. Her eyes are opened wide, and she turns her head to the sound of my voice, her hand extended, searching for introduction. A well-educated and articulate woman, Mrs E. explains what her limitations are and how I can assist her. Revealing her past skills as a teacher, the “lesson plan” is ready for the day. Mrs E. selects her clothing according to textures, construction, and shades of color. She has memorized which clothing coordinates, demonstrating an adaptation to blindness.

We speak of her past life, busy with social engagements, golf games, and world travel. She says: “I think I’ve had a good life.” However, as a student nurse, I see a dignified woman faced with a multitude of losses: loss of sight, loss of mobility, loss of independence, loss of spouse, loss of friends, and loss of residence. As we speak, I also note Mrs E. is rubbing the back of her hands.

“Neurodermatitis,” she explains. “I guess I just do this when I get bored or nervous.” Mrs E. agrees that a stroll in the wheelchair this morning may be a good distraction.

After morning care, we go down the hall, and I begin to formulate my list of nursing diagnoses and resident needs. It is not enough to understand intellectually how sensory loss limits one’s lifestyle. Caring for a person who is blind involves more than a textbook can describe. I turned Mrs E.’s wheelchair toward a large

JOURNAL OF GERONTOLOGICAL NURSING Vol. 12, No. 6
picture window and began to explain what I was seeing. She then describes the dimensions of her blindness and how she sees different intensities of color.

"I can see white, like your uniform, and the sun’s warmth feels so good." We continue our travel, occasionally stopping, each of us taking a turn explaining what we are seeing or perceiving. I was able to fill in those dark shadows with an account of the foliage and trees; but most importantly, Mrs. E. helped me see through her eyes. For a few short moments, we changed places.

Finally, she said, "Do you know the worst thing about being blind? It is the social isolation it imposes on you. When you lose your family and friends and move to a new surrounding, you must deal with others on a superficial level. But you need your eyes to say, 'Oh, what a lovely dress, it's a pretty day, or doesn't dinner look good.' With close friends, the conversation can be much deeper, more intellectual."

Thus, she was able to express her feelings about sensory loss and institutionalization. She noted that her blindness has prevented her from making the initial introductions that could potentially lead to deeper relationships. She states, "They (the other residents) probably don't think I'm very friendly or interesting because I don't greet them as they pass through the hall."

We were soon involved in problem solving with a goal of increasing her sensory stimulation. We explored her interests and abilities prior to admission one month ago. With the help of the recreational therapist, contact was made with the "talking library." She stated that she enjoyed factual books, biographies, and politics. The therapist also planned to increase her personal contact with Mrs. E., or "one-on-ones."

I explained the social activities for the week (displayed on the activities calendar), and she made plans for a nature walk and a tea party. It was communicated to the staff that Mrs. E. wanted to be verbally informed of the social events. She seemed pleased with the day's progress, and squeezed my hand when saying goodbye. I assured her I'd be back next week.

Tuesday came again. The head nurse gave me the morning report: "Mrs. E., Room 316 . . . She has done really well this week. She's playing the piano, when no one is around . . . We never knew she could do that." I smiled and exchanged glances with my instructor. I feel energized and hopeful. The holistic concept of maximizing wellness becomes a reality in a nursing home. The geriatric setting provides the awareness for creative nursing and fulfillment of the promise that growth is always possible.

About the author

Sallie R. Figari is a senior BSN student at Florida Atlantic University in Boca Raton, Florida.