

# Caritas Transformational Reflective Essay

Now more than ever in the age of the SARS-CoV-2 pandemic, caritas is needed to guide our nursing praxis and bring authentic presence, moral values, and elevate the consciousness of nurses as we care for individuals in this new age of nursing. I must first start with Dr. Jean Watson and caring science; this is the nursing theory we practice at Kaiser Permanente. I had already heard of Dr. Watson and even attended two of the caring science consortiums Kaiser puts on annually. The consortium is a bit like a catharsis because we get to see care givers from all over Northern California and hear the great work they are doing with caring science. So, I already had a foundation in caring science but attending the RN-BSN program would build upon that and help me further understand the caring science theory of nursing. I think the best way to outline this reflection is to use the four patterns of knowing described by Carper (1978).

**Empirics:** Speaks to factual knowledge from science, what can be seen, heard, and touched. Empirics is my nursing assessment of the patient, looking at x-rays, lab work. Prior to this program when I did my first assessment and gathered all of the patient's information off of the computer, I realized how little I interacted with my patient. I was so concentrated on external factors that I would overlook what was going on inside of my patient. I now utilize Caritas process number two which calls for me to be authentically present, instill faith and hope. (Watson, 2018). This helps remind me that the patient is not the sum of his data, he is a living and complex being that demands my attention and respect at all times. This was what I took away from our readings and lectures and what I now do when I'm with my patients. Thanks to the RN-BSN program, I spend more time being authentically present with my patients.

**Esthetics:** Is considered the art of nursing or how we carry ourselves while we interact with our patients, their families, and our co-workers. I think of Caritas process eight, nine, and ten when I think of esthetics. Creating a healing environment, assist with the patient's emotional and spiritual needs, and allow miracles to happen. (Watson, 2018). During this age of Covid 19 it is very difficult to carry out these processes. We are completely covered head to toe with PPE, we try to limit our time with the patient, and their doors are kept closed. This has been an enormous challenge for both caregivers and patients alike. Going back to school has given me the tools to not only advocate for my patients but to point out to leadership using unitary caring science where we are failing our patients. The first thing I pointed out was advocating for our patient's families to be able to drop off personal items from home. Next, with the leadership skills I developed in school, I was able to come up with a plan to place a laminated picture of ourselves outside our PPE. When we enter the room, the patient can see what we look like, our name, title, and hopefully give them a sense of security.

**Ethical:** In the age of Covid everything is new, donning and doffing PPE, PPE shortages, PUI (person under investigation) protocols, even just transporting our patients to x-ray calls for different measures and safe transportation protocols. The only thing I can do to counter this chaos is remember my teachings in unitary caring science. Caritas process number one calls for practice lovingkindness, altruism, having a caring conscious. (Watson, 2018). Not long ago I had a patient that was Covid positive and dying from pneumonia. Comfort care orders were written by the doctor who then informed me that the patient's granddaughter would not be able

to make it to be with her dying grandmother. I know patients don't have to die alone; in fact, we have a program called no one dies alone. Special volunteers can sit with the patient, hold their hand, read to them, etc. Unfortunately, volunteers are not fit tested for the N95 so I couldn't rely on this program. I knew the ethical thing to do was to not allow the patient to be all alone in a room with closed doors and nobody familiar around her as she was dying. This did not sit well with me at all. I then called my manager to ask for another PCT to sit with the patient until she expired. My request was granted and the PCT was in the room with her, assisting her and comforting her until she died. I had a good ethical practice before school, but the RN-BSN program reinforced that practice by exploring dilemmas in ethics and humanities in depth.

**Personal Knowledge:** Having been a nurse for over 14 years I rely on my personal knowledge and experiences I have had over my career. I'm not judgmental and I strive to treat each patient the same. I practice empathy and try to put myself in their shoes. This program has expanded that knowledge, made me see the importance of caring science and having a nursing theory to help guide my praxis; especially in difficult times like these. I know that all patients want to be treated fairly, authentically, and with lovingkindness. Patients suffering from Covid 19 are no different. I make it part of my practice to hug, high five, or just sit and listen to them. The RN-BSN program has empowered me by reminding me of the importance of practicing unitary caring science and incorporating it fully into my praxis.

### References

- Carper, B.A. (1978) *Fundamental Patterns of Knowing in Nursing*. ANS Advances in Nursing Science (1) 1, 13-23.
- Watson, J. (2018). *Unitary caring science: The philosophy and praxis of nursing*. Louisville, CO: University Press of Colorado.