

## **Kindness and Transformation**

By Sable Zuza

My first off-site clinical, the second semester of nursing school, was at a skilled nursing facility, where I primarily worked with elderly patients. One day, I was assigned an older female patient who, within an hour of our clinical group arriving at the facility that morning, made a poor first impression on a fellow classmate when he tried to deliver her breakfast tray. I was warned by my peer, and then made my way into the patient's room to introduce myself and assess the situation.

When I walked in, it was easy to see the superficial appearance of things: a crotchety old lady who was combative and noncompliant; a frustrating and tiresome uphill battle. However, I was determined to perceive the deeper reality: here was a human being who was in pain, confused, vulnerable, and fearful. For this woman, her admission to the nursing home meant that she had been abandoned and was now isolated and disconnected from all that was familiar and comforting to her. It also meant that she had been stripped of her freedom, autonomy, and independence. The older woman fought defensively for these things in an irascible manner that was further accentuated by her decline in mental clarity and physical functioning.

When I initially approached this patient, she had walls up and took an antagonistic stance. I asked her about her breakfast, and she bitterly complained that her oatmeal and tea were cold and her French toast was too mushy. As I continued to try to connect with and listen to this patient, one of the facility's occupational therapists walked in to do her assessment. Somewhere in their tense interaction, both individuals experienced a breakdown in communication that led them each into an unreceptive and defensive space. The patient was unwilling to cooperate with the therapist and repeatedly expressed disapproval, while the therapist grew increasingly intolerant of the patient's disposition until she

decided to leave. I quietly stood back and observed the situation, to discern how to make my next move in reaching the older woman and meeting her at her level. I learned by watching how the occupational therapist interacted with the patient that irritation and reactivity only bred similar tendencies in the older woman, leading both parties to stagnation and resistance.

Instead, I chose to pull up a chair and listen to the patient's concerns and complaints for awhile. I came to understand that the woman's two sons brought her to the skilled nursing facility, and she felt betrayed by this transference of care. She claimed that at home she could get around just fine and do things on her own. However, physical disability was evident, and the patient appeared to be contracted and debilitated by pain. The woman discussed how she was dissatisfied with how she was being treated in the facility, didn't want to be bothered, and just wanted to go home. I made efforts to convince the patient that everyone was only trying to help and look out for her best interests, but mostly I just accepted whatever it was that she had to say. The more I looked into the woman's eyes and received her messages with an open heart, the more she confided in me and let her guard down. I offered to take her tea and oatmeal to the kitchen to be warmed up, and she expressed thankfulness.

Over time, and after some nourishment, the woman continued to soften with me. She started to smile and make comments about how we were getting along, such as how "we [had] grown on each other". Our therapeutic conversation flowed, allowing me to freely assess the patient. The woman began to work with me instead of against me, and I felt the threads of trust and compassion that bound us together. The occupational therapist who had visited earlier came back to the room to finish gathering her own assessment data. I could tell as soon as she entered the space that the therapist was bracing herself for conflict while also making an effort to surrender to kindness. Together, the therapist and I convinced the elderly patient to get out of her chair and move to the bathroom where we could ascertain her level of functioning. The older woman complied and allowed us to assist her with some activities.

A beautiful moment ensued later on in the lavatory, when both the patient and the occupational therapist apologized to one another for their previous interaction. I was awestruck and amazed by this transmutation that had unfolded before me, and my heart was full and warm.

I finished my time with my patient and felt immensely fulfilled and inspired. The shift in the elderly woman's behavior from the morning to the afternoon was remarkable, and left a lasting impression on me. I can't pinpoint exactly what transpired to allow this metamorphosis to occur, but I think it has everything to do with witnessing a human being in their wholeness and vulnerability. I believe that all this woman truly required was to be seen and heard, and given unconditional kindness and attention. She needed to express her thoughts and feelings and have them respected and received by another person who looked at her with eyes of compassion instead of contempt.

This event was powerful for me as a student nurse because it reinforced innate wisdom and further equipped me with the tools to reach any soul who longs for acceptance. Sometimes it is challenging to love and connect with a person, especially when that individual is unreceptive and unyielding at first glance. However, remembering that every single human being needs and seeks safety and comfort makes it easier to understand why a person may act the way that they do when they are scared or hurt. My hope is that every healthcare professional recognizes the sanctity of the therapeutic relationship, and realizes how presence and listening can transform the health and life of any patient, and make them feel at home wherever they are.