

PERSPECTIVE

NURSING THE NURSED: ADDRESSING COVID-19 PANDEMIC CRISIS IN THE CUEN THEORY PERSPECTIVE

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Abstract

Caring as an unending expression of nursing holds true this very time of trials. Humanity is faced with a crisis in the COVID-19 however healthcare professionals are standing still to save the world. This document illustrates how CUEN theory is applied in the care of patients undergoing emerging infectious diseases and stipulates its contribution to the care of patients having infected with the disease.

KEYWORDS

nursing; covid-19; CUEN theory; caring

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The concern of COVID-19 places the entire humanity to test. Both advanced and developing countries experience the phenomenon as evidenced by integrating practices and forging collaboration with the hope of saving humanity. Various approaches intend to shed gleam in the circumstance; however, the number of cases unceasingly elevate. Such condition demands unifying effort across stakeholders. Like any other forms of ordinary flu, the virus is transmitted during close unprotected contact. Airborne spread has not been reported and it is not believed to be a major driver of transmission. Based on the documented trend (Tsai & Wilson, 2020), those of highest risk include people more than 60 years and with underlying conditions such as but not limited to chronic respiratory disease, cancer, hypertension and diabetes among others.

With the Proclamation No. 922 declaring State of Public Health Emergency throughout the entire Philippines by its Executive Officer due to recognition of COVID-19 a threat to national security (National Government of the Republic of the Philippines, 2020). Different stakeholders took their share of that pie in addressing the outbreak. Inter-agency task force was created in the management of this emerging infectious disease including that of local government units, the transportation group, labor and employment sectors since the economy is also affected.

The Ministry of Health of the Philippines which prime mandate is anchored on the welfare of human health and well-being exhibited supervision in the surveillance and detection of those possibly invaded by the virus. Amidst vigilance, still the figure persists. Class suspension in all levels declared openly, with intentions of stopping the spread. Crowded places such as schools, offices, social gatherings and the like were discouraged. In other words, social distancing aimed to maintain virus-free environment are stringently implemented.

The illustration speaks the exact opposite in health care environment. Hospitals are still open, nurses still touch patients to check their temperature, pulse and assess. Nurses do not hesitate and move nearer even if the *nursed* have colds, cough and fever. Though protective equipment is all over, yet the *human* touch assures the *nursed* everything will find order in them in the midst of chaos. Caring as unending expression of nursing manifests the place (Acob, 2018).

CUEN theory as anchored in Boykin and Schoenhofer (2001) theory of nursing as caring describes nursing profession dedicated to working with care, and compassion committed to helping the *nursed* and significant others in the spirit of caring. The theory highlighted the crucial role of nurses along the attentive moment of showing empathy, which in turn makes caring a central concept in the expression of unending care. Nurses are to begin with competence in the delivery of professional nursing as well as genuine interest, honesty and zeal to adjoin with others. Further, the nurse starts to explore the real and deeper meaning of caring as the unending expression of nursing practice and better distinguish that of the usual manner of intentional caring.

However, the essential structure of the uncaring is experienced when the *nursed* failed to discern his fullness of well-being and healing. This will result in a sense of mistrust and disconnection to the health care provider. The sense of damage and grief among patients, limits this caring theory.

From this caring standpoint, the core of nursing is articulated as nurturing persons living and growing in the caring environment. Living and caring of personhood centers on the individual living the essence of his own life. Nursing's ultimate goal is knowing person as holistic entity maintained by the support system as they live within the context of a caring environment.

Caring is an unending language of nursing is a deliberate and genuine presence of a nurse with the nursed who is identified to grow and live in a caring relationship (Acob, 2018). The perceptiveness and agility in creating effective ways of communication with ethical caring are developed gradually through the intention to care. CUEN theory believes a person is a dignified being that lives and grows in a caring environment. He/she has no impartiality- therefore complete and integrated. In the light of COVID-19 crisis, may the healthcare workers recognize *people, not as an object of care*, but co-equal participants in the delivery of efficient service. They should be appreciated as a whole, complete beings with no infirmity living in a caring environment from moment-to-moment as a language of nursing. Moreover, the theory suggests that care should be rendered as an unending expression in the practice of nursing that distinctively focuses on persons through the healing use of self in a compassionate way central to the day-to-day experience of the nurse-nursed relationship (Acob, 2018).

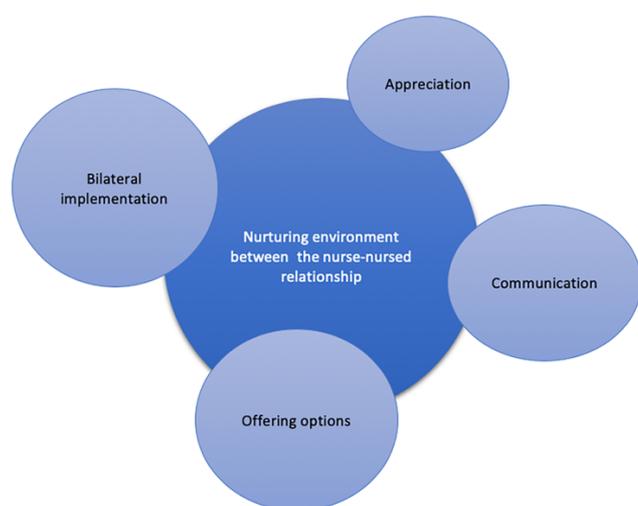


Figure 1 The dynamics of Caring as Unending Expression in Nursing theory (Acob, 2018)

The four smaller circles are slightly overlapping in the bigger circle at the middle. The framework can be interpreted as the four phases of interaction that exist only when the nurse and the nursed are interacting. No one can create the nursing situation except when the nurse and the patient intermingle with each other. The four phases of caring are irremovable and ineradicable. The nursing situation can only happen when both stakeholders (patient- nurse) congregate; in like manner which sustains the movement, being invigorated by the interaction of caring (Acob, 2018).

The bigger circle (**Figure1**) speaks that the focus of every caring opportunity is an interaction between the nurse and the nursed. This interaction enhances the knowledge in particular and the development of a patient-nurse relationship. The experience developed during the interaction generates meaning for one's existence in a caring environment beyond and within their present situation of interaction. This is pivotal to the development of their relationship in the transforming community health care (Acob, 2018).

The practice of nursing within this structure firstly requires appreciation and/or acknowledgment that patients are humans needing care, especially in these critical times. The nurse becomes an instrument

and as a means to an end which in turn depersonalized the support system of the practice environment. In this phase, the nurse assesses the patient of the pre-identified indicators of COVID-19. The caring nurse comes into avenues of knowing more, establishing a connection through appreciative inquiry with active listening skills at the moment.

After the nurse completely realizes the existence of self as a person who cannot fulfill complete caring, communication through proper channel should be taken into place. In these junctures of trials, patients may need not a nurse to nurse them in their activities of daily living; rather just yearned for a compatriot to talk to. To this end, communication evolves and is necessary. What is learned is essential at this moment of caring that allows the nurse to bring substance and element to care and create designs as evidence of caring attribute that is both influential in that caring environment. Communicating patient's concerns and listening to their stories of survival, new possibilities arise from nursing in practice as a caring profession. Informing the patient faithfully and objectively affirms valuing and honor. Respecting their convictions reaffirms the core of nursing and refreshes the caring intention of the nurse.

With a number of cases swell, the government offers identified possibilities ethical and applicable so that patients make informed choices. The nurse warrants the nursed to be enlightened on the options to address their concerns in accordance with their beliefs (Jepson et al., 2005). Family members being part of the patient's support network must also be nurtured on the issues encompassing the patient's decision.

As the nurse constantly interacts with the nursed and his/her support system structure, caring takes place in the nursing situation. The nurse-nursed shares lived experience in which caring between enhanced personhood (Boykin & Schoenhofer, 1993). When the nurse is ready to care for the sick patient affected by COVID-19, the nursing situation comes into life. Offering options as the patient creates informed intentions involve the expression of respecting the integrity and actions that further strengthen the bond of nursing, hence the lived relationship of a nurse and the patient are created and understood.

Lastly, the nurse-nursed conjointly advance to emerge the identified option made. Its complete undertaking of interventions will come into play, signaling the last phase of the CUEN theory. This calls for the dual implementation of specified answers-to-their-problem which later impacts to quality and improvement. The hospital industry gradually transforms to alleviate human condition which underscores redesigning effective, safe care that further justifies the very reason for the presence of nursing practice and the need for nurses.

The idea further expresses the underlying belief that continuous learning and conduct of the investigation will produce desired health outcomes and that a given technique and theory are effective. The alignment of professional knowledge through evidence-based practice is a means to acquire the goal of excellence and is the success pointer for the entire phase of the interaction. However, if the identified solutions did not show any signs of a positive outcome, then the process repeats itself paving to a cyclical and never-ending.

DECLARATION OF CONFLICTING INTEREST

There is no conflict of interest to be declared.

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