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Out of the Comfort Zone

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Out of the Comfort Zone

Imagine the following experience: You are a student nurse working with other health care providers in the obstetric unit of your facility. A fifteen-year-old Haitian girl, along with her grandmother, arrives seeking help because her two-day-old, eight-pound baby boy is having difficulty breathing. The grandmother reveals that the young mother and her infant have been waiting in the anteroom for more than two hours to see a doctor. The infant is pale and covered with petechiae; he has labored breathing and rasping breath sounds. His umbilicus, which is tied closed with a piece of string, is moist and red. A nurse calls for help. You attempt to give the baby oxygen via mask, but the oxygen tank is empty. You pull over a second tank; it also is empty. While this is happening, another nurse hands you a second piece of string which you tie around the baby's umbilicus next to the first. A doctor arrives who periodically gives the baby an injection of epinephrine, and otherwise stands around looking helpless. There are no other medications available; there are no units of blood for a transfusion.

Several nurses and doctors now enter the room. They point their fingers at the young mother and harangue her for not attending classes on childbirth and newborn care. She cries. One of the nurses then suggests transporting the infant to the hospital in the next town, one and one half hour away by car. This other hospital may or may not have the needed treatments which might save the baby's life. There is no telephone to call and find out. Someone sets out on foot across town to the church where the only two vehicles in the community can be found. Luckily, one vehicle is available; your professor becomes the driver, and you set out with her, the baby, his mother, and his grandmother to the next hospital where, hopefully, the little boy can get the help he needs. But, no, it's too late. Despite all efforts to keep him alive, the baby dies in his mother's arms on the way.

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Such was this student's experience during a course in transcultural nursing in the Dominican Republic. The trip has proved to have a profound impact on my perspective of nursing, and upon my attitude toward living. Hopefully, what I have learned will forever expand my capacity for empathy, and constantly increase my ability to take appropriate action.

This particular incident happened in July of 1994 — and certainly there are many parts of the world where such unfortunate scenarios occur daily — during the weeks which two other nursing students, our professor, and I spent in a mountain village of this Caribbean country as volunteer health care workers under the auspices of the Catholic Medical Mission Board. During our stay, we lived in the home of a warm and generous Dominican family who were members of the local parish. Their home, with its wide front porch and shade trees in the yard, was very picturesque and comfortable. Many of the luxuries which we have come to take for granted in the United States were absent, however. There was a faucet in the shower stall, for example, but there was no running water (not even in the rainy season). Bathing was accomplished via a rain-water bucket-bath or a dip in the river which ran close to town. Most families had an outhouse behind their home, and ours was no exception. Once we, the students, got over being apprehensive about the huge beetles and spiders which we found there, and became used to the odor, we found the outhouse to be adequate, even though awkward (due to the slope of the land and the position of the hole, we needed to squat on our tiptoes).

Sanitation was handled very differently than the practices we are used to in the United States. Garbage and trash were thrown freely into the street. Each morning the women of the households would sweep the garbage to the end of the road where it was pushed over an embankment. This practice created unsightly dumps in a number of places, including near the outdoor marketplace and next to

the path to the bathing site by the river. Combined with the heat, the stench could be ghastly. Of most concern, these sites were an obvious breeding ground for bacteria, insects, rodents and other vectors of infection. Conditions such as these, which were found near the homes, also proved to be true in the hospital. For example, although the hospital was plumbed for running water, there was none. Water was drawn from a well in buckets which were placed near the sinks where they were left all day. Washing hands between patients was cumbersome, and not always practiced by members of the hospital staff. Since our professor had anticipated a lack of clean water before we left the United States, we had brought canisters of "Wash-N-Wipes"and boxes of alcohol pledgets to clean our hands. These, we often shared with doctors and nurses, and by the end of our stay the other health care workers turned to us regularly for a supply of the premoistened towelettes.

Lack of resources, including equipment, medications, and adequately trained-personnel, was another major problem for the community in which we lived. My impression was that the people were attempting to imitate the "American way" of health care, but, unfortunately, without the funding and technology. In a number of cases, I suspected that people who had walked for many miles in dust and heat to receive health care at the hospital would have been better off staying at home, resting. The room marked "X-ray" was empty and bare. The shelves of the pharmacy were sparse. The selection of available medications was limited, mostly to vitamins and first generation, broad-spectrum antibiotics. There was no lab to culture specimens for identification of specific organisms. Women seeking help for sexually transmitted diseases received antibiotics, but their partners often were left untreated.

The physicians we worked with were very empathetic and caring, and I suspect this was the main motivation for many of the people coming to seek health care. Interestingly, the number of male and female doctors was equal. A number of the nurses also were compassionate toward their clients, although it was apparent that the focus of nursing education was on physiological care, not emotional support. The interchange between health care providers and the teenage girl whose baby was dying clearly demonstrated a need for more psychosocial training, and a number of community leaders had already recognized this need. For example, because historical enmity had created negative beliefs about Haitians among some Dominican people, a separate room at the end of the hospital hallway was reserved for the Haitian clients. Local Dominican community workers were diligently moving to dispel old myths and implement constructive changes by establishing a system of patient advocacy for Haitian refugees.

Despite the deficiencies in the health care delivery system of the Dominican Republic, a number of features of Dominican life stand out significantly as having a positive effect on the overall well-being of the people. Religion and spirituality are central in the daily lives of the people. Family life is highly valued, and it is evident that people genuinely care about each other. Youngsters are allowed a great deal of freedom because it is known that everyone watches out for all the children. Doors are not locked because crime in the community where we stayed is practically nonexistent. One afternoon early in our stay, as we were resting in the living room of our hostess' home, a group of children (much younger than anyone who lived in the house) entered through the back kitchen door, waltzed into the living room — greeting warmly us as they paraded through — and exited out the front door. We were amused by the feeling that we might as well have been sitting on a park bench in the middle of town. Then, we laughed when we discovered that the children lived down the street and were taking their regular shortcut, right through the house!

People were very open and friendly, not at all guarded. We were welcomed warmly everywhere we went. When our group gave public health talks on breast-feeding and nutrition in the small outlying communities, everyone in town would turn out, including village elders, mothers, fathers, teenage boys and girls, and, of course, the young children, all dressed in their "Sunday best." I was very impressed.

These strong impressions are serving me and my patients well, now that I have returned to the United States. The clientele of the small, rural hospital where I work includes a large Native American population, as well as a number of people from Asia and South America. Certainly, it is easier to approach people whose customs and values are unfamiliar to me with greater awareness of my own ethnocentrism and, hopefully, without erroneous, preconceived notions. My goal is to recognize the essential being of each of my patients while also supporting the individual color which they bring to the incredible mosaic of life.

Serendipitously, regarding others more purely, simply as fellow human beings, has a reciprocal health-enhancing benefit. The unique gifts within each individual become most clear as a person feels safe in expressing him or herself. This free expression was well-demonstrated by an elderly Dominican gentleman who graciously welcomed us into his home, thoughtfully offered us the small amount of food and beverage he had, and then enthusiastically persuaded his friends to serenade us with song.

"Consider yourselves as part of our family, although we have no money, no clean water, no jobs," he said. "Please don't forget us."

Certainly, I will remember. For his exceptional free-spirited generosity and unequivocal trust which so touched by heart, exemplifies the gift I received from this extraordinary, life-changing experience.