

## Views and Practice

# Has my goal been set indeed for those in need?

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Being a nurse counsellor of Integrated Treatment Centre in Special Preventive Programme, I aim at promoting the health of HIV infected patients and preventing HIV transmission in the community. Every time I interviewed the patients, I would spend much of the time asking about drug compliance, sexual behaviour and activities, physical complaints, and giving appropriate advice. To tell the truth, I always leave the psychosocial aspects last. However, this changed after one incident....

I still remember that one day a stylish young man came into the interview room and sat in front of me. After checking his identity, I opened the nursing record to assess his drug compliance. As usual, I would ask him about any missed doses. But I did not do so – I saw the sour expression on his face. He was on the verge of tears and looked at me in despair. At that moment, he opened his mouth and raised his voice, complaining that the nurse counsellors always asked what he did not care; but were never concerned about his worries and feelings which were first and foremost. This made me think again....

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I started to think over my unenviable position. Being a professional nurse means to reflect on nursing situations and promote the professional development of nursing care to the patient.<sup>1</sup> The mission of the professional nurse is to feel empathy with the patient's situation and to offer appropriate nursing care.<sup>1</sup> Moreover, if the patient senses the nurse's engagement and ability to understand and comfort him/her, he/she is actually receiving high quality care from the professional nurse.<sup>2</sup> Furthermore, the patient who is suffering from HIV infection usually has little knowledge about self-care and treatment of the disease. According to the theory of self-care deficit by Orem, providing the patient with self-care knowledge can help maintain his/her integrity and functioning. As a result, his/her personal development and well-being will carry on.<sup>3</sup>

I kept silent and let him ventilate his feelings – he had ended his relationship with his boyfriend owing to his HIV infection – he was in a state of great despair! He showed little knowledge about the nature of the disease. He thought it was right for other people to keep him at arm's length since he was facing death and his infection was dangerous. In fact, he had lost his self-esteem and initiative to prolong life, let alone stick to the drug regime. He did not know how to deal with the HIV infection that made him lose confidence in facing others. All of a sudden, his eyes filled with tears. He looked down without saying a word.

To show empathy, I gave him a therapeutic touch on the shoulder. In addition, I explained more

about HIV infection and self-care to him in order to gain his self-confidence. After establishing a good rapport with him, I could explore his own resources in coping with psychosocial problems. I also formulated a nursing plan for his needs and offered him advice on managing, coping and adapting to life with HIV infection. As he regained his confidence in life, he managed to live with HIV and continue Highly Active Anti-Retroviral Therapy (HAART). What I did was to empower him to self-care and gain a good quality of life as well as dropping the habit of unprotected sex. As a result, the risk of HIV transmission in the community may have been lowered.

Therefore, my goal in interviewing patients is not about satisfying my needs and completing

my mission. Rather, it is about fulfilling their basic needs and giving them clear and practical advice on managing psychosocial problems to help them live as normal a life as possible. I found that the right way to achieve my goal is to practise 'patient-oriented' care rather than 'task-oriented' care.

## References

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