FEATURE

THE ART AND LOVE OF CARING

A Letter to Environmental Services

By John Scherberger, BS, CHESP, REH



t's been said environmental services professionals interact with patients as much as nursing staff, and often times more so. Regardless of one's opinion, it's a fact both professions render a special kind of treatment and care. Keep in mind that treatment and care are not synonymous, yet both are absolutely essential to patients. Environmental services staff provide an essential patient service that should not be overlooked, but is most often not recognized or acknowledged, and usually discounted.

Working in a hospital can be a dangerous. There is the possibility of injury from sharps, exposure to infections, and contact with infectious waste. But there is one occupational hazard most people don't think of and that is the "hazard of caring." No personal protective equipment (PPE) is nor should be effective against this hazard.

Your job description calls for you to process (clean and disinfect) patient rooms, but your profession and humanity calls for you to do so much more. And I've seen it time, after time, after time. You may ask, "So much more, what?" It's called care.

Caring can injure your heart in a way you never thought possible; it can expose you to an infection that permeates and changes your whole being; caring puts you in contact with feelings you don't want touched; feelings you try to hide from others, and feelings that cause you to hurt.

Yet, isn't caring one of the cornerstones of good medicine? How can you care for patients and show you care about them without being injured, exposed, and hurt? The answer is, you can't. Sure, some people can tend to patients in a distant, detached way, but patients will see and sense it and they will not recover as they should.

Others will try to perform their duties with "masks" on so patients won't see the sadness or concern in their face. They will wear "gloves" in order not to touch the patient with their feelings and be touched by the patient's feelings. They will wear "gowns" to cover themselves so nothing connected with the patient will ever contact or affect them—concerned, crying spouses or families, pictures that show this person has a life outside of being a patient, and the tears and fears of the patient.

Should you, as an environmental services professional, try to remove your emotions and hang them up at the door when you enter the hospital? Should you try to isolate your emotions and feelings as you labor with patients in their recovery? Should you deny that you care and have feelings that are touched every day by the patients? The answers, of course, are *no*, *no*, *no*. You should rejoice in the fact that you have the capacity to care, "If you take the time to be what the patient so often needs—a quiet presence who offers no judgment, no opinions, and no diagnosis but only a friendly, welcoming smile—you can bring hope to the hopeless, strength to the weak, faith to the helpless, and a laugh to those who lost their reason for joy." that you do care by having emotions and feelings, and that you make a difference in patients' lives.

You have a unique opportunity to minister (from the Latin word ministro, a servant or attendant) to patients. You are not an authority figure; you can't tell a patient when to bathe, eat, or take their medication. You're often the guiet, downto-earth face of friendship, someone who can and does touch the spirit of a patient. If you take the time to be what the patient so often needs—a quiet presence who offers no judgment, no opinions, and no diagnosis but only a friendly, welcoming smile—you can bring hope to the hopeless, strength to the weak, faith to the helpless, and a laugh to those who lost their reason for joy.

Caring for people brings heartache, frustration, fears, and anxiety. It touches you where you live. On the other hand, the opportunity to make a difference brings you and your patients hope, joy, comfort, empowerment, peace, courage, faith, gratitude, and fulfillment. Does caring have hazards? Yes. Does caring have rewards? Yes. When a patient dies or when a medical intervention is not effective or prolongs a patient's death, you are affected by the hazards that come with caring.

Always remember treatment may be ineffective or futile, but caring is never ineffective or futile. So continue to care, continue to love, and continue to live. To stop caring is to stop living and loving. Without love, what's the point of living? Environmental services saves lives in more ways than anyone can imagine.



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