

*Editorial***RURAL NURSING IN AFRICA: ACTS OF MERCY**

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This summer provided a chance to go to Uganda to serve a community by providing screening and simple interventional care. Community service is not an unfamiliar experience of this acute care nurse because colleagues at The University of Alabama, church fellowship, and Greater Birmingham Nursing chapter are active in efforts to address healthcare disparity in the United States. However, this journey into international community needs engaged not only nursing expertise, but also misconceptions about global health needs. Working alongside nineteen colleagues was a moment to make a difference. Friends have asked “How were you changed by this time in another part of the world?” The following paragraphs are three stories that explain some of the paradigm shifts that occurred.

PRESENCE

The first day reminded this nurse of the time soloing off orientation on night shift in a progressive care unit. This author’s gut was tight, throat dry, anxiety filled all organ systems. There were about a hundred persons waiting for us to set up clinic. About forty were school age children who were singing and huddled under a tent set up as a respite from the equator’s sun. Looking out over the group and our eighteen suitcases of medical supplies, the emotions could be best described as hope and fear. Hope that our presence would be an act of mercy to the persons needing our help. Fear that without electricity, a laboratory, and running water our assessment skills might be inadequate to the task. Triage was the author’s assignment of service. Lesson one was not to be overwhelmed by the mass of persons in one’s visual field. By turning our back to the crowd, each person was an individual to be seen, heard, and resources dispensed. Presence is activity best accomplished one person to one care giver. Each of us in triage covered each other in affirmation. Our true collaboration was attention not to numbers, but to individuals.

DOES IT HURT?

As the day progressed tasks were accomplished with confidence. Vital signs were taken. Chief complaints recorded. Children sat close enough to pick the stickers off the table that signified that they had been triaged. One little girl who was about four had not been in contact with someone of Caucasian ethnicity prior to this time. She enjoyed running her fingers gently up and down my arm. She touched the numerous freckles and looked up with a puzzled expression. “Do they hurt?” she asked. Looking down at this small human who had only eaten but once today, had a home without a window or floor, no access to running water, or malaria preventive agents, and a caregiver who was HIV positive. Her question reminded this nurse that

compassion is an option for each person. It is a misconception that service is a unilateral experience. Gratitude and compassion are options no matter how much or little of the world's assets one has at any moment. Her question of compassion reminds this author that we should all care first; to see if the other person hurts.

“I WANT TO SEE”

Pronouncing the name of the young man in front of me was a great challenge with my Southern accent. With the help of a translator we were able to come to some compromise. He described me as white person who is round in a hat, a truly fitting description. Once we had gotten the name agreement and vital signs recorded, the next question was what assistance he desired at the clinic. He said “I want to see the chalk board”. Because there was no facility for custom fitting glasses all that we had were magnifying glasses. There were no distance vision glasses. His eyes were so hopeful and excited. Urban air pollution and cooking fires produced eye irritation near where he lived; knowing this I pondered what options could the clinic offer. Suddenly a thought occurred, perhaps my sunglasses and some lubricating eye drops could at least acknowledge his need and our concern. Taking the sunglasses off my face and placing them on his the explanation was given that they would not solve his problem but our team wanted to assist him in some way. He dropped to his knees to thank me. Getting down on my own knees to hug him, I lifted him up. I told him he was welcome but he was why I came over half way around the world. Not all days as a nurse does one believe that our work makes an impact. Past American Association of Critical Care Nurses president, Debbie Brinker (2006) said in an AACN news editorial that nurses should be able to bring our soul to work. At that moment, I did bring my soul with confidence into the work at hand. This encounter transformed my world view. A small act of mercy could change lives. It did mine.

REFERENCES

Brinker D. Engage and transform: Find the right match. President's Address. AACN News. 2006; 23: 2.