“Of Men and Machines”: Re-envisioning Human Connectedness as Expression of Caring in a Technological World*

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This paper explores three interlocking concepts and phenomenon: The realities of translational research and nursing, technological advancement as context of health care and human-connectedness as expression of caring.

Translational Research and Nursing

Woolf (2008) defines translational research as activities designed to transform ideas, insights, and discoveries generated through basic scientific inquiry and from clinical or population studies into effective and widely available clinical applications. The original model of translational research that of “bench to bedside” seems inappropriate to nursing primarily because the creation of nursing knowledge that not solely rely on three mentioned sources. Pearson et al in 2011 have identified the same problem. Further, they classify the gaps into three 1) gap between the need for knowledge and the discovery of that new knowledge, which focuses on clarifying the “what needs to be explored”; 2) gap between the discovery of new knowledge and the clinical application of that knowledge, which includes the mismatch between “discovery research” (theoretical, epidemiological, or “bench” style research) and “clinical research” (experimental trials including but not limited to drug trials); and lastly 3) gap between the clinical application and the development of routine clinical actions or policy .

This presentation will focus on the first two gaps presented and specifically explores the need for a contemporary nature, meaning and expression of caring in the context of a technologically advance world. Clarification of the nursing’s disciplinary focus as reflected in the roles nurses assume in the practice of their profession will delineate and clarify the contemporary nursing knowledge that needs to explored and rediscovered.

Technological advancement as context of health care

Technology and technological advancement is omnipresent. It is pervasive for it elevates the quality of human life in various ways. What health care professionals do this technological advancement/ tool represents? X-ray for rad tech, laboratories for med tech, cord clamp for midwives, TENS for physical therapist. Again, technology shapes how community see and appreciate our profession. Then what about for nurses? What technological innovations can be tagged as part of who we are? Nurses' cap? It is even not a technological advancement, a gadget or a tool of the trade. Syringe? Thermometer? IV line?. It is interesting to note that these things, this technological advancement, gadgets and tools formed the nurses' image in the mind of the community we serve.

The pervasiveness of the nurse's image is often reflected by how the media portray nurses. It seems that the most common "gadget" that is tagged as our own is the chart holder. Beside the cap, it is ever present in almost all the image of the nurse portrayed in the media. Does it symbolically mean that at this age and time, ordinary people does not have a clear understanding of the nurses' professional roles and responsibilities? Can it be deduced that it is this way for nurses themselves are not aware of their unique identities and cannot clearly situate their role among the health care team?

Nurses' work in environment encroached with technology, machines, processes and advancements, but people remember us with chart holders. The contemporary reality of the nurses' context is that of technology. It is the sacred space of the nurse where caring is realized. What happen along the way? Why was this image imprinted in the minds of the community people?

I remember numerous times when I was a student how my clinical instructor would reprimand me and my classmate when we would wear the stethoscope around our neck saying "You are not doctors". It is paradoxical to think that we were told not to act as doctors but we are trained to think like one. Remember how adept we become in pathophysiology, up to the cellular level, but cannot even define what is caring? How we master Freudian theory but cannot even explain the tenets of Roy's Adaptation model? How we can implicitly diagnose a disease but cannot muster to conceptualize appropriate nursing interventions, except the perhaps building rapport, checking vital sign or increasing fluid intake.

Nurse's seems to be educated to become medicine's little sister. An apparent contradiction of pedagogy, identity and professional role exist in the local context of nursing. It is more than plausible to think that instead of helping nurses propel their image as a unique profession, technology could instead replace nurse. Think of robots. But with this premise questions arises like

Can technology replace humans in dealing with and treating people? Can healing occur even without human interaction? Is being human necessary to treat people? Can robot show genuine presence and care as human?

Human-connectedness as expression of caring

For humans are social people and as such, they value the relationship they create with one another. It is no surprising to note that humanity rest on the ability of people to make sense of other people's worldview. Caring is but an extension of our humanness. To care is to be human. It is a pervasive character of humanity that allows it to exist. In the context of health care setting, it is an experience of communion, lived in a context where healing and suffering is intertwined realities of life.

Again, Caring is one of essential hallmark of the health care professions. Health, wellness, illness, caring, healing is but concepts present in ALL the health care sciences. Although the concept of caring is attributed by nurses to nursing, it is not solely and should not be the exclusive domain for nursing. All practitioner of human health science should be adept in the process of knowing and caring since we deal with human lives. If that is so, what will be the exclusive domain of nurses?

Newman, Sime, Corcoran-Perry (1991) delineate the disciplinary focus of nursing to the study of caring in the human health experience so as to have an identifying hallmark of the profession of nursing and a focus of the research in nursing. Their definition of still place caring as one of the essential concept of nursing but added emphasis on another co-equal concept and that is human health experience.

It seems that the pervasive belief that technology and caring is incongruent stems from the notion that caring is full of humanness while technology is devoid of it. One can argue that the more health care professionals become entangled with technological advancement, the more they become less caring. That the more nurses focuses on the electronic medical records, the less

they have time to be genuinely with the patient. This neither/or view compounds the dichotomy between technology and caring for presupposes that the two does not share any domain and thus competes for the time of the nurse.

TCCN proposes that technology can be used to know persons moment to moment. It is neither/or but a “thru” view and that both share the same domain (Locsin, 2005). It also emphasize that technology can either decrease or increase the gap between the nurse and the nursed. Although TCCN exist, there is still the prevailing notion of the incongruence of technology and caring. Could it be that a reason why technology is seen as devoid of caring is because it alienate the health care provider from the patient? That instead of promoting human connectedness, it is seen as a hindrance? That instead of a warm gentle touch from the nurse, a cold gloved hand will be felt by a dying patient? That instead of maintaining genuine eye contact during interview, the eyes is fixed on the digital monitor of the chart? That instead of hearing the cry of the heart of a mother who just lost its baby, we can only hear her heartbeat thru our stethoscope? That instead of being genuinely present at the moment of knowing the person, we are somewhere else. Within this seemingly paradoxical paradigm and within the discourse on the relationship of technology and caring, the unique concept of human connectedness, stemming from the creation of a shared sacred space between persons in the process of knowing, is missing.

Human connectedness, as a construct, is vaguely defined in the human health sciences. The description by Latimer (2013) that human connectedness occurs when an individual is actively engaged with another person, activity, object or environment, resulting in a sense of wellbeing points out that it is a basic human needs. Connectedness, as Hagerty et al (1993) stressed, promotes a sense of comfort, wellbeing and anxiety reduction. Could it be then the missing link that will foster the connection of technology and caring? Where do we situate human connectedness in this on-going discourse?

Technology, I proposed, should be seen as a facilitator of human connectedness, a mere tool, a means to an end, and that is caring. It is not the technical skill set that defines us as human health professionals but rather is our unique way of thinking, of knowing, of understanding. Technology only fills the gap of human connectedness and should not be seen as an alternative to human connectedness. Technologies augment our limitations as human and exponentially multiply the possibilities to connect and genuinely know patients as person. I proposed that

Human connectedness is an expression of caring, that its promotion if facilitated by technology will foster a sense of being and presence that enhance the feeling of oneness and togetherness.

Human connectedness should be then appreciated as involving a process of engaged genuine knowing of persons in a shared finite space. It enables persons to attain their full potentiality as human being thru the process of grounding, being and transcending. Grounding enables persons to understand their unique historicity, the actuality of person being part of history. Weaving enables persons to situate the totality of his being within the present context. Transcending enable persons to ascend beyond the situation they are now to attain fully their inherent potentialities. Human connectedness give emphasis that personhood is shared. That person is reflection of each other as they share the same core that is humanity. Therefore, we are substantially the same as the person we taken care of. That when health care professionals facilitate human connectedness, they themselves are grounded, become, and transcend. Shared personhood means that sense making, healing and comforting affects the dyad of the carer and the cared, that when we care for the person, we essentially care for ourselves and ultimately for humanity. With this view, caring for the patient becomes caring with the person.

Nurse's role, for me, is the promotion and maintenance of human connectedness as person transition along the wellness-unwellness continuum. Creating and maintaining human connectedness is caring and when done while the person/patient is transitioning, it then becomes the disciplinary hallmark of nursing. As nurses create human connectedness and realize caring in the process, they performed their triadic function of an empirical healer, comfort provider, and sense & meaning maker. With these, nurses do not maintain exclusivity for caring but rather focuses on one of its facet. Professionals in the human health science may position caring and human connectedness in a different light based on their disciplinary identity but the fact remains that it is an integral part in humanizing the view on technology and bridging the gap of technology and caring.

Human-connectedness, thru technology, enables the nurse to transcend the notion of boundaries and be one with the patient as person, from *Ako, siya* to *kami*. In this process attain a more humane and individualize care from *alaga* (caring for the body) to *kalinga* to *malasakit* (caring for the other as a being), transcending nurse's job as a calling. Human-connectedness, as an expression of caring, shift the paradigm from merely taking care of a human to taking care of humanity as an elucidation of our shared personhood. As such human-connectedness enables the

nurses to refocus their intent of caring from keeping the person alive to them being alive, inculcated with meanings of being and becoming.

Propositions and Insights

To following then are the propositions and insights from this presentation, to wit:

- Translational Research is integral in nursing knowledge development
- The contemporary nature of caring in a technological world is not given much attention
- Technology augment inherent human limitations to facilitate genuine connection with nurses and patient
- Human-Connectedness is a process of engaged genuine knowing persons and enable them to attain their full potential as humans
- Human-Connectedness situate nursing with technology as their sacred space
- Human-connectedness emphasize that personhood is shared, & caring for others is caring for oneself and for humanity

Much empirical research from our local setting have been done but what seems to be lacking is the connection on how these researches enhances nurse's unique body of knowledge. There is still a paucity of research, theoretical or philosophical, done to further connect this gap. Moreover, much exploration is still need in understanding the Filipino nurses' aspect of caring vis-à-vis human-connectedness. Questions like how do Filipino nurse create connection, the processes and effect of "hiya" in maintaining human-connectedness, the uniqueness of "malasakit", the peculiarities of "pagpapahiwatigan" in creating human-connectedness and the value and concept of pakikiramdam and pakikisama in relation to caring. These things are still unclear and if explored, may provide a unique understanding of the complexities of caring and of the nature of connections and persons.

As a closing message let me quote Afaf Meleis (2007), a prominent nursing theorist:

"I believe very strongly that, while knowledge is universal, the agent for developing knowledge must reflect the nature of the questions that are framed and driven by the different disciplines..."

References

- Agamanolis, S. (2005). New technologies for human connectedness. *Interactions*, 12(4), 33-37.
- Agamanolis S. (2006). Beyond Communication: Human Connectedness as a Research Agenda. In: Purcell P. (eds) *Networked Neighbourhoods*. Springer, London
- Latimer, S. L. (2013). Human connectedness in nursing: A case study. *Contemporary nurse*, 44(1), 45-46.
- Hagerty, B. M., Lynch-Sauer, J., Patusky, K. L., & Bouwsema, M. (1993). An emerging theory of human relatedness. *Image: The Journal of Nursing Scholarship*, 25(4), 291-296.
- Locsin, R. C. (2005). *Technological competency as caring in nursing: A model for practice*. Indianapolis: Sigma Theta Tau International.
- Meleis, A. I. (2007). *Theoretical nursing: development and progress (4th ed.)*. Philadelphia: Lipponcott.
- Melnechenko, K. L. (2003). To make a difference: Nursing presence. *Nursing Forum*, 38(2), 18-24.
- Newman, M., Sime, A. M., & Corcoran-Perry, S. (1999). The focus of the discipline of nursing. *Perspectives on philosophy of science in nursing*, 20-24.
- Pearson, A., Jordan, Z., & Munn, Z. (2012). Translational science and evidence-based healthcare: a clarification and reconceptualization of how knowledge is generated and used in healthcare. *Nursing research and practice*, 2012.
- Townsend, K. C., & McWhirter, B. T. (2005). Connectedness: A review of the literature with implications for counseling, assessment, and research. *Journal of Counseling & Development*, 83(2), 191-201.
- Ward, J., Cody, J., Schaal, M., & Hojat, M. (2012). The empathy enigma: an empirical study of decline in empathy among undergraduate nursing students. *Journal of Professional Nursing*, 28(1), 34-40.
- Woolf, S. H. (2008). The meaning of translational research and why it matters. *Jama*, 299(2), 211-213.