The caregiver chosen by god - dissertation example



The Caregiver Chosen by God

The Caregiver Chosen by God Introduction Languishing in sick bed is a condition which most individuals find considerable difficulty accepting. More often than not, it is either family members or health professionals who bear the brunt of their seeming hopelessness and desperation. Caregivers, in particular, often had to deal with an angry patient several times in the course of a typical workday. Being ordinary human beings, caregivers also feel tired, weary and abused. But their genuine passion to serve precludes them from just walking away, most especially when there is no one else to look for the wretched patient. The situation becomes even more complicated if the patient is the caregiver's own mother who had to deal not only with Alzheimer's disease and dementia but also with a leg amputation. Providing this special patient the continuum of care while ensuring the patient's comfort and dignity, is profoundly challenging and physically taxing (Lindstrom, et al., 2011). Further confounding the intricacy of caregiving for a family member is the negativity connoted in the workplace for employees who are honest enough to disclose their dual role as caregivers of the elderly at home, in terms of promotions and pay raises (Hendershott, 2000). This researcher had first hand experience in this regard, to the point of having lost both her job and her house. It is not unusual, though, that despite awareness of the travails of caregivers, many good-hearted individuals are being drawn towards this line of work. The essence of care giving dates back to biblical times as recounted by Jesus Christ, himself, in his parable of the good Samaritan (Luke 10: 29-37). The good Samaritan took care of a wounded man he passed by on the roadside, offered the man a place to stay

and commissioned someone to take care of the man until he is well. Thus, the kind of care given is holistic because it meets the needs of the whole person, immediate and future (Haugk and McKay, 1994; Thomas, 2002; Barry, 2007; Knutson, 2007; Thobaben, 2009). Such is the kind of caregiver any sick or disabled patient would want to have. The field of medicine generally acknowledges the significant role that a caregiver plays in the recovery of sick people. In fact, caregivers are considered as important influences in the outcome of a serious illness or disease. To do such unenviable feat, caregivers transform themselves into masters of the art of cheerleading, vis a vis the special competencies of an administrator, counselor, nurse, secretary, and sometimes, a chauffeur, rolled into one (Ball & Kagan, 2008). And caregivers are glad, willing and able to perform their varied roles because they find fulfillment in making a difference in the lives of individuals sidelined by physical affliction. Borrowing a tinge of eloquence from Ralph Waldo Emerson, caregiving is "one of the most beautiful compensations in life, that no man can sincerely try to help another without helping himself" (as cited in Chang, 2006, p. 328). Such is the caregiver chosen by God. The caregiver chosen by God is concerned not only with the physical well-being of his / her charge, but with every aspect of the patient's humanity. This includes, first and foremost, ministering towards spiritual guidance and renewal, emotional support, and cognitive skills to assist the patient in making informed decisions about his medication, treatment or diet. Needless to say, therefore, that a caregiver should be blessed with a willing spirit to go the distance when needed. In which case, caregivers should be sentient to the reality that their task-description may not be a simple "nine-five job" and that their involvement with patient care may

sometimes or oftentimes need to extend outside of the regular work schedule when situations necessitate (Ball & Kagan, 2008). While the foregoing may sound as though only Mother Theresa of Calcutta can live up to, and that they may be far too good to be true, it should always be remembered that "joy can be real only if people look upon their life as a service, and have a definite object in life outside themselves and their true happiness" (as cited in Chang, 2006, p. 328). This is the theme of the current study, which aims to examine and elucidate on the characteristics of the ideal caregiver for a family member, the caregiver chosen by God. References Ball, E. D. & Kagan, A. (2008). 100 questions & answers about leukemia (2nd ed.). Sudbury, MA: Jones & Bartlett Publishers. Barry, M. S. (2007). The art of caregiving: how to lend support and encouragement to those with cancer. Colorado Springs, CO. Chang, L. (Ed.). (2006). Wisdom for the soul: Five millennia of prescriptions for spiritual healing. Washington, DC: Gnosophia Publishers. Haugk, K. C. & McKay, W. J. (1994). Christian caregiving, a way of life: Leader's guide (new ed.). Minneapolis, MN: Augsburg Fortress. Hendershott, A. B. (2000). The reluctant caregivers: Learning to care for a loved one with Alzheimer's. Westport, CT: Bergin & Garvey. Knutson, L. D. (2007). Compassionate care-giving: practical help and spiritual encouragement. Bloomington, MN: Bethany House Publishers. Lindstrom, K. B., Bosch, R., Cohen, R. M., Fredericks, P., Hall, G. R., Harrington, P., ... Zaremba, H. (2011). The continuum of care. In G. A. Martin & M. N. Sabbagh (Eds.), Palliative care for advanced Alzheimer's and dementia: Guidelines and standards for evidence-based care (pp. 11-24). New York, NY: Springer Publishing. Thomas, G. (2002). Sacred pathways.

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