

DETERIORATION DUE TO LOW STAFFING

Custodial care allows basic care, which is body care, and includes feeding the patient. Custodial care does not allow for growth, in fact, it aids and abets deterioration.

Deterioration takes on many forms, follows a pattern and comes about because the nurse has a drudgery load and hasn't time to feed the ego of the individual. Deterioration creates dependency - dependency kills the identity - losing the identity robs the patient of his pride and dignity - with the loss of pride and dignity comes incontinence and mental deterioration.

This same drudgery load also aids and abets the use of restraints; because the nurse must perform her work load during her tour of duty, she cannot allow for interruptions. Patients are tied to their chairs because she knows they will come to harm without her watchful eye. Can you imagine this shattering experience to a valiant spirit - her pleas to go to the bathroom are ignored - she can hold on just so long - incontinence becomes a way of life, and with it countless hours of nursing care to prevent decubitus ulcers.

Inactivity robs muscles and bones of their strength. A patient who could have walked to the bathroom at one time, now might have to be lifted by two nurses, transported by wheelchair, lifted again by two nurses onto the toilet, with the same procedure going back because there wasn't time, in the very beginning, to allow her to maintain her already weakening strength.

The drudgery load also stifles the independent spirit. A slow diner cannot be allowed to take too long - so a regular diet often becomes minced, and to further save time the minced diet becomes osterized. To alleviate the time element the nurse resorts to feeding this individual.

Dressing is also treated this way; instead of taking time in teaching the patients toward independence or even maintaining their ability, it is much faster to pull down the dress and pull up the stockings. The acts of daily living are denied them instead of being encouraged.

Where is the time to develop interaction? Silence prevails - the nurse does not talk with the patient - the patient in turn does not talk with her roommates and eventually she speaks only with her fantom companion.

Not only is this rejected person usually deprived of her circle of friends and family, she is a recipient of the type of care which makes the facility an institution. She is actually in a worse condition than an inmate in a prison. I don't think prisoners today are tied to their chairs. Life in prison is not unlike the life of our patients in that the patient must conform to regimented order by an overriding authority.

Deterioration is an ugly thing - the mind regresses to madness - the body wastes and the patient becomes a "nameless, faceless recipient".

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