NOTES FOR A SPEECH BY

MRS. VERA McIVER, R.N. HOSPITAL SERVICES DIRECTOR

ST. MARY'S PRIORY HOSPITAL VICTORIA BRITISH COLUMBIA

AT CANADIAN NURSES ASSOCIATION CONVENTION EDMONTON ALBERTA

REHABILITATION OF THE GERIATRIC PATIENT JUNE 26 - 28, 1972

I will begin by reading a short play.

TITLE: CROSSROADS

ACT I - takes place in a general hospital

A brief rundown on the cast:

The leading lady is an 80 year old patient, with a diagnosis of senility.

A full compliment of professional disciplines and stand-ins.

A physician, who briefly appears to prescribe pills, plays a minor role.

An R.N. has a slightly more important role. She does all she can to meet the needs of the "total person", as she escorts the patient down the path to deterioration. At regular (but infrequent) intervals, she hastily appears to nurse the catheter or drop a pill into the patient's mouth. She makes a hurried retreat lest by chance she be detained by an idle remark which could lead her into conversation. Non-verbally, she has to convey "I have far more important things to do than to stand here wasting my time." The patient gets the message. Silence becomes a way of life.

The stand-in attends to all other needs of the patients.

The patient has a very difficult role. Without the help of make-up, she has to portray deterioration. Physically, she has to change from an upright position to a contracted, grotesque form. Mentally, she has to depict impairment which, finally, leads to vegetation.

To aid and abet the lead in her performance, the nurse draws on the supporting cast of professional disciplines, since they are experts in this field. The patient vies for the limelight, and constantly seeks recognition and approval from her supporting cast. She reacts to the slightest cue.

She notices a victory smile on the face of the nurse every time she conforms to her wishes, so, with this encouragement, the patient finally gives a superb performance. Dialogue is no longer necessary. Deterioration can be depicted by incessant babbling. Even her body, with the help of contractures, has shaped

5/16

itself into a pathetic fetal position. Her portrayal of vegetation is complete.

EPILOGUE:

The deterioration you witnessed can take place in any long-term patient when physical care receives priority and mental and social stimulation is neglected.

A PROLOGUE TO THE NEXT ACT:

At the end of Act I, the leading lady is in serious trouble, but there is a ray of hope. Ultimately, the patient will be deteriorated sufficiently to make her eligible for an extended care hospital. This is no mean fete - this, sometimes, takes 15 months of professional care.

ACT II

Scene I Entrance scene at an extended care hospital.

Two ambulance attendants deposit the leading lady into a chair. What a performance! Her face is haggard and pinched, devoid of make-up and her hair is unkempt. The scanty hospital gown does not hide the dangling catheter, in fact, she is shamefully exposed. Her knees are up under her chin as she is now able to rest her feet on the seat of the chair. She has neither stockings nor shoes on her feet. Two nurses have to assist her as she can only walk on her haunches. All the while she is being admitted she babbles incoherently.

Scene II - four months later. Recreational area of the extended care hospital. Leading lady walks upright unassisted. She is fully dressed in becoming attire. A lovely hair style frames a beautiful face, which radiates pride and happiness. If one listens carefully, one can, sometimes, hear a structured sentence. She is no longer disturbed by the degrading catheter. She now has bathroom privileges. Dignity has been restored.

This case is documented in our film, The Priory Method.

END

The care, in both facilities, involved the R.N. What brought about this quick recovery?

Philosophies, attitudes and the environments differ greatly. In the acute hospital, the patient is disrobed and clad in night attire to play the sick role. The aged person is viewed as a pesky problem. She moves so slowly, it takes forever to get her to the bathroom, so, she has an accident. The problem is solved with a catheter, the dry bed is so important. The patient is now pinned to her bed and side rails are raised, and, sometimes, she is left to regress to a fetal position. Obviously, Henderson's 14 components of basic nursing care were not followed as rehabilitative nursing would have prevented deformities and it would have given the nurse the guide lines by which she could have introduced psycho-social therapy.

A nurse is, sometimes, described as a "professional mother" and should she be guilty of maternal deprivation, the geriatric patient will suffer the same symptoms of a child who is the recipient of neglect. This neglect can be defined as not caring sufficiently. In a nurse, this lack of caring is not wilful nor intentional disregard for the patient. The nurse is unaware of the patient's total needs, or that her limited nursing knowledge is creating the problem. The nurse is not able to respond to the geriatric patient as she is preoccupied with task and technical preferences, because it is action and familiar to her. We have given psycho-social care lip service for 25 years, but, are still unable to put it into practice.

At the Priory, pride in self is encouraged, the person is dressed in [illegible] attire and she is expected to play the well role. We assume all have a potential for some recovery, we build on strengths. Our gains vary from a [illegible] smile to independence, and we delight in both. When this lady was admitted to us she was again embraced by her children, grandchildren and even, the dog was included. She was in the midst of community involvement. Many events in the community are brought to the Priory.

To instil pride, we have hair-dressers, wig and make up demonstrators introduce the latest styles and trends. It is all in fun - you should hear the giggling that goes on when one of the husbands joins the demonstration. Children bring their pets and show them off and are delighted with the Ohs and Ahs. We see puppies, chicks, bunnies, kittens and we have our own canary. This summer will, again, see the Priory Stampede. Performing horses are brought right on to the grounds. You should hear the ladies, "I like the bucking one", "Just like Calgary". Our staff lend the proper environment by coming in western attire. A Mutt Show has also been a lot of fun. Children from miles around bring their mutts, all receive prizes, and, can you imagine the pleasure of our ladies, when they are the judges and they dole out the prizes.

Our ladies have their own kitchenette. They, often, with the help of volunteers, make sandwiches and cookies for festive occasions; they can smell cooking again - talk about stimulating the senses!

We have wine and chees parties and gambling at the Casino. Incidently, introducing vices is a great stimulator. Our care is built on creativity and innovation.

I could list many more activities, but, time does not permit. Suffice it to say we do enjoy our work.

When we started our program five years ago, we had 95 ladies whose average age was 85. In the main, they had severe mental and physical deterioration as they had been recipients of custodial care. We started with our acute care concepts, but, soon recognized our shortcomings. Fortunately, we were in a position to do something about it.

We did not, and still do not, have an organized medical staff. We lack medical input as it relates to the needs of the aged. To date, we do not have sufficient medical and nursing specialists in gerontology.

Last year, our hospital became fully accredited, with a footnote which read: "This hospital should be utilized educationally as much as possible, as a

resource example to other units." Not only do nurses come to observe, the various disciplines also come, and, this has included university professors. Lectures are given to nursing baccalaureates and master students. Our film, The Priory Method, is constantly in demand, in fact, duplicates have been purchased to be used in the training of nursing students and inservice programs. What recognition we have received has been through nursing power.

In order to integrate all unstructured care into one meaningful plan of action, the R.N. has to understand the full scope of her own discipline. She, sometimes, becomes an extension from the other disciplines as roles often overlap. Dietitians, physio and occupational therapists are used on an educational consultative basis only. The nurse, therefore, becomes the hub from which coordinated care flows according to the needs of the patient.

To date, the patient's social needs have been neglected by the nurse, and she has a great and rewarding responsibility in this area.

The family unit has to be considered. Sometimes, reconciliation is necessary, or communications have long ceased and so the visitor can be uncomfortable. We find by involving them in our activities the family begin to enjoy themselves and look forward to coming. Often, they too, benefit from the encounter. Spouses, especially, require attention. They are made most welcome. The coffee pot is always on and we encourage them to feel at home. Should they have a wedding anniversary, dinner is served at a secluded table. We carry this a step further; the husbands aid us in our therapy. Six weeks ago, we admitted a 65 year old lady, a graduate nurse, who showed severe regression. Her only sign of emotion was a faint smile. Her husband is very devoted, and, naturally, felt depressed over his wife in this condition. We encouraged him to come often and take his wife out. This surprised him because this had not been the case at the former agency. We later explained reality orientation to him and requested him to assist us. He was delighted. Now, when he takes his wife car riding, he

tells her the time, date, and discusses the weather. He explains where they are going and stops along the way to pick flowers. He reads the headlines to her and discusses current events. He told me he has even started singing. This man now has a spring in his step and looks happy. He told me he had lost the ability to talk to his wife, and did not know how to anymore. Isn't that sad? Now his visits have purpose. The last time they left for an outing, his wife acted like a young girl; she was laughing and her eyes all but spoke. Our staff is waiting for the next step when she begins to talk.

The nurse must be concerned with the enrichment of human life just as much as she is saving it. If, for example, the nurse restricts visiting hours, she discourages a social mileau. The patient suffers from loneliness and boredom. She interprets the lack of visitors as a slight to her, so she loses her self esteem, she feels isolated and inadequate. Her self image is distorted, as respect for self declines. Indifference finally leads to deteriorated habits and appearance. Slowly, she conforms and divorces herself from her family and friends. Emotionally, the deprivation shows itself in grief, fear and guilt, and, eventually, the personality deteriorates and she reverts to infantile dependencies. Soon, the condition of the mind reflects itself in some disease. Physical symptoms appear. What do we do? We treat each symptom, one by one, with a pill or a treatment, but, all the pills in the world will not bring back self esteem or alleviate grief, fear, and guilt if negative attitudes remain. The nurse must become convinced that she has a role to play in providing a beneficial social environment. She must open the door - welcome visitors, encourage volunteers, and the participation with the community. The community will help her restore the patient to social health and the patient will lose her symptoms, one by one. Once we truly understand and become convinced of this, we can intelligently approach our long term patients and involve them in living experiences rather than in dying ones.

In considering the geriatric's environment, nurses must also become concerned about the physical facility as well. Frequently, many aspects of planning are wrong. The nurse is forced to work with hindsight; dependencies are created for the patients, eg. not enough toilets for effective toilet training, or elevator buttons too high and ramps too steep, creating dependencies for even a strong person in a wheelchair. Nurses must become vocal so that attention will be drawn to this needless waste of life, as well as, money.

Sometimes, the nurse has trouble getting back to the "bedside", in spite of, the fact administrative duties and non nursing functions have been reduced. Nursing and caring has been relegated to L.P.Ns and Aides. If the R.N. doesn't reverse the trend and at the same time, broaden her horizons, through learning and application to embrace the total needs concept, I am afraid she risks obsolescence. The nurses handiwork is under close scrutiny. We know that senility is not necessarily a sign of old age, it can be neglect. We must break with tradition, we can no longer cling to a system which destroys. Our profession is at stake. Nurses are at the crossroads.

A vague attachment does not suffice, we must become convinced and committed activists. We must make quality care for aged a reality. We must reflect our knowledge to add a brighter dimension to the lives of our patients, and the staff with whom we work.

Hopefully, the impact of this convention will be felt, as we face the formidable problems which will be ahead of us as we approach the year 2000. If we fail, in a few years from now , we shall have the opportunity of reaping our own harvest.

Mrs. Vera McIver, R.N
Hospital Services Director
St. Mary's Priory Hospital
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