

DESTRUCTION OF THE IDENTITY

The identity of a human being is his most coveted possession - it makes him stand out in his own unique way with his hopes, fears, loves, and aspirations. Rob him of this identity and you rob him of his birthright. Yet nurses so frequently practice this form of larceny in a most insidious way and, sad to say, are really not aware of it.

We can look at an entrance scene. Mr. Willing to Please is admitted with his identity radiating his personality. He is interested and curious about his new surroundings, but he brings with him his outside world, his business, his family and his interests. He may, in fact, still want to transact some of his business from the hospital. He enjoys going out in his wheelchair or on crutches. This venturesome spirit is out of step - he is a doer and a threat to the system.

This role play doesn't always suit the nurse. His curiosity creates too many questions. His most personal treasures clutter the environment. This offends the tidy soul of the immaculately starched nurse, so they are promptly relegated to the musty basement. This efficiency is frequently carried one step further whereb families, prior to admission, are instructed that personal possessions are a nuisance factor, and personal clothing promptly bundled and sent home. His business necessitates too many phone calls. She is worried about his jaunts outside lest he get hurt on her tour of duty and so his wings are clipped.

Mr. Willing to Please, by nature, wants to conform, to be in the in-crowd, so this valiant spirit realizes he is out of step and soon falls in line. He no longer ventures forth. He discontinues phoning and with this lack of communication with his buddies, friendships soon cease. Conversations become stilted and usually takes this form, "How are you today?", "Did you sleep well?", "Did your bowels move?", "Have you any pain?". He sees the nurse jump to attention when he admits to pain. She runs for the pills, shows concern, and by these kind ministrations he realizes that this is the role he must play in order to draw attention to himself. He now knows the role which will place him in the limelight and so, for this reward, he conforms and is finally called a "good patient".

But not all plays have a happy ending, and we are now ready for another act. He enjoys this last scene because he thinks he sees approval in the eyes of the nurse. Little does he know it is victory that he sees for the nurse knows he is subdued. Like all good actors, he wants more and more applause, and so starts hamming it up. Because of low staffing the nurse cannot give him this time and he is again thwarted and desperately confused, "Why doesn't it work now?"

He has lost his interests in the outside world and the new world inside has soured. He sits beside his bed day after day - confusion sets in and he loses

his appetite. Immobility robs him of his strength. Soon he cannot walk. Finally, he has to be lifted in and out of bed and has to be fed. Subconsciously he fights back the only way he can by becoming incontinent. We now have total regression.

The nurse who plays the lead is really the villain, because she succeeds in robbing this individual of his identity. She molds him into this lifeless, dependent being. One reason the nurse is the offender is that she has been forced through circumstances, which, due to limited staff, constantly necessitates that the patients conform in order that she may accomplish her work load. Another reason is that the architects have not planned the environment with this identity in mind. Nurses become extremely frustrated when due to lack of space "clutter" has to be moved every time she wants space for a tray or a basin. There is no place for beauty in the role of a nurse, even beautiful flowers are just another irritation because generally no suitable place is provided for them and so, human worth and dignity is sacrificed for orderly "spit and polish".

You cannot blame this attitude on economy only, it stems from the many years in which an extremely autocratic attitude permeated within the hospital in dealing with students and patients alike. As students you were taught skilled basic and therapeutic nursing to the body, but you were not to become involved with the patient in any other way. The doctors also protected their little empires. You could not answer the simplest questions. Should you be asked while giving a cough syrup, (between coughs) as to what it was, you were to say, "Ask your doctor". This was carried further - even as a graduate you were not allowed to make a positive statement. For example, you would chart "appears to be coughing", "it appears respirations have ceased". That is why nurses today are reluctant to make a positive statement.

You were not to ask any leading questions lest perhaps they expose some private aspect of the patient's life. By the same token you were not allowed to mention your own private life. In order not to rock the boat, serious conversations were out and you prattled along about the weather or some such non committal subject. This, of course, built the wall between you and the patient and the nurse became as sterile and cold as her starched, white uniform.

Fortunately, this no longer is the trend, but the philosophy is not dead, it still has a firm grip. Let each one of us light a candle in order to expose the negative vacuum in which we have worked for so many years. With the new light will come warmth and true interest, and our patients will no longer be robbed of their identity, rather they will flourish and be nurtured by the nurse.

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