

## THE CHALLENGE IN CHANGE

Since extended care commenced we find there are many problems which need to be clarified. Acute care thinking has been transplanted into an extended care setting. The sins of our predecessors have become ours, and though they can be hidden in an acute care setting they are laid bare in extended care. We are given the mentally and physically deteriorated patients who are the products of custodial care. What are we as a professional group of nurses going to do about it in British Columbia?

Extended care is new to the government, administrators, directors, and nurses. It still leaves many questions unanswered and it puts the onus on nurses. We must lay the ground work and make it truly good.

In order to do this it takes a searching mind. Every nurse connected with extended care must develop a thirst for knowledge, especially those in key positions. Because we are registered nurses doesn't mean we know it all, and that we can continue giving good faithful service for years without further studies. We can continue to give excellent nursing care - the patient is well fed, his bed hasn't a wrinkle and we pride ourselves that our nursing is so good our patient hasn't even a bed sore. However, we are ignorant of the fact that we have produced a "vegetable" in the name of good nursing.

You hear it said that nurses should have time to study on duty. A few fleeting moments amid interruptions is not nearly sufficient and the government does not budget for this type of learning. Nurses as a profession, have an obligation for self improvement, each one of us must forget materialistic thinking and ask ourselves - How can I contribute? Studies bring in fresh air, a new approach so glaring sometimes you wonder why you didn't see it years ago.

We read about sensory stimulation, psychosocial needs, the destruction of an identity, but do we really understand it? We think we do, and we want to, but it is a will o' the wisp, it keeps escaping us because we belong to the custodial era. Our thinking must be constantly reinforced through study or we can easily return to the functional method and conformity. Let us be honest - unless nursing the total needs becomes a way of life over a long period of time, there is the tendency to slip back to the familiar.

Studies bring in change. Change doesn't threaten a nurse who has an open mind, she welcomes it, hopefully it will bring an improvement. If you have an active facility you have change, and this should not be construed as inefficiency, but rather, as a healthy sign of growth. If an idea is a failure do not weep, but continue to search. As your learning increases so do your attitudes. What we take for granted suddenly becomes a gross error when we finally absorb the true meaning. For example, I mentioned sensory stimuli. I thought that I understood it, but I got the true meaning when I read a brief by Louis E. Gelwicks A.I.A., an architect who told about the complete deterioration of our healthy, strong, young men in Korea by brainwashing, ... "by confining them in a small room containing a single ceiling fixture, colorless, smooth walls, floor and ceiling, with straight, bare furniture (if any). In this architectural environment station a female attendant to observe him each

time he uses the equivalent of a bed pan". In a very short time these boys manifested all the symptoms of senility. I examined our facilities' environment and I saw a small room - beige - devoid of pictures - a ceiling fixture - furniture bare. Our stage is set. When this can happen to strong, young men, how can our aged escape? We, as nurses, must insist that our new structures will be conducive to mental growth instead of deterioration. We as a professional group must be heard. We can no longer sit back and let George do it. George just isn't there to do it for us. If we remain indifferent we can console ourselves with the fact that there will be a Sarah Gamp to care for us when we are ninety, and lest we come to harm, we, too, will be tied to our chairs.

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