

FAN THE FLAME

For many years, in an acute care setting, meeting the social and psysiological needs of a person was absent; even the physiological needs were neglected in that the rehabilitative aspects were not too well defined or initiated. This philosophy was shared by all disciplines. Doctors prescribed for symptoms - paramedical disciplines carried out the orders. The nurses' theme was mainly to care and serve and she leaned heavily on the serve. The yardstick of good nursing, in many cases, was the absence of decubiti - a folly based on the lack of insight into the person's total needs. Things to be done received the priority. Conformity was to be achieved in order to maintain efficiency.

Long term facilities were non-existent, but alas, when they came into being this acute care philosophy was transplanted into these units. The degenerating process created by the omissions and neglects of this sterile environment, both physical and therapeutic, soon became apparent and showed itself in human suffering, and misery. The effects of these neglects did not come to the fore in short term stays, as generally, the body was cured and the story had a happy ending -- not so in long term stays. This philosophy created depersonalization which followed a systematic pattern of destruction, the outcome of which was complete dependency, and social and psychological death. From this a nauseating, but descriptive, word "vegetable" was coined.

In the past, a registered nurse did not step up proudly to claim her association in the field of geriatrics and chronically ill, in fact, the sound of a cock could be heard. This is not surprising, her denials only echoed those of the medical, paramedical groups, and society at large. Her plight was understandable. She was ashamed of the deterioration she bore witness to; due to her drudgery load she could not raise herself or her profession above the 3 B environment - the body, the bed and the bottom. So the myth that this deterioration was inevitable perpetuated itself until it was considered a normal way of life. Fortunately,

this myth is dying, but it is a lingering death. The nurse still clings to the glamorous image of the operating room or intensive care unit. Here, she sees herself as having the real challenge. We in extended care, who have had experience in these fields, know the difference.

In an acute care setting mopping the doctor's brow, changing a dressing, checking a monitor or saving a life by defibrillation, well established procedures are followed, it all has been done before over and over again and has become routine. She has the support of the doctor and his colleagues, who specialize in many fields, and the support of nursing service and a teaching faculty, so she feels confident in her work. In long term facilities you have an entirely different picture. The onus is on the nurse. Generally, support of the hospital milieu is lacking. The patient, in all likelihood, will have some form of mental and/or physical impairment, he must be motivated and remotivated toward a higher level of performance. What procedure will you use on this individual to enhance his ego sufficiently to make the effort?

This is the challenge. So that patients can receive top priority care, nurses must embrace a broad spectrum which will include the physiological, social and psychological needs. Their duties will overlap with the physiotherapist, occupational therapist, the social workers, and dietitians. All must work together as a team. When this is not possible, the nurse must give leadership in these areas and assume these roles within her limitations. A nurse in an extended care unit must develop a vast knowledge in all these areas and when she applies this to her work she will find that deterioration can be reversed, ameliorated, or prevented.

In order to cope with this deterioration in a realistic way, the nurse must come to grips with the social and psychological needs and decide that this must receive

priority in her studies, research and application. She already understands the physiological needs so she has a tendency to place the emphasis here. She clings to routines and procedures, so familiar and comfortable. Human nature being what it is you find her busying herself with this aspect hoping the other will go away. It won't go away - there is a crying need to change our concept and embrace the total person. Will you help nursing reach maturity in this area or will you show resistance by finding sanctuary in the chart room?

Fortunately, much interest is being generated from the student nurse to the nurse with her doctorate. The fire has been kindled. Step up proudly and fan the flame.

Mrs. Vera McIver, R. N.,
Director of Hospital Services,
St. Mary's Priory Hospital,
Victoria, British Columbia.
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4/12