

Are Attitudes Important in Nursing ?

THE professional nurse in the hospital and in the community, as a teacher in a school of nursing and as a leader in nursing is faced with problems that concern the future of nursing. These problems are of concern to all of us. Are we willing to change the attitudes, customs and habits which we have practised for such a long time, but which are not necessarily good for the patient.

Much has been written on the subject of nurse-patient relationships, dynamic patient care, patient-centred nursing, individualized patient care and so forth. There are many excellent suggestions as to achieve the goal of better care of patients in institutions, clinics and homes, but in the practice of nursing something seems to be lacking. In a rapidly changing world, changes also need to be made in nursing and nursing education. The burning question is what changes ought to be made and how to make them ?

The Patient's Concept of Nursing

Nursing means working with people, human beings with the same basic needs as we all have : to belong, to be understood, to feel secure, to be respected, to be recognized, to have dignity. The patient comes from his home, where he makes the decisions, to a hospital, where doctors and nurses decide for him, often without consulting him. Their technical skill may be excellent, the equipment outstanding and the treatment given beyond his expectations. But is this enough for the patient ? Several studies reveal that the patient values a human approach more than technical skill.

One patient, an old lady who was partially blind and had diabetic ulcers and a colostomy, had been to hospital several times but could not stand the impersonal treatment. "I was just another

body," she told the public health nurse, who came to her home to help her. Nursing value lies as much in *how* things are done with the patient as in *what* is done, and how this fits into the pattern of the patient's need. This patient lived alone and needed somebody to talk to more than she felt the need for a bath. She wanted her dressings done in a hurry so that "then may be you will have time to sit with me over a cup of tea...and talk. You are my bridge to life."

By MISS R. ASK

Another patient, chief doctor in a mental hospital, was suddenly taken ill and brought to a ward. His disease, a heart infarction, did not allow him to take care of himself. He became completely dependent on the ward personnel. He knew the severity of his disease and that his life was in danger. This, however, did not disturb him as much as the feeling of being impersonally handled, of losing his identity, of being a "heart failure," not "a person". The sudden change from a very hectic life to long days of emptiness increased his feeling of being a "nobody."

A relative of a dying patient said that she could not understand why nurses spent so much time at their desks and so little time with their patients. And in an interview, published in "Hospital Management", the person interviewed talks about depersonalized patients, who are considered impertinent when they ask reasonable questions, and thinks that attitudes still leave a great deal to be desired. People working in hospitals need to be constantly reminded that they are dealing with people.

A cold, impersonal climate does not improve the state of a sick and anxious patient, nor does it make him feel respected and secure.

There are certainly doctors, nurses and other members of the staff who meet the expectations of the patient and give him interested and understanding support as well as technical skill. But many patients are left bewildered in the great activity of the hospital, which makes them feel useless and may accentuate their loneliness.

The "How" That Counts

There may indeed be days for any nurse when her time is extremely limited. It is then that the *how* shows her quality : the tone of her voice, the skilled, gentle hands, the ability to give the patient what he needs just then, within the limited time, both of human contact and technical care. A positive nurse-patient relationship can be established regardless of the circumstances. But it is the nurse who must initiate this relationship. She must and can create the right atmosphere. Her attitude is most important.

Nursing care in its modern sense originated with Florence Nightingale. She showed statistically, during the Crimean war, that nursing care lowered the mortality among soldiers, and she also showed that personal interest meant just as much to the patient as clean bed, food and drink, care of his body and medical treatment. A strict military discipline was developed during this time, and several symbols and values are still prevalent in nursing in many parts of the world today : the uniform, the living-in system, obedience to authority, routine and order.

But I cannot help thinking that we often hide behind routine and order, instead of engaging ourselves in the uses and interests of the human being depending on our care. And I think that it is here that the conflict in the student nurse begins. She soon finds out that she is in the ward to please the doctor, the instructor, the head nurse—not the patient.

Many students change during their training. I have often watched how a student, who, in

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