

Compulsory Geriatric Nursing?

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'Basically a nurse must know how to nurse a patient back to health by using her own highly developed skills of gaining the patient's confidence, and carrying out procedures in an efficient kindly manner that breeds confidence in her patient'

The Branches Standing Committee of the Royal College of Nursing in November voted in favour of making geriatric nursing a compulsory subject in the syllabus for general training. There was, however, considerable opposition to this—83 voted for and 74 against.

What of this opposition? Why so large a vote against this resolution?

The opponents say that the syllabus is as full as it can be now. In these days of acute medicine, it is not unusual to see many old folks as patients in acute wards. Surely, it is said, the nurse obtains all the experience she needs with these patients (in fact the sister of an acute ward may think quietly to herself that there are too many in the ward sometimes). Another objection is that the nurse would be better off doing three months' obstetric nursing, thus qualifying for a reduction period when going on to do the Part 1 of the CMB Certificate.

Yet another comment is that geriatric hospitals are ex-workhouses. (Many local people think so as well.) Buildings and equipment are old and poor. Staff ratios hardly exist, and a poor standard of nursing results. The only good thing that could come out of secondment is that the extra pair of hands would be a gift from heaven.

One could go on and on stating very genuine reasons why the student nurse should not waste her time in these wards when there is already so much to learn in the three years.

Is it possible that there is any advantage at all in seconding student nurses to this field of nursing?

Definition of Geriatrics

It is rather strange that the medical profession has for some time recognized the practice of geriatric medicine as a

specialty in the form of gerontology (the scientific study of the processes of growing old), practised by geriatric consultants, while the nursing profession as a whole hardly recognizes it at all. The average trained and student nurse does not fully understand the scope and work of the geriatric hospital.

Great confusion exists in nurses' minds when words like chronic sick and geriatrics are mentioned. Let it be stated once and for all, geriatrics is not chronic sick nursing. It has never been and never will be in the future.

Simply, the term geriatrics means *the whole medical, nursing and social care of persons of pensionable age.*

Confusing the Definition

Working in a specialized geriatric hospital, I have unfortunately seen the results of nursing the elderly patient in an acute ward.

Little things happen in an acute ward which allow the patient to deteriorate unnoticed. To give an example. Nurses are taught that when taking a temperature and pulse, the patient is asked if he has had a bowel action that day. The reaction of the elderly patient is to say yes. Now he may believe that he has had an action but what could have happened was this. On the way to the lavatory he was met by the paper man. Having purchased the paper he turned about (believing he had already visited the toilet) and returned to the ward. He is old, his memory has deteriorated, and he forgets. Without training, how does the nurse know that the patient's answer cannot be relied on? The result for the patient is that he gets confused, dehydrated and his general condition deteriorates.

Let there be no mistake. This patient has received good, kind, efficient general

care—but not specialized geriatric care which is so important.

How many students are taught to take the elderly patient to the lavatory at regular intervals throughout the day and observe the results? Would they have time in a busy acute ward?

A few questions will make the picture more plain.

- (1) With only one ripple bed in the ward, which patient receives first consideration, the young, acutely ill, thin patient or the elderly patient with a low protein intake?
- (2) Is it the standard practice of the ward to take all the temperatures of elderly patients with a low-reading thermometer?
- (3) Is the cause of the elderly patient's urinary incontinence sought for, or is the condition tolerated?
- (4) Are nurses taught to observe critically the position of the elderly patient in bed and to report any change immediately?
- (5) Are elderly patients treated at an entirely different pace from the younger people in the same ward?
- (6) Are all the resources of the ward brought to bear to rehabilitate the elderly patient, while at the same time the younger acutely ill patient is not neglected?
- (7) Are meal-times prolonged so that the elderly handicapped patients receive an adequate diet?
- (8) Does the geriatric consultant visit twice a week, and his registrar and senior house officer in between?
- (9) Does the nurse know the social background of the patient and problems facing him when he returns home?
- (10) Does the nurse meet and discuss the care of the old person with the health visitor for the aged, medical social

worker and welfare officer? Does she know how to contact these people if the relatives are anxious on a particular point?

These and many other questions could be asked; but their purpose is to indicate that the running and pace of a specialized geriatric ward is very different from that of an acute ward.

The answers to some of the above questions will show in what way the geriatric nurse is a specialist.

For instance, why a low-reading thermometer? The geriatric nurse knows that in the winter months the temperature mechanism in the elderly patient does not always function properly, and while at one time of day the temperature is normal, at another it could drop to 88°F. or lower. Hypothermia kills numbers of old people every year and in many, I would venture to say, the cause is not found.

It is not realized in many acute wards that the slightest change in the patient's position in bed could mean a lot to the geriatric consultant. The ward sister will say to the doctor that a patient is not sitting up so well today. On examination an established pneumonia is detected. Please observe there is no raised temperature, no bounding pulse. Yet leave this observation unreported for that day and it would be too late to do anything for him.

To the nurse in the acute ward, incontinence is a thing to be dreaded. To the geriatric nurse it is failure to detect some defect that is causing the inconti-

nence. Rectal examination may well reveal a blocked bowel.

To relate a personal experience. When a new geriatric hospital was opened this year, 18 women were admitted to a ward in three days. Twelve were incontinent of urine. Some of these were also incontinent of faeces. All the 12 were introverted, haggard, worn-out wrecks of humanity. After two weeks of intensive specialized care and treatment, only one woman remained incontinent; she was later transferred to a psychiatric hospital for further treatment. All the other patients were transformed into clean, respectable, sweet old ladies. All these patients had come from the acute wards of teaching and non-teaching hospitals. No patient had received poor care, but all had been victims of lack of specialized care.

But still the question remains. Why should three months' geriatric experience benefit the student nurse more than any other form of specialized nursing?

Advantages

No other branch of nursing offers such intensive basic nursing care. Although it is right and proper for nurses to know and understand complicated procedures in the field of surgery, basically a nurse must know how to nurse a patient back to health by using her own highly developed skills of gaining the patient's confidence and carrying out procedures in an efficient kindly manner that breeds confidence in her patient. From ex-

perience I have found that, although nurses find this fairly easy in acute wards, they find greater difficulty in nursing the elderly because of the lack of response. The patient is capable of reaction, but it needs skilled nursing to bring it out.

A nurse in a good geriatric unit will probably see more 'whole-patient' care than in any other ward in the hospital; not only does she see the hospital care but also the social work which is essential if the patient is to lead a successful life outside.

Warnings

Unfortunately, the nurse in the teaching hospital will be unable to develop these particular skills in her own hospital, as there are only 311 geriatric beds in these hospitals in England and Wales. Over 200 of these are in London. This means that students would have to be seconded to other hospitals.

There are, of course, hospitals with geriatric beds whose patient/staff ratio is worst in these wards. Before allowing beds of this kind to be used for student nurse training, the General Nursing Council should lay down basic staff ratios. Too many hospital authorities still forbid an adequate number of staff to care for the old people and the result is poor standards of care.

A warning to the training school matron: when a student nurse is seconded to a good geriatric hospital, which is very active and possesses good staff ratios, she may wish to stay.