

Center for Creative Nursing

The following is excerpted from an address by Lucile Petry Leone at the dedication of the Loeb Center for Nursing and Rehabilitation, Montefiore Hospital, New York City, on November 29, 1962. Mrs. Leone is chief nurse officer of the Public Health Service.

IN the Loeb Center for Nursing and Rehabilitation, which we dedicate today, the stage of illness between the successful passing through crisis and the return to functioning at a level optimum for each patient is the object of concern and action.

When a patient is acutely ill, he gives himself over to a physician, an expert who can cope with the problem that has overwhelmed him. As he begins to improve, he begins to assume command of himself. Guidance of his post-illness command of himself into health-producing channels is one of his major needs during his continued recovery. He must gain understanding of himself and of the goals of the therapy. He must devote his emotional and physical energies to the achievement of restoration.

Personal Guidance to Recovery

The patient and his family need to know that his needs are sensitively perceived and understood by those who are guiding him during his period of recovery. They must know that these people care deeply about the outcome. This understanding and caring must be highly specific to him, not merely empty generalizations about what is good for everybody who has suffered similar ill health. Of this he must be fully convinced.

A patient needs to understand the nature of his own commitment to his health. He needs to move toward a commitment which becomes facile and almost automatic, not one which becomes his sole preoccupation. Only then can he achieve freedom to be creative in all his relationships in working, playing, loving, and helping others. Illness successfully coped with can add to ego strength.

A patient who is being aided in his restoration

needs gentleness and firmness from those around him—gentleness and firmness mixed according to the right formula for him at any given moment. He needs intellectual stimulation gauged to his current capacity. He needs release from boredom which wastes and sometimes destroys his powers, sometimes even his power to engage in his restoration. He needs the joy that comes from a flow of ideas through his mind.

A patient needs to be aware of what progress he is making and to have someone share his discouragement and his joy.

A patient needs to know what each day in the center is to be like and to see it whole in retrospect. He must not feel like a thing whose movements someone schedules without consulting him. He needs to make choices and sometimes to have them made for him. He needs to possess things of his own—clothes, books, tools, prized articles. He needs rest, not apathy. He needs balance between tension and relaxation. He needs praise but not empty meaningless reassurance. He needs a listener for inconsequential conversations as well as for the communication of his deeper thoughts. He needs skilled listening-to.

The Unifying Element

The patient needs special services of physical and occupational and recreational therapists. To bring to bear on his recovery the services to meet all his needs, a patient needs one primary person to turn to, one principal therapist who is concerned with management of his care and progress. This bond cannot be a segmental one which would leave to the patient himself the task of pulling together the fractions of care into a meaningful whole. This principal therapist, a nurse in this center, is the unifying element as well as the person who assesses patient needs, designs the major portion of therapy (nursing care), and administers the therapy to the patient. For the kind of patient for whom the center is designed, the patient who is part way between acute illness and recovery, medical care is essential but nursing

care is central. His major needs are for support and nurturing and understanding of his own progress and his part in it. These are tasks for nursing.

To make a patient's restoration faster, more thorough, more complete, and more lasting is the purpose of the center. To this end all the therapeutic skills of nursing are devoted.

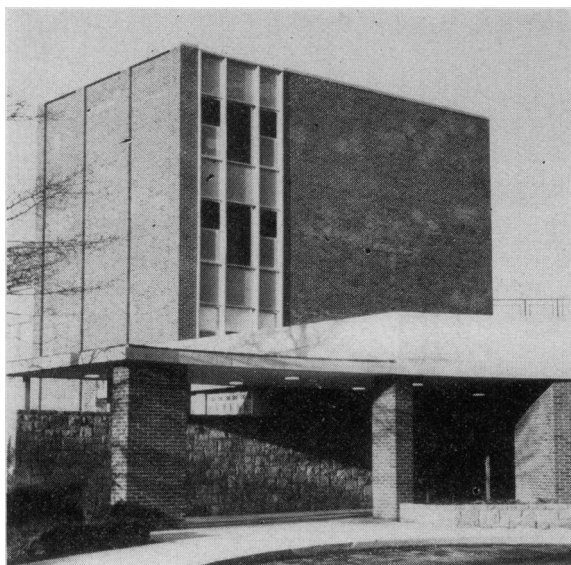
I would guess that more than nine-tenths of the patients in this country do not receive patient-centered care, which we have been describing here, but rather procedure-centered care. It is assembly line care, fragmented like Humpty Dumpty and seldom seen in its wholeness by patients. To the patient such care may seem to be without meaning and without a commitment which he can share. Such care misses its mark, falls far short of the potential that nursing has for therapeutic effect. I believe that many of the values demonstrated here, a halfway house, can be imitated in hospitals for acutely ill patients. It is for this reason that I am confident that the results here will be described and communicated.

Creating New Patterns of Care

Students of nursing, whether undergraduate or graduate, will find opportunity for creative application of social and behavioral sciences as well as biomedical sciences in the care they learn to give in this new type of facility.

Administration of the center will create new patterns based upon patient-by-patient planning. The unit of production in this plant will be each single patient's progressive recovery. Planning and execution will be in terms of individual patients. The principle of integrating all services—nursing, medical, physical, recreational, and spiritual therapies—and focusing these on each patient and then designing organization and guiding personnel for achievement of this purpose could well revolutionize administration of patient care facilities. Add one more concept which rules this center, the integration of these services through nursing, with nursing as the final effector, and you can see why my excitement for the effect of this model on administration runs high.

In a situation such as this, a natural accompaniment to all other action is research in the



Loeb Center for Nursing and Rehabilitation at Montefiore Hospital

restorative process. Research in nursing methods to elicit positive responses from patients, measurements of the effectiveness of nursing care, studies of ways of administering services, studies in depth of patient needs, the potential of patients for rehabilitation and the means of helping them reach it—all these will contribute to the pool of knowledge that will help all health workers, particularly nurses, make their care of patients more nearly hit its mark.

There is opportunity to demonstrate improved patterns of care on still another front by giving continuity to each patient's care as he may need to move from Montefiore to Loeb to the home care program or to attendance at the outpatient department or into Loeb and in and out of other institutions. Record systems and planned consultation facilitate communication of information as patients move. What one person learns about a patient is not lost to others who must start to care for him in another part of the constellation of services.

It was not research, demonstration, or education, however, that motivated donors to support the establishment of this center. It was the nursing and rehabilitation of patients who will find hope when they come to Loeb Center and find new capacity for living when they leave.