LETTERS
To the Editor

Describing Patient Populations

To the Editor:

In my view, the Journal of Psychosocial Nursing and Mental Health Services offers thoughtful, timely articles that cover a range of important topics. I am writing to make an observation and offer a suggestion regarding the language used to describe particular populations and client groups. My concern is not limited to this journal, although addressing it here would be a start toward raising the issue in other sources, too.

Specifically, some articles typically use the terms “the elderly,” “the homeless,” and “the mentally ill.” The use of these terms tends to objectify people into faceless groups and increases social distance. Instead, I believe we should use such terms as “older people” or “people who are homeless” (this title was used in an article in the July 1993 issue entitled “Music: Making the Connection With Persons Who Are Homeless”).

The point is that we are talking about people first, and their conditions or illnesses second. I look forward to continuing to read the Journal for its excellent and worthwhile articles.

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Teaching Medication Compliance

To the Editor:


Because the primary responsibility of teaching patients about medication falls on the psychiatric nurse, we are empowered to teach and lead our clients to a fuller and more productive way of living through medication compliance. However, two important points were not addressed: the timing of the intervention provided by the nurse and the readiness of the patient to learn.

Benner (1984) noted that timing is capturing a patient’s readiness to learn. Forman’s article briefly discussed medication teaching groups. The benefits of these groups clearly have been overlooked. Patients have learned that they are not alone in dealing with their fears, beliefs, or experiences of medication side effects. By allowing and encouraging patient participation, fallacies have been identified and discussed and timing and readiness have been nurtured.

Nurses typically teach their patients about medication compliance and follow-up care on the day of discharge. This time is not necessarily consistent with patient readiness; yet this is when patients are taught this important information.

A patient’s readiness must be examined prior to the dispensation of knowledge. A nonjudgmental forum must be provided for patients and their peers to discuss their concerns.

References

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Nursing Theories Outdated

To the Editor:

I certainly agree with Bill Reynolds’s editorial that appeared in the December issue [J Psycho Soc Nurs Ment Health Serv 1993; 31(12):5], which encouraged nursing theorists to “address the issue of clinical and practical utility in their publications.” However, I also believe that making such fond wishes misses the main point about nursing theories—that they were never designed to have any clinical or practical use. Instead, they were created during a period when the nursing profession was energetically seeking academic credibility and acceptance in universities and political power vis-à-vis other health professions.

Following the centuries-old tradition of guilds and professions, nursing aimed to achieve these goals by developing a new “language” in the form of words, theories, and ideas that belonged only to it, and which only nursing could legitimately use (ie, its own exclusive “body of knowledge”). The theories were developed with this historical agenda as the background; the notion that their purpose is to help an actual nurse with an actual patient is a charming rationalization that makes everyone feel good about them.

As we know, these theories became the centerpiece of nursing education, and every nurse (as a matter of political correctness) declared herself a devoted disciple of one theorist. Not to do so was heresy. Nursing theories became tenets of faith for the profession.

Many zealous adherents tried to institute their chosen models into clinical work in hospitals. These efforts invariably collapsed under a mass of excruciating paperwork, but not before exhausting nurses’ reserves of energy, enthusiasm, and morale.

Some academic (and administrative) nurses will forever cling to these “sacred cows,” but the rest of us do not need to feel embarrassed for seeing these nursing theories for what they are—intellectually substandard relics from a specific period in nursing’s professional maturing, which was necessary to go through but which we are now beyond.

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