



Australian Journal of Nursing Research

Short Commentary

Rancour P. Aus J Nursing Res AJNR-100005

Taking the Long View

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Citation: Rancour P (2020) Taking the Long View. Aus J Nursing Res AJNR-100005

Received date: 11 May, 2020; **Accepted date:** 15 May, 2020; **Published date:** 22 May, 2020

As a practicing mental health clinical nurse specialist, I used to lament that I had chosen lost causes for my clinical specialties. I seemed doomed to adopt fields and movements that were condemned to fail or at least be consigned to the dustbin of irrelevancy. As the oak tree of the seedling I once was, I'd like to caution you that I have since discovered those musings to have been premature. And if on some days you feel discouraged in your own work, so too might yours be as well.

Now "retired," (Nurses don't retire. we just find novel ways of providing service.), I graduated with my Bachelor's Degree in 1973-a time when nurses did all the respiratory, massage, a good deal of the physical therapy, and many other therapies in addition to providing nursing care. When I graduated with my Master's degree in 1978, I was only three years away from opening a private practice, which continues to this day. I often think I devoted the 1970's to learning about conventional mental health care, the 1980's learning about complementary and integrative therapies, the 1990's learning about end of life care, and the early 2000's learning about wellness. At the time I was immersed in each of these focused areas of study in efforts to promote them, it truly felt like a futile proposition to move that Sysphean boulder up the side of the cultural mountain.

During the 1980's, there was an intense resistance by the patriarchal medical establishment against holistic health practices, which for good measure, were being championed by nurses (primarily women). What an uphill battle! But over the last few decades, the public has become disillusioned with medically aggressive therapies, which have taken the form of invasive procedures, many of which have ultimately failed (think coronary arterial stents, the proliferation of back surgeries, the surge of scheduled C-sections, etc.) and risky drugs (think opioids, hormone replacement therapy, etc.); all this despite the battle cry of evidence-based medicine (which tended not to be so evidence-based, after all).

One only need listen to the direct-to-consumer marketing now proliferating on TV listing the numerous dire effects of such treatments so quickly you can hardly keep up with them and do you notice that one of the adverse effects mentioned almost every time is death? Is it any wonder that twenty years ago, the Institute of Medicine (now the National Academy of Medicine), identified the American health care system as the third largest cause of mortality in the US?

Now I am not saying that these drugs and procedures don't have their place. But I am saying that for many people, they should not be the first line of treatment, but instead be tapped when other options fail. Not only do patients now expect holistic therapies ("You don't offer acupuncture here?"), but also in addition, incoming health care professional students are changing curricula in many programs, asking to be prepared to provide or at least become knowledgeable about holistic services for which patients are asking. This has resulted in the development of the integrative therapy field. This development diverges sharply from the chief of staff at an academic medical center whom I had approached back in the '90's for support for a research project using massage therapy to treat cancer pain: "Massage therapists? Are we getting them from Madame Sophie's massage parlor?"

An equal amount of resistance against the use of hospice care was also common back then. One cancer hospital that opened a hospice program was forced to close it after three years, as physicians were reluctant to refer patients to it, and instead actively offered futile cancer treatments up until the end of life. Recently, I read that for the first time in the US, more people at end of life are receiving care with hospice support than are not. All those efforts to educate not only patients, but also medical and nursing students to alternatives were not a waste of time after all, but were indeed laying the foundation of a major shift in how we approach death and dying. Now, even young residents are offering hospice care

as a legitimate option to patients and their families when curative treatment is no longer viable.

In the first decade of the twenty-first century, the idea of wellness as the antidote to a sickness care system seemed remote. Preventing people from getting broken in the first place meant that people had to own their own responsibility to move more and eat nutritiously. When I took on the vending program at a major mid-west university by suggesting that the vending machines stock healthier alternatives, you would have thought that I had detonated a bomb. I even received unflattering emails from staff in the biomedical research program (people who should have known better). Now, despite the proliferation of the same old products laced with poisonous amounts of sugar, salt, fats and chemicals, there is a growing awareness that what people are putting into their mouths and how they move are key to staying well in the first place. There

is a growing realization that indeed, while genetics may load the gun, it is lifestyle choices that pull the trigger.

All this is by way of encouraging you, my brothers and sisters. If there are days when as you labor in the fields you find yourself wondering if anything that you are doing matters or makes a difference at all, remember to take the long view. This is especially even more true during this Plague Year. Some day, your oak tree self will be able to look back and see that despite the challenges, the resistance, the slights, and yes, even the unpleasant emails, your work will have contributed a thread to the tapestry that is pushing the health care envelope forward. Whether you are influencing patients, families, health care professionals or systems, never underestimate the power of your service. We may sometimes feel invisible, but we are mighty.