

RÉSUMÉ

Du schème temporel et de ses implications en soins infirmiers

L'importance de l'expérience subjective du passage du temps a reçu peu d'attention en sciences infirmières dans le passé. Pour faciliter l'administration des soins infirmiers, il faudra tenir compte du schème temporel du client et de l'infirmier, puisque toutes nos expériences intellectuelles, affectives et perceptuelles sont intimement liées au temps. Il ne fait pas de doute que l'orientation dans le temps soit nécessaire pour permettre à une personne d'agir de façon cohérente, comme le démontre bien la vogue des "psychothérapies axées sur la réalité". L'opportunité du moment de l'intervention de l'infirmier a fait l'objet de quelques commentaires, du moins en ce qui concerne les soins aux enfants, mais le schème temporel de l'enfant est rarement évoqué. L'évaluation du schème temporel d'une personne, la reconnaissance de son caractère individuel et le recours à une estimation de l'utilisation du temps comme critère de mesure du progrès d'un malade sont autant d'éléments qui demandent à être étudiés dans le cadre des soins à prodiguer.

RESPONSE

by Margeurite Warner
Assistant Professor, School of Nursing
McGill University

Underscoring Ms. Schilder's overview of the time dimension in human affairs is her argument for greater attention to this variable in the practice of nursing. One measure of the relevance of this argument could be the extent to which it elicits, from practising nurses, evidence of clinical problems which involve time phenomena.

At the Health Workshop, we first noticed the importance of tempo, rhythm and periodicity when we attempted to offer immediate service and speedy follow up to a suburban clientele. In response, most of our clients negotiated a working relationship which would accomodate rather than interrupt their busy lifestyles.

One mother of three teenagers sought assistance for her family which was having difficulty incorporating an elderly grandfather into the home. She thought it important to involve the children in discussions of the situation but hesitated when the nurse offered an evening appointment

with the whole family at The Health Workshop. "You know what teenagers are like. They come home to eat and sleep... always on the go. You have to catch them on the fly." She thought over the pattern of day-to-day family life. "They all land in the kitchen at four o'clock and my husband comes home shortly after that. It sounds chaotic but could we try something then, around the kitchen table?" Periodically, each day, the varying tempos and rhythms of this lively group of individuals coincided and that was when the family could easily set aside time for working on health as a unit.

More recently, in a rural community, we have had to accomodate the less crowded but rigidly patterned seasonal rhythms of the farming lifestyle. Over the winter, people prefer to come to The Health Workshop. They have time to participate in group projects and enjoy working together on health matters. But during the intensely busy hay-ing season, most of our nursing takes place with individuals in the home, over the telephone or at a chance meeting on the side of the road.

In the community, the time variable does enter significantly into the process of building working relationships with people. How does this compare with nursing practice in acute and chronic care settings?

The structure of time also comes up, explicitly or implicitly, in the situations which families bring to a community health service. Rural families worry sometimes when a son or a daughter at school in the city begins to come home less often. "What is he getting into?" "Is she forgetting her family already?" By talking it over as a family they soon discover that two weeks for the youngster in the city is like one week for the members at home. It seems a small matter but unless discussed, one which can strain family relationships.

Our suburban clients point more explicitly to a "treadmill existence", "the hectic pace of living" and conversely, "too much time on my hands" as problems influencing their own health and that of the family.

One widowed mother of two children, employed full-time as an elementary school teacher, sought assistance in "managing" her time. She complained of a lack of "serenity" in her life, of feeling tense and having no time for herself. When she mapped out and examined with the nurse a one week sample of her daily routines, she discovered brief but nevertheless regular periods of free time. Eventually it became clear that she could not achieve

her goal of serenity and enjoyment of living merely by reorganizing or reducing her responsibilities. After her husband's death several years ago she had so immersed herself in work that she had all but crowded out leisure. She had forgotten how to "seize the moment" whenever an opportunity to do nothing or to do something purely for her own pleasure arose.

These examples of some of our clinical problems would seem to support Ms. Schilder's argument for greater attention to the time variable in nursing. By accumulating such evidence, nurses could begin to incorporate her overview of the knowledge in this area into questions which we need to pursue to improve nursing practice.

**PROSPECTIVE STUDENTS FOR MASTER'S
EDUCATION AMONG STUDENTS
GRADUATING FROM CANADIAN
BACCALAUREATE PROGRAMS IN NURSING:
AN EXPLORATORY STUDY**

**by Barbara Dalby for the Canadian
University Students Association**

For copies of this report, contact:

**Donna Stang, CUNSA Representative
NUS Mailbox, Faculty of Nursing
University of Alberta
2nd floor, Clinical Sciences Bldg.
Edmonton, Alta. T6G 2G3**