

Nursing and Residential Homes are now a part of society. Some are good, some are mediocre and a few are bad. The following article is comprised of three separate views: one is written by a Christian who has observed the Homes as an outsider, another is written by a Christian carer who has worked in nursing homes for over 30 years, and a third is my own view, as a nurse and manager. These articles first appeared in the CRI Pack, February 1989 and were updated in April 2000. No-one pretends to have all the answers, but the views are valid and should be discussed. Readers are free to offer comments or to make queries.

Article 1 : Derek Sangster

Derek Sangster, until his retirement, was Editor of the Christian 'Challenge' newspaper.

Definition

The elderly people considered here are mainly those in their 70's who have care in their own homes or, in Residential Homes, and those over 80 in Nursing Homes.

The Norm

Occasionally, a shock report appears in the press, which brings to light extreme exploitation of elderly people in residential or nursing homes. These incidents certainly indicate serious flaws - but this article is more concerned with a less dramatic problem: a general failure to show love, concern and respect for the person. This, it seems, is the norm. It applies to the general public as well as to Nursing Homes.

Possible Causes

Why this miserable failure to cater for these basic human needs? Causes seem to be:

1. Widespread ignorance of the real need for love, concern and respect for the frail or for the failing.
2. The tendency for staff and even relatives to treat those whose mental and physical powers begin to fail, as less than human.
3. Administrative emphasis on physical concern for patients in nursing, cleanliness and adequate diet, mainly because these aspects of care are inspected by the authorities.
4. Society's fear of old age and a refusal to think ahead to declining years. This seems to lead to a blockage in logical thinking about the elderly in Nursing Homes - the very same Homes some of us will enter in years to come.

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5. The 'businesslike' way of running Nursing Homes - often chains of Homes - for pure profit. This means a minimum of staff and a resultant lack of love and concern. Staff cannot stay awhile to show love when other, pressing, routine tasks have to be performed.

6. The acceptance of the present situation as normal by both Nursing Home administration and by the government inspectorate.

7. Exploitation of residents to benefit the Nursing Home or individuals (owners, etc). Many old people have few friends or family to stand up for them. Even in the best Homes some old folk live in fear of the staff. This is nothing but mute cruelty!

Finance

Perhaps the costing of beds should be looked into. Does it really cost £340 (or more) a week to keep a person in a single room, with nursing, food and drugs? Nursing Homes are big business and it looks as though a high proportion of the large fees may be used to provide capital to buy even more Homes.

Sub-Human Treatment

As people become less able they can appear to be, to some, less than human: on geriatric wards in hospitals, bullying by nurses is quite noticeable: "You're not trying, Mr Jones. You're wasting our time!"

In the best of Homes there seems to be a low standard of love and concern. Staff receive little training in this vital matter. They are busy with the jobs of cleaning, feeding, giving medicines and attending to other physical needs. Few stop to chat or to see how residents feel.

A person with a failing memory may speak in halting fashion, as he or she tries hard to grope for the words which elude the mind. Staff stand impatiently for a while and then leave half-way through a sentence. They think the old person will just forget they were even speaking, but he or she is deeply hurt by this terrible lack of thought. At times, a simple request is forgotten by the staff and the old person worries for hours, wondering whether or not to ask someone else.

It is easy for an elderly person to press the bell by mistake or, to forget what it was he or she was ringing for; a terrible sin avenged by scolding frowns and "Don't you dare ring that bell again!" Time and again one finds residents living in fear of staff.

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A visitor may discover something is missing, wrong or out of order. But, the person being visited pleads that nothing should be said for fear of 'getting into trouble'. Thus trouble spots are hidden. Few Homes have a Complaints Procedure. Human dignity must be maintained; so, often, it is eroded. Sometimes staff will treat residents like children: "Come on, Mrs Smith - it's potty time for you!" Again, Mrs Smith feels degraded.

A DSS (Department of Social Security, UK) Working Party report entitled 'Home Life: A Code of Practice for Residential Care' (1984), stresses the right of residents to live as normal a life as possible and to "have the respect of those who care for them."

Lack of Public Concern

Most hospitals have volunteers who assist by visiting solitary patients. They take tea around and generally are helpful and cheerful. But, such helpers seldom visit geriatric wards. Perhaps because old people do not communicate well, visitors think they do not need visiting. This is not so. Once a visitor is accepted as a friend, communication of some sort is possible, even though a 'warm-up' period of maybe 20 minutes is necessary at each visit.

In the world of Nursing Homes, though, volunteers are almost unheard of. Some think that if they visit, there will be nothing much to talk about. These fears are unfounded: the people they visit are trying against all odds to be the real human beings they have a right to be... meeting another human being who shows love and concern and patience can be the first step.

Visitors to the frail and failing have more to do than just sit and chat to those whose family and friends may be dead or in a Home themselves. They may have to help to arrange for the resident to have special equipment, such as hearing aids or walking frames. One lady who had lost control of her muscles had a visitor who constructed a lever attachment for her, so that she could at last ring the bell. She also obtained a special large light switch so that the lady could switch on her own light. The Home itself was in no position to provide either item.

Education

If there are such organisations as Friends of Such-and-Such Hospital, there are never similar ones for Nursing Homes. A great deal of Public Relations work is needed to educate the public into visiting and befriending residents. After all, the visitors may occupy those very same beds in the future.

The whole area of love and concern for the frail and the failing needs to be looked at - alerting the public, involving government and health authority or local council staff...and not forgetting Nursing Home owners.

Hospice Experience

Love and concern are so much a concern of the hospice movement that some think these are hospice-exclusive ("We're a Nursing Home, not a hospice, you know!"). Lessons can be learned from hospices, which rely on careful selection of staff, good training and staff meetings, to maintain high standards.

It should be possible to introduce a very positive attitude to love and concern into Residential and Nursing Homes, and to invite people to join as Friends of Nursing Homes - perhaps through sustained local campaigns.

Churches

With so many caring members, the churches could form groups of helpers. Some churches already hold services in Homes, so surely they can extend this by offering active concern and God's love to residents? It would be in line with Christian teaching for the church to take a compassionate lead in visiting old people as if they really mattered.

Article 2 : Barry Napier

As a qualified nurse who has worked on hospital psycho-geriatric wards, Barry has experience in this kind of work. At one time he initiated and developed a college-based course for Nursing Home carers and another for Home managers/owners. In late 1996 he became Matron of a Home caring for dementia residents. He then became Deputy Officer in Charge at a very large nursing home. For ease of reference, the following notes follow Derek's own sub-headings.

Definition

Derek's definition needs to be expanded. This is because the UK Nursing Homes' Act allows owners to open up Homes in several areas of medical work: for the mentally ill, the mentally handicapped etc., as well as for the elderly. The easiest type to open is that which caters for the sick-elderly. But, as soon as this 'market' has been saturated, business people (i.e. Home

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owners) will open up Homes that cater for the other categories as well. All of them are profit-making and this is already happening. Many Homes are now being opened by big-businesses, including banks, and big businesses do not bother to open a venture if there are not big profits. However, large numbers of Homes have sole-owners, usually doctors or ex-nurses.

I personally worked in a large Home owned by a national group. Every single policy is based on latest research and only top quality nursing is allowed, with no short-cuts. In many ways the quality of care in the Home - and similar ones - is superior to the care found in hospitals. All staff are expected to train on a continuous basis and everything is centred around the wishes of the residents.

However, having said that, my view of nursing homes is now very jaundiced. Owners tend in the main to be hungry for profit, and this shows clearly in the things they do. Since writing the bulk of this article, I moved to another Home, where the profit incentive is cut-throat.

The Norm

Derek is more optimistic than I am! The reports that expose malpractice are only those that have come to light. Under the surface there are many other problems, in both Nursing Homes and in hospitals. On the other hand, abuse is not, to my knowledge and experience, widespread. Except where abuse has been witnessed, few incidents are known. I can assure the reader that even if there is the merest hint of abuse (whether 'mild' or serious), in our group of Homes, it is treated swiftly and seriously*. The person accused is immediately suspended, and if necessary, the police are informed. Nothing is hidden and people are certainly not protected. It has been known in isolated cases for owners to protect their own good name by trying to 'hush up' things. But this usually backfires and things are made much worse. Therefore, responsible owners make an open show of what goes on. (2010 Note: The law and rules have been tightened tremendously since this was first written).

It is a sad fact that most nursing homes have no time to look after people! Yes, they are fed and toileted, but that is usually as much as can be done. Staff simply do not have time for anything more personal. Thus, older people are left to sit almost alone all day. This is not the wish of the carers and nurses – it is determined by the woeful lack of staff. In all but a very few cases, Homes stick rigidly to the quota required by law, but will not rise above that number, because it would lose them profit. Therefore, only the most basic of care is given, to the shame of all homes who operate this way. As with any business, there **MUST** be profit, otherwise the business would fold. Please note that council/social services Homes charge a huge amount **MORE** than is charged privately.

Possible Causes

I agree broadly with Derek's points in this section. Bear in mind, though, two major factors: the welfare state and the desensitisation of people. The welfare state, especially under a socialist regime, takes over the individual. Whilst welfare payments have certainly helped millions (including myself in the past), they can also trigger the decline of family and individual responsibility. Why pay personally for the welfare of an older or ill person, when the state will do it? Why take on the burden of looking after your relatives, if a Home will do it? That is what people think today.

Also, films, press and general attitudes, are leading more and more toward a blanket disregard for suffering in one's own home. There is an obvious anomaly here: UK nationals show great compassion for Ethiopia and for other foreign aid problems, or even for animals, but they care little for problems on their own doorstep, or in their own families. Also, more care is given to illegal immigrants to the UK than to people who were born here. We are no longer sensitive to need or to love. Films - and videos in particular - reflect a desire for the unhealthy, the sexually explicit, the sexually perverted, and the physically violent. We can expect in such a climate, therefore, to see similar insensitivity to what is good for the old and the sick.

Owners open Homes for profit. I am highly sceptical when I hear them say they open Homes so that they may 'care' for folk... yet they still charge large fees. As one honest Home-owner admitted to me: "There is no way a Home **cannot** make a big profit!" So, yes, they are in it for the easy money. But, we must bear in mind that an owner must borrow about half a million pounds* to open a Home, and that is just a medium size business. The repayments are huge and so a profit must be made. But, fees more than cover these repayments and even if the Home has to close, the same property can be sold for just less than one million pounds (as a going concern), or for a bit less if it has no business. In some cases, the income is phenomenal. I know of few owners who have not become rich. (2010 note: This is now more like £2 million).

The problem is that these huge riches are made off the backs of the elderly and the infirm. Yes, many old people have their own homes and income. But, this is quickly spent on Nursing Home fees, leaving the old person to apply to the state for help. It is hard to imagine the soul-destroying feeling of having to sell one's home and belongings in order to live, things one has known for maybe 60 years, with all their memories.

The profits made by Homes is also made on the backs of the public*. How? When old people exhaust their incomes the 'state' (our tax) automatically pays for the stay in Homes. Some

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Homes find ways to remove a state-funded resident, because the fee is lower than the fee paid privately. Today, though, Homes have little choice in the matter, because of changes in the law and the way Homes are supplied with residents by Social Services departments. Thus, the newer Homes tend to be big, containing many beds. One appalling Home, opened for the mentally ill, had sixty beds crammed into one large communal room - part of an old hospital complex. The owners tried to get away with a spartan and 'simply' furnished interior. Virtually no work was done on repairs or on upgrading prior to opening. Thankfully the local authority refused to give it a licence and so it did not open. This is an extreme case, but it clearly shows that Homes are seen to be money-spinners, not primarily caring places.

(* Profits also rely on very low pay for staff! Workers in the lowest employment areas are paid abominably. For example, in South Wales care assistants are paid about half the rate paid to their counterparts in, say, southern England. Qualified nursing staff are also paid a lower rate than they would receive in a hospital. Where Homes in low-paid areas are owned by large companies, the emphasis is clearly on high profits. Thus, shifts are adjusted so that fewer staff are engaged, cooks must work with appallingly low budgets - in one Home, each resident's food intake is calculated at only 99 pence a day... and that figure includes washing up liquid, crockery, kitchen staff wages, maintenance of equipment, etc.! It gets away with it - when nursing inspectors arrive, they are shown a pristine and full menu with choices. In reality, the residents get a spartan diet of very low-value food and have no choice. One Home recently literally ran out of food over a holiday period. Every tin was opened until eventually they also ran out. This is more common than might be thought. On another day, the Home had to send someone out to a local chip shop for 100 fish and chips!).

In these places staff are expected to work doubly hard with little or no encouragement. Indeed, they are told that if they do not like it, they can leave!! Morale is very bad. Even so, inappropriate workers are removed by matrons. The trouble is, as good workers leave because of shocking conditions and pay, they are inevitably replaced by shoddy workers. In this way staff turnover tends to be high. Bear in mind, too, that the work of a carer is very dirty, very hard and back-breaking. There is almost no time for sitting down, let alone chatting to residents. (Where I work I am on my feet for a full 13 hours with only 20 minutes for lunch - and I am the boss! My legs hurt badly after just four hours, and I am usually in a bath of perspiration all day).

Many carers remain because they are unable to obtain any other income. Even so, they are dedicated folk. Some are 'rough diamonds', it is true, but they are also caring, loving and easily manipulated by owners, who know they can extort maximum effort by applying emotional blackmail techniques. Or, plain and blunt threats! Whilst the tension exists between profit and care, such circumstances will prevail.

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Not all owners are like this, but very few are genuine in their claim to care. I worked for a previous company, however, because their ethics are very high and they genuinely try to balance profit with care. I would not place too much emphasis on profit, though, because today hospitals and DSS Homes must also work along the same lines. But, it is very much cheaper to keep a person in a private nursing Home than in the public homes. Thus, we must balance all talk of 'profit' against this fact - folk are sent to private Homes by the Social Services department NOT because they are profit-hungry, but because they are the cheapest option available, even cheaper than social services' Homes! The profit margins are quite low compared to other kinds of business, which is why Homes must be purpose built and keep to strict budgets. If I were to enter a Home such as my previous one, I would not worry about it. Care is superb, as is the food and activities. And, no-one forces you to get up or go to bed! The resident chooses. But, this is not the case in a huge number of Homes.

What about Christian Homes? Very often, Christian businessmen pay less than the going rate for staff, on the pretext that they are doing a 'Christian service'. But, they still charge residents the same high fees and they still pocket the profits! If some are not like this I would like to hear from them!

As for non-profit Christian Homes, well, there is yet another problem. Churches have bright ideas, which are usually more idealistic than realistic. "Open a Home" everybody shouts! Care for our old folk! Show love and concern! But, what about carers? If no actual fees are charged, how do we pay for carers? What about other costs, such as heating, food etc.? Carers must be found who are willing to work for nothing. Can they be found? Yes - plenty of them... at first! After an initial honeymoon period, the promised carers climb down exhausted and disillusioned from cloud nine.

The reality of the work hits them hard: death of residents is a regular occurrence, sometimes several a week; the work is very heavy, often leading to permanently disabled backs for carers; there is the continuous cleaning up of excreta. An ordinary sized Home can use as many as 90 part-time staff! If a local church cannot promise and maintain that number of free workers, then it will close in a very short time indeed. The trouble with free workers is that their adherence to their duties is relatively lax. They may choose not to work, or to work - whereas paid carers have to work to earn their money. And what about the Matron and the qualified staff, required by law? Will these get paid? Commonly, Matrons earn an average of about £20,000* a year, plus car, plus expenses, plus bonuses or profit sharing! However, this is far less than they would earn in the state sector. Qualified nurses, too, get paid far less in Homes. (2010 note: This is now more like £30,000 plus bonuses).

Finance

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Yes, Homes charge huge fees. No, it does NOT cost the Home £340* or more to look after each resident, but a business is open to make profit. (*2010 note: This figure has now shot up). There are massive costs to begin with, but these quickly level off. Owners will find ways to cut costs: like reducing food intake per resident or buying inferior foodstuffs, to save money. Other ways, such as installing more efficient heating systems, are legitimate. Often, it is the workers who suffer, as owners refuse to give pay rises. Thus, many carers work for wages that are disgustingly low. A large number of carers also have to iron, wash clothes, clean floors, etc, whilst in the Home.

I can assure readers that to work as a Nursing Home carer is mentally and physically exhausting, leading to frequent illnesses, muscle strains, permanent back injuries and continuous physical problems, such as urinary infections, severe sore throats, etc. As most carers desperately need the work in times of high unemployment, there is nothing they can do about their situation. Thus, they work for extremely low wages, constantly feeling tired and unwell, often being complained to by relatives for no genuine reason.

Carers who receive permanently injured backs are not paid compensation. Sickness pay from employers is not given. Few get holiday pay and so few take them. Because of the dirty nature of the work, carers usually have to purchase their own uniforms to supplement the few (often just one!) given by the Home. Few Homes offer free meals (or any meals at all) to their lowly paid carers, and rest breaks are too short, if they exist at all.

Many owners do not worry if carers leave because they are receiving shabby treatment - there are plenty of other unemployed people out there, ready to work like slaves for little reward!

Sub-Human Treatment

Horror stories appear to be relatively few. This does not necessarily mean incidents are few, but we cannot do anything about situations if we do not know about them... if they exist. However, especially with current governmental safeguards, abuses are infrequent. Also, every Home must have a Complaints Procedure.

Every Home has a small core of dedicated carers who are faithful and hard-working. The rest are merely working hard for a wage and so they do what they have to do. The dedicated core have to be seen to be believed: they take a very real pride in their work, always giving of their best and more; they will return without pay from rest days on the Christmas period, just to give a good time to residents; they attend funerals of residents without seeking expenses or reward;

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they organise special events for residents, without pay; they overstay their shift times to care for dying or distressed residents (my own wife, for example, is called by owners every time a person is ready to die. She has cared for many, many residents who are dying, some of whom die in her arms or holding her hands. Can the reader imagine the toll this takes on her? She does it because she cares deeply for the afflicted and the dying). Carers send cards on birthdays and other occasions; they attend work even though they are themselves unwell "because the patients will suffer". Such is the quality of a select band of carers in every Nursing Home I know of.

As for a carer telling-off a resident for ringing a bell for attention: it is unfair to take this at face value. One has to work with people for a long period before one can see the reasons behind certain actions. When I was nursing in a hospital, there were a number of occasions when 'outsiders' or visiting staff misread what was going on. It is always easy to criticise when one does not know the full facts. Let me give just a few examples from my own hospital nursing days (my wife has to cope with similar situations in the Nursing Home):

One particular bed-bound patient had the habit of not calling nurses when he wanted to use the lavatory. Instead, he used to delight in picking up his own faeces. When a nurse turned down his bedclothes, he gleefully threw the mess in the nurse's face and over his/her clothing. The same patient used to throw faeces against the walls, on the furniture and over the carpet. Because cleaners refused to clean the vile mess up, nurses had to do it. Could you cope? Would you retaliate? A trained nurse rarely does. But, what if, on just one occasion, a visitor enters the ward and hears the nurse shouting at the patient? It is possible for the nurse to lose her job!

A nurse walked back to her nursing station on night duty. It was three in the morning and she was very tired (have you ever worked nights as the only nurse on duty?). She picked up her handbag which contained her sandwiches, only to discover that a patient had urinated over the food inside her bag and was now drinking her cup of tea! She did not retaliate, but flipped the patient on his behind with a slipper. It was not hard - just a sign of annoyance, through tiredness and tension. Do you blame her? Can you say you would have been so lenient? Can you honestly say you would have done nothing at all? She did not hurt the man but, a few months later, she was humiliated in the courts and lost her job, gaining a criminal record as well. She was seen by a student nurse who was fresh to the job, who knew nothing of the situation. Nor had she worked night shift before.

3. An old lady, generally discontented with life (a habit she had since childhood), can often make life a misery for everybody. She will ring her bell without reason; she will demand to be

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toileted every few minutes; she will spit her food out over the carer; and she does it all just because she wants to, to annoy workers. In short she is a thoroughly nasty character! A lesson should be learned by all who would do Christian good: that many who are nasty when they are old have been nasty all their lives: do not assume that illness has made them that way, or maltreatment by carers. Never deify the old, just because of their age! We must treat all residents with due care and attention, but please understand that the carer has feelings and emotions, too. She also requires understanding. What about the carer who is reduced to tears?

4. A mature carer used to attend to a particular resident who was an ex-vicar. He was in his eighties. Anyone who heard her enter his room would be horrified to hear her being curt and snappy in her tone. It could be assumed she was simply being nasty... but wait a moment. Listen and learn the facts: If any visitor walked in at that exact point, they would be horrified. But, there were sound reasons for her behaviour (which I would stoutly defend)...

When he was admitted, his wife said he was a "good patient" and he was "no problem". (*All* relatives make that claim, otherwise a Home will refuse admission). But, staff discovered the opposite to be true. Many staff quickly refused to tend to him and older carers stopped younger carers from going to him. Why? Because he was a sex pervert! Within days of being admitted, the man attempted to sexually assault the carers as they washed him. When they stopped his attentions, he punched them.

Thus, the mature carer referred to in this example, told him that if he once touched her she would slap him hard and report him to the police. Her curt entry to his room was a very necessary warning for him to behave. He would be very wary of doing anything when she was in the room. Therefore, by being sharp the lady was protecting herself and other carers from molestation.

Some will retort that this was just an old man who was showing signs of dementia. This is not so in that particular case. Many readers would be shocked by the things some people do out of sheer pleasure or to get their own way. There are old people who are quite sane, but who cannot be bothered to go to the toilet. So they deliberately foul their own beds or clothing. Hard to believe?

There were undiscovered facts about the vicar: his wife hid the truth about him, just so as he would be admitted to the Home. As a young curate he was fond of sexually abusing little boys and girls; he would overpower his wife at any time in order to satisfy his (perverted) sexual lusts;

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he would use pornography for sexual purposes. So, his activities in the Home were only an indication of what he did in his former life. He was fully sane and had a filthy mind.

And it was the carers who suffered; they were openly relieved when he died. When he knew younger carers were working on his section, he would wait until they entered the room and then perform a particular sex act, sending them running out in tears, filled with fear and revulsion. His degradation was not confined to sex. He had the habit of filling his bed with excreta, even though he was well able to use his bell. He then threw it against the walls, smeared the bedclothes and the carers who were forced to care for him.

I have personally been faced with such a situation and know what it is like to unsuccessfully subdue the urge to vomit whilst trying to clean the filth. Dementia? Never! He was a nasty man who made a living at being a false 'man of God' and who practised vile sex acts. It is highly likely that God gave him over to his evil ways. It is not unusual for people to do such terrible things and still be sane. Those who cannot accept that sane people can do such horrific acts, do not fully understand what 'depravity' can really mean.

Of course, when his visitors came, he complained staff were uncaring and 'hard' towards him! Only his long-suffering wife knew the truth and she would not admit to his frightening catalogue of abuses. 'Christian' visitors complained to the Matron, who was not free to explain the facts. Thus it was that the carers' characters were maligned outside the Home by visitors who knew nothing of the truth.

The above accounts are just a few examples of what can happen in Homes and hospitals. These resident-caused incidents are very frequent - far more frequent than incidents of malpractice. Carers work extremely hard to screen visitors and families from the full story. They run around sweating profusely, desperately trying to find clean clothing for residents who have just completely dirtied themselves for the umpteenth time that day, just so that visitors can see a loved friend or relative as they once knew them. Is that a sign of hardness?

Yes, there is certainly a need for love and care. But there is also a need for visitors and families to understand the harsh realities of a carer's working life. It is backbreaking and thankless work, sometimes dangerous and certainly always very dirty. There are no financial rewards, but many complaints!

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Home-owners cut costs to a minimum and so too few staff run around all day trying to get things done. It is for this reason they appear to spend most of their time doing routine work. Bear in mind that getting ready for the usual visiting times is very, very hard work: carers have to toilet residents, clean them and often change and wash their clothing on the spot. This can take several hours. But, all visitors see when they come for a short visit is a carer doing mundane things! There are times in the day when carers do actually sit with residents and chat with them. They sit for whole shifts, tenderly looking after the dying. They mend residents' clothing to save them money. They run errands when they finish their shifts. None of this is seen by visitors.

So, it is just and proper to remember that residents do not suddenly become as angels just because they are old or sick! A large number are as vile as when they were young and fit. Yet, ordinary carers have to care for them equally. Be honest - would YOU deliberately choose to associate with people with foul language, or with despicable sexual habits, or with disgusting personal habits? Of course not. Be charitable, then, toward those who have to care for them.

Lack of Public Concern

Official volunteers in hospitals know the hospitals are non-profit making (although this is changing). That is why they do not mind visiting patients freely. But, they also know that Nursing Homes (including those run by local authorities) are profit-making ventures. Volunteers to these places increase owners' profits, because owners will use fewer staff! Any wonder, then, that volunteers are not found in these places? Also, the faithful few, the core of dedicated carers, will often work freely if staff are not available.

There is a moral dilemma, too: why should a person volunteer when it increases the personal profits of the owners? Thankfully, more and more owners are now providing ways to benefit residents. Many Homes now have full recreational programmes. Indeed, as competition in this 'market' increases, Homes are trying to beat their rivals by offering all kinds of recreational and other facilities. Most Homes are now like luxury palaces. Do not look to the carers when facilities do not appear to be good - look to their greedy employers!

An interesting note: I once tried unsuccessfully to get Age Concern to provide volunteer visitors; I also asked them several times to visit unannounced to monitor the Home and its workers. But, they refused! So, do not think Homes are a stumblingblock.

Education

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I developed a national scheme for training, which was originally backed by Home owners. But, then they realised it would cost them money to train carers (only about £10 a day!). So they refused to cooperate further and the scheme evaporated. I was told that the "owners own professional association would now provide training"... but this did not materialise. Until quite recently, my wife paid her own fees to attend training days held by hospitals. Thus, the Home gains expertise but does not pay anything towards it. But, she does it because she cares.

Owners often refuse training, because they believe "Carers will expect more wages if they are trained"! The idea, then, used to be to have untrained and ignorant staff, in order to keep wages down. Today, the government forces Homes to provide proper training to national standards, but they still keep wages down. I warned Homes years ago that the government was ready to implement strict (and costly) training regimes if the industry did not get its act together. And that is exactly what happened. Now, instead of paying £10 a day for training, owners have to pay out hundreds of pounds!

I am happy to report that homes are now coming around to training. My own group believes training is vital, and there are many internal courses to attend every week, plus outside courses, NVQ's and advanced courses. Such is our status, now, we have earned the right to train hospital student nurses.

Hospice Experience

Yes, hospices provide love and care. But let us not get carried away with this. I know, on good authority, that a certain local hospice refuses any form of ongoing Christian involvement. Thus, the care and love is humanitarian, but also humanistic. Christians are not free to share the Gospel in some hospices. So a person will die with dignity, surrounded by care and love... but without hearing the Gospel. Care should therefore be taken before suggesting that all hospices are models for Christians to follow.

Also note that most hospices are awash with funds! They have plenty to spare and to spend, and so can provide many more staff.

Churches

Let us be frank about it. How many churches are willing to provide all-day, round-the-clock care, freely? Very few! I say this from sad observation. As we all know, any church is usually filled with a mixture of saved and unsaved people. Very few care for or love each other, let alone

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outsiders. A sweeping statement? I do not think so. Folk in churches find it easier to help others if they are well away from their own home-town, than to deal with close relationships within their own church.

Few churches are truly unified within. Look at what happens when practical work needs to be done in a large church: there are many volunteer initially - but only a very small handful of the faithful go on to finish the job. Everybody in a church thinks caring for their old members is admirable, but hardly anybody will work freely, day in and day out. That is a sad observable fact of life in our churches today. Yet, with proper planning, voluntary helpers need not work more than a few hours a week. Yes, churches should look after their own. Christians have many answers, but how many are willing to carry them out?

Conclusion

What Derek says is right. My own notes attempt to balance the perspective and provide some insider hints. The whole field of care needs closer scrutiny by churches but, until Christians begin to examine their own lives and start to cast off their superficial attitude to life, nothing will be done on a large scale. In the West, with its relative affluence, few want to bother disrupting their lives in order to help others.

Yes, there is a need to care but remember two things - that people do not suddenly become deities when they grow older, and that carers need befriending, too. Visitors and outsiders are requested to be careful before they shout "abuse". Be caring, but also be realistic and be aware of the truth.

Article 3 : Diane Napier

Diane, a Christian, has been a carer in a Nursing Home for over thirty years*. Before that she worked for four years as an hospital auxiliary. Her comments are therefore those of a total 'insider'. Her back is permanently damaged and she suffers many illnesses picked up from residents. Her views are given verbatim. (2010 note: She had to retire in 2005, with a damaged back and sciatic nerve).

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"I do not think that love and concern can be taught'; respect and social graces perhaps, but not love and concern. You either have these qualities or you do not. Most of the carers I work with have both, I am glad to say. In fact, it can almost be said that they work for love and not for the money (which is pretty awful anyway). They really care for the residents and show it in many ways.

'Sub-human treatment' is a very hard term to use, because it makes carers out to be bullies. Perhaps some have been found to be bullies, but I have not personally come across them - if I did, they would be immediately reported to the Matron and possibly to the authorities. At times a carer has to be a bit sharp and curt. This can be for a number of very good reasons. Old folks can be bullies too! I have often been physically hit or verbally abused or humiliated by those old enough to know better. Yet, they never do these things in front of their visitors - rather, they appear to be docile as lambs!

Many do resemble children and so we have to treat them as such. I agree that telling someone it is 'potty-time' is going too far, though. When an old person is entering the final stages of dementia, they will need as much, if not more, attention, than does a baby. We have to clean them, feed them, and do everything for them. This includes fitting them with adult 'nappies'. So, to all intent and purpose, we are literally treating them as we would children. This does NOT mean, however, that we will be 'childish' with them.

I can assure onlookers that, after spending three decades working in a Nursing Home, the work is extremely hard and back-breaking. It is dirty and mentally tiring and I often cannot unwind after a hard shift. My back hurts continuously. Sometimes I have to work non-stop shifts for several weeks at a stretch. At these times it is like living on a knife-edge, because of the build-up of stress. A vast amount of stress is generated when I have to sit for whole shifts at the bedside of dying residents, which I have to do very often, being the senior carer. There are times when I have to do this every day for weeks, often caring for several dying people at the same time. I find this harder than any other task, because it leaves me emotionally shattered.

We become very attached to some residents and so the process can be doubly stressful. Perhaps readers can see why carers can sometimes become unintentionally sharp with other residents whose only aim is to instantly satisfy their minor wants, or who are just being downright nasty? When you have been sitting with an ill, frightened, dying resident for hours on end and then have to face nastiness from an impatient resident, it is sometimes very hard indeed to remain silent.

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My colleagues feel the same way on many of these points, even though they are not Christians. My husband felt the same way when he was nursing, especially after laying-out the dead, sometimes many of them during bad spells of mass infections. Between us we have lost count of the people we have witnessed dying or, those we have laid-out for the mortuary. Few people can realise what that can do to a person emotionally and even spiritually.

It is not unusual for carers or nurses to laugh or make jokes when someone has died or when they are laying them out. Or, they do uncharacteristic, silly, things. Or, they appear to be detached and very cool. This should not be taken to be the sign of an uncaring attitude... different people have different ways of coping with death, especially when it is witnessed first-hand and at close quarters on a regular basis. The trouble is, a nurse or carer has to put on a 'brave face' at all times, even if inside they are breaking their hearts. Also, it is very unwise for carers to become emotional every time someone dies. If that happened it would upset other residents and make working life a total misery.

My husband remembers a patient who was transferred to his ward as he began a night shift. The man had just suffered a huge heart attack and needed rest. But, being mentally ill, he started to run around the ward excitedly, shouting. As the only nurse on duty, and other patients were in bed, my husband had to restrain him, but no drugs were advised because of the heart attack.

Unable to get to the telephone, he had to literally hold the man down for hours, but he still did not calm down. Eventually, he had to allow him to run around until he was able to call for medical help. By the time the doctor and other nurses arrived, he had been trying to calm the man for six hours! After that the man suffered another big attack and the rest of the time was spent trying to resuscitate him, whilst holding him down.

This went on until near the end of the ten-hour shift. Then the man died as he was attempting to revive him for the millionth time. The young doctor was so upset she kept on applying hand-massage to the chest, although my husband advised her the man was now dead. Before that, he had also been applying artificial respiration for over two hours. By the end of that shift, which was taken up solely with trying to save a man's life, my husband was totally shattered and emotionally drained.

But, what if a visitor walked into the ward when he was restraining the man and being 'sharp' towards him? No doubt the visitor would have complained of abuse or misconduct! Be careful

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when assessing a situation. It is always easy to misinterpret these things when you are not party to the full facts. This kind of thing happens all the time, so please be aware of the need for a realistic assessment, and always wait to hear the other side of the story... not with suspicion, but with sympathy!

Nursing Homes are not perfect but, to my knowledge, those I know give top quality care, allowing old people to live out their days in dignity and comfort, even if, in human terms, they may have been rejected by their families, often for very good reasons. There are times, too, when Christian relatives have been forced to place their loved ones in a Home. They arrive agitated and distressed, but are highly relieved when they know I work there. Yes, there is a big need for Christian Homes and carers.

One regular problem is the way relatives feel guilty for placing a loved one in a Home - and so they make constant complaints which have little or no foundation, blaming staff for all sorts of imaginary things. We have to cope with that, too!

Lastly, please remember there are those who 'cry wolf' all the time: old folk who are jealous if attention is not on them every moment of the day (they had it whilst at home and when they were younger). So, every time you attend to another person, these people decide to want the toilet or a drink! Or, they ring their bells for trivial things or, for no reason at all. All they want is attention all the time. This can be very annoying, especially if someone else is left unattended. Also, when a carer is spending valuable time going to see a resident who has rung her bell for no good reason, another resident could fall or, become ill or, suffer a stroke or heart attack... but there are no carers about, because they are attending to a selfish resident who wants constant attention.

Some are very abusive or offensive and call us 'lackeys' or 'servants' to our faces. When there are serious cases to see to, we may have no time for the nastiness of these people. Usually, relatives finally admit that the resident has always been that way, so being old has nothing to do with it; nor is it the fault of carers.

I remember one old lady who always 'cried wolf', by pretending she was depressed in order to gain constant attention. This went on for years and staff gradually took no notice when she said she was depressed. Thus it was that when she fell ill for real staff did not realise it and mistook what was happening! When she was ill she complained of exactly the same symptoms as when she was pretending to be depressed. By the time everybody realised there was really

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something wrong, it was too late and the woman died. That was a sad story, but the fault was with the woman for living a life of pretence.

Another lady 'faints' and falls to the floor every Wednesday morning! That is because it is the only time we can get her to the bath, and she hates bathing. A resident cannot be allowed to stay unwashed or dirty. The woman only falls when she knows a member of staff is near her. Every time, one of us catches her to stop her hurting herself. On many occasions I have wrenched my back or other muscles, just to satisfy a woman's tantrum. Really, I ought to let her fall, but I cannot do it, even though I know she is deceiving us. The result, though, is that she remains fit whilst I sustain a back injury.

Space does not permit me to relate how many old people are put into Homes because their families have had enough of their life-long nastiness or their foul habits; or of residents who are downright rude to each other and to staff; or of their vicious tongues and vile, often filthy, habits. Yet, carers, on the whole, do care. We often ask ourselves why we do it... but then someone simply says 'thank you' and it is all worthwhile."

There are Homes run as profit-making ventures and owned by Christians. Many (but not all) of these do care for their residents and such care is superb. Nevertheless, the above problems still exist as a whole. The question "Is it morally right to make money out of illness or age?" has not been addressed in this Article.

ADDENDUM: The original article was written in 1989. It was revised in July 1997 and again in April 2000.

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