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## *Chapter One*

### *What is a carer? Is this a new role?*

This book has been written for the person who is thinking of starting a new career in caring. Every day the papers carry advertisements for carers, in the community, in homes for the elderly, or for chronically ill or disabled people of all ages, who want to stay in their own homes, and remain independent, for as long as they can. Few people want to end their lives in an institution, however pleasant it may be, and however tempting it sounds. Most people dread the thought of losing their home and their independence.

Caring as a job is not a new concept. There cannot be anyone who picks up this book who has not had some personal experience, or knowledge, of a carer.

Before nursing was a paid job or a career, in every community there were women who took care of the sick, women who performed last offices for the dying, women who helped mothers give birth, and women who used their breast milk to feed others' children. Some received money to perform these tasks, and some were following a family tradition, having watched and helped their mothers, or

grandmothers, from an early age. Traditionally it seems that women have naturally accepted the role of the carer. What about the men?

Although so many of these helpers were women there were also men, many of them bone-setters, who had honed their skills on animals and graduated to people when the opportunity arose. There were also herbalists, again often a family tradition, to offer advice and treatment, much of which became tried and tested as medication, which, now assessed, patented, and developed, is still in use today.

All of these people developed communication skills, and as they handed down all they had learned the next generation became even more skilled and adept at making diagnoses and suggesting treatments.

At the latter end of the nineteenth century, when the effects of wars were more widely publicised, it became apparent that many people died of wounds that could have been treated. They died of disease, or shock, rather than on the battlefield. With the discovery that a lack of cleanliness seemed to be at the root of so many problems in healing, a new era seemed to be on the horizon. In a relatively short time we learned about anaesthetics, and then X-ray, and brave pioneers were instrumental in forging new standards of care for the sick.

Florence Nightingale is famous and in the mid-twentieth century many little girls wanted to emulate her, but she was only one of the many people who led the way.

There was a very famous nurse who has almost been forgotten, but who ought to be a shining example for the carers of today. Her name was Mary Seacole, a Jamaican woman born in 1805. Mary had a Scottish father, who was a doctor, and a Jamaican mother, who was a healer. Mary followed in her mother's footsteps, and, having married, practised her healing art on her many travels. After her husband died she applied to go to the Crimea, to help with

the war effort. She was refused permission, and so she went without it, or indeed any help from the authorities, but became famous for her skill and care, and the service she provided the troops on the front line. When she finally returned to London, penniless and bankrupt, the country collected money to pay her debts in gratitude for all she had done. It is very well worth reading about this remarkable woman, who deserves a place in history. She is buried in St Mary's Cemetery in Kensal Green, in London. While writing this book I revisited the Florence Nightingale Museum in St Thomas's Hospital, and learned that it has now added the story of Mary to the exhibition of the Crimean War, and is giving her due credit for all that she did – only 100 years late!

For a long time, trained nurses were practice-based, and a large proportion of their training was devoted to practical or clinical issues. Inevitably, with the progress of medicine and technology, nurses needed more training and education to work more effectively, and a career structure developed, with the training becoming more and more academic. To an extent this has resulted in qualified nurses at one remove from the "hands-on" nature of the work, as treatments are more and more technical.

In the last fifty years, the increasing emphasis on an academic approach has resulted in the qualified nurse spending more of her time with management, which means more paperwork, and less time doing bed baths and routine general care. Hence the large growth in "carers", people who have not had the same training, but who can give the sort of practical care that a person who is sick cannot manage for themselves. Carers are no longer regarded as performing a slightly inferior role in the experience of the sick person, whether at home, or in the hospital or nursing home. They can complete a national vocational (NVQ) training course that will lead to a qualification, which means improved pay

and working conditions. Among them are now many more men, because men make excellent and skilled carers and enjoy the work.

(This is the place to remind you, that if you have the chance to study for any of these qualifications at your place of work, then you should immediately grab it, and accept as much training as you can. It will not be wasted.)

So how do you know if you would like to do this kind of work? Are there special skills, and can you develop the skills you think you need? Well of course you can. We will look at the type of skills you need in the next chapters. Don't be intimidated by what you read – you may feel that you are being expected to become a cross between an angel and a qualified nurse overnight. This book is not a training course, or even part of one. I am writing on the assumption that most people who want to work with the sick want to do a good job. Your training can give you a clear idea of what you are aiming for, and hopefully, this book can give some more detailed ideas of what your patients, their families, and your own working colleagues would also appreciate. The aim is not to produce someone's idea of a perfect nurse, whatever that is, but to help you to do the job as well as you possibly can, and to enjoy doing it, and so develop the natural skills you already have. If you work at anything to the very best of your ability, you will get far more enjoyment out of it, and you will receive affection and appreciation and respect from your client group and from your colleagues. And if you have confidence in what you are doing, and how you are doing the job, you will enjoy the work more and do it more effectively.

Carers work in various environments. This book talks a lot about the carer in the home of the patient, but what it says can be applied to all carers, wherever they choose to work. Someone who has spent many years in an institution will regard their room in that place as their home.

If you are starting your career in a nursing home or somewhere similar, you may find it hard to see the patients as individuals, especially if the other staff members have been there a long time, or if you are working with someone who has not the same level of interest and enthusiasm, as (hopefully) you will have at the start of the job.

One of the first things you will realise about this kind of job is that every day is different. Certainly much of the work is the same, but every person you meet will be different. For some carers, even the place of work will change, as they work in the private homes of the client or patient. This means that initially you may find the work very tiring as you try to adapt to the individual.

Perhaps now I should explain that in the past we referred to the people we cared for as “patients”. Nowadays the term used is “clients”. I notice, however, that most of the carers I meet still call their clients their patients. So, mostly in this book, I will refer to “patients”.

Margaret found the pace of work very fast indeed when she started at a small home for handicapped people. Her skills at communicating and building relationships seemed to be swamped by the rush of physical activity, as caring for these handicapped people ran to tight time schedules. The other carers had lost sight of the individuality of the patients, and simply wanted to finish each shift. It took some time to adjust to the pace, and to begin to deliver the level of personal holistic care she saw as essential for the well-being of the patients.

This is a very common reaction for someone starting this kind of work. So do not lose heart, and try not to be discouraged if you also feel overwhelmed at first. And if you like parts of the work, but perhaps not some of your colleagues, do not be afraid to look around for something more suited to your personality.

If you can develop some of the characteristics you are

reading about, you will be doing very well. On any one day you will never need to demonstrate all the qualities you read about. But over several contacts with different clients, or patients, you may well demonstrate many of them. What is very certain is that if you keep an open mind, and try to learn as you go, you will receive more enjoyment out of the work, more satisfaction and appreciation from all the people you have contact with, and therefore you will find the work less stressful.