How do we nurse?

- About development opportunities in nursing home.

- When you feel so well
that you cannot feel better,
then you do not feel better!

How do we nurse
- About development opportunities at nursing home

Published by the National Board of Social Services 1986

Preface

The elderly area is transforming. The burden in the effort is about to switch from nursing home to independent housing with aid, service and care according to need. In different ways this development also gets consequences for the nursing homes.
This publication first and foremost targets managers, co-workers and residents in nursing home. It has basis in problems that most will know from the daily work, and which often stems from the conflicting considerations that always will be in an institution – regarding the nursing home as workplace for the staff and home for the residents.
The supporting idea for the publication is that the nursing home first and foremost must be a home, where the residents can keep the self-determination and the responsibility that matters for every adult person.
The purpose is to give the staff confidence to address and to change the conditions that counteracts this, and to help the imagination running with finding solutions.
Chapter 1 describes a method. The other chapters and subsections, which are about various common problems can be read independently of each other. You can choose the chapter that looks most exciting, or the issue (subsection) that you feel the greatest need to get cracked open. There is not provided patient solutions. Each nursing home must work towards solutions that fit best in the individual space-
The many examples from the publication about daily situations are illustrated with statements from residents, staff and relatives. The statements are taken for literature about nursing home and about the elderly area, and by interview with residents and staff in various nursing home (here no sources are indicated).

A group of current and previous nursing home managers have provided valuable support in the work with the publication. The National Board of Social Services wants to say thank you to Poul Bertolt, Jørgen Duer, Lis Hjøllund, Hanne Knudsen, Bente Madsen and Aksel Wehner.
Other people have read the manuscript with fresh eyes and given valuable comments. The Board says special thanks to Steen Bengtsson, Else Ebbesen, Birger Brodin Larsen, Hugo von Linstow, Erik Hindsbo and Kirsten Meldgaard.
It is the hope of the National Board of Social Services that reasonings and suggestions of the publication can inspire the staff to try some opportunities, where they perhaps before resigned to the impossibilities.

Ole Høeg, Board manager.
Jenny Winter, consultant.

Table of contents

1. Supporting ideas

1.1. What do we want to do with this publication?

›› A: My husband is doing so well, you can believe. – You do so much.
B: It must be reassuring for you?
A: Yes, you can bet on that I am also happy for it. But then do you understand that I nevertheless do not want to be in nursing home?
B looks slightly bewildered.
A: Although I know that they are doing well, then I would rather stay in my apartment for as long as possible. ‹‹
Conversation between two elderly ladies, of which the husband of one of them lived in nursing home.[1]

Most people would probably nod approvingly at the opinions these two ladies express. On the one hand you appreciate what the nursing homes offer the old people: There is the safety. There is the staff, who often perform a huge and heavy work with kindness and helpfulness. They do so much for the residents. On the other hand, you are reserved: It is not like home.
Now one has for years said that the nursing home is the home of the residents. It must be about time to take it seriously. We will try to convey the basic view that the nursing home must offer the residents a real home, where they keep the self-determination and the responsibility that belongs to each adult person.
The nursing home is also an institution and workplace for the staff. It is a fact that one has taken seriously for many years. This presents some contradictions for the nursing home as home of the residents. The considerations, you have felt obliged to make to the nursing home as institution and workplace has weighted heavier than those, you should have made for the nursing home as home of the residents.

Now we stand in the wad.

Firstly, the nursing homes have developed to, where it becomes tougher and more difficult for the staff to keep up the spirits. There are cost savings. There are different kinds of rationalisation and ››industrialisation‹‹ of the nursing- and care field. There is an increasing concentration of the most care dependent old people. There is a lack of blowholes in the daily life. Both for the sake of the residents and the staff one must try new ways.
Secondly, a change of offer in the field of elderly is underway in many municipalities that aims at the idea that aid and support should be provided regardless of type of housing. This means that still more nursing homes must improve on functioning as a collection of ››independent‹‹ housing, where nursing and care is not just provided depending on need. Also, those functions that today belong to the fixed routines, e.g. cleaning, washing and serving of meals will have to be granted in accordance with wants and needs of the residents.

Does it serve any purpose? Are the residents in the nursing homes not so fragile and care dependent that it roughly goes without saying, what the staff should do and how?

An examination with the title ››Better nursing home – how? [2]) indicates that it has purpose.

[1]) Hugo von Linstow: A story about the institution life in three nursing homes in Copenhagen. Duplicated special assignment, The Business School, Copenhagen 1976, page 32.

[2]) Korreman, G., Meldgård, K., and Skrubbeltrang, O.: Better nursing home – how? Copenhagen, AKF publisher 1982.

There is difference between nursing homes that in staffing ratio and resident amount are like each other in terms of, which general principles control organising of the care and the daily interaction with the residents. It turns that it does make a difference for the residents. Some principles are better suited for among other things promoting self-reliance, activity and socialising of the residents.
More and more nursing homes get started with experiment and development work – although far from everyone thinks that what they do and try is so remarkable that it deserves such a fine word.
The experiences show that you can do much for the hidden resources of both the residents and the staff to come to light, and the daily life becomes more human and more stimulating for both parties.
However, it also requires something – above all imagination and abrasion. We try with this publication to give the staff courage for the task and to help the imagination to run by showing a method to find ways out, when the problems are seemingly unsolvable.
The abrasion we can sadly not help with. It is the staff's – but that is it in fact in advance. The difference is that daily wear will be burned out, while the abrasion, which an attempt involves, containing excitement, optimism and the encouragement that good results carry with them.
The staff – or a small group of the employees – cannot do much alone. They need support from each other, from the residents, from the relatives, from the management of the nursing home. You must discuss towards agreement about the goal, the means and the procedure. We hope that the publication can contribute to the fact that the discussions get started and become fruitful.
What we want with the publication is shortly said

- to convey the basic view that the nursing home should offer the residents a real home, where they keep the responsibility that belongs to every adult person.
- to give the staff courage and inspiration to try new ways.
- to show a method to find ways out, when the problems are apparently unsolvable.
- to discuss a few commonly occurring. problems and give ideas on, how they can be solved.
- contribute to start discussions.

Who bothers reading so many pages?

The answer is simple: DO NOT! Choose the section that looks the most exciting and read it first. Each section is written as a rounded unit that can be read independently from the other. So, you can just read the sections that you want to, and you can read them in the order that you want to.

1.2 What is a home

To have a home is to have a point of reference in life. It is the regular living place that forms the basis for your activities, and to which you always return to. It is sanctuary, where you get your breath again, and where you sort new impressions. It is the place, where the connection between past, present and future is maintained.
At home you can be yourself, here you confirm your identity, and here you are needed and leave your mark. Here you can gather energy to show yourself to others as the person that you want them to see. Here you can determine for yourself, what should happen, and when it should happen, and you are respected as the one, who sets the rules for presence and participation of other people in the life of the home. In the home you thus have a private area, which both for

oneself and others express and confirm one's identity, integrity and self-determination and necessity.
The integrity and self-determination, belonging to a home, rest among other things on the principle of the inviolability of the home. Room of the resident in the nursing home is his housing, and the principle of the inviolability of the home applies to every home. The right to control own home will not be suspended, because the home is a room in a nursing home. The right to control own home rests among other things on the general right, you as an adult citizen must determine your own life, your health and your existence in general. This right is not suspended either, because you move to nursing home.

1.3 A bit about problems and problem solution

››We cannot do anything, because . . .‹‹ You hear this sentence in countless variants that have in common that they describe a problem and give a suggestion on its cause. The most important thing is however the resignation, which the sentence expresses. You resign, because you cannot see a way out. That you cannot see it does not mean that it does not exist. How do you approach finding it?
A *difficulty* is a situation, where it is clear, what you want to achieve. The road to the goal contains a few challenges, but there are no considerations that can lead you off course.
A dilemma is a situation, where you seem to not be able to move further, because there are conflicting considerations that make it so that what you want to achieve only seems achievable at the expense of something that is just as important.
When you think that you have a problem that you cannot go anywhere with, it can be because you have seen the problem as a difficulty, while in reality it contains a dilemma, you must first acknowledge it, and then know the method to move on.
We try with a thought-up example:
Mr. N has been placed in the nursing home after a lung cancer operation. He keeps on smoking 15 cigars per day. The staff thinks it is too wrong that he undermines his health. They seek to control smoking consumption, but it only succeeds badly, because Mr. N becomes angry toward the intervention of the staff and develops more cunningness to hide to maintain his smoking habits.
The staff perceives the problem with Mr. N as a difficulty: Their goal is to protect health of Mr. N, the challenge is stubbornness of Mr. N. They achieve nothing positively. On the contrary. They get into conflict with here. Here, the situation may reach a deadlock. But it does not need to.
Then a discussion occurs in the staff group. Some think that it is with all right that Mr. N becomes angry, because the staff cannot permit themselves to control his smoking habits. Others think that they cannot defend toward his relatives not to show thoughtfulness.
Now the picture of a dilemma is drawn: On the one hand is the consideration towards self-determination of Mr. N, on the other hand sense of responsibility of the staff towards the health of Mr. N that is supported by consideration to the worry of the relatives. Here the situation can also reach a deadlock, but it does not need to.
The most important thing to be aware of is that a situation, which is perceived as a dilemma rarely is a dilemma logically. There is so to speak always courses of action that one has overlooked.
It can be that conflicting considerations should not be equally heavy.
Self-determination of Mr. N cannot be violated. Regardless of what the Staff does,

then it must be in accordance with the wishes of MR. N. (Thus, the dilemma resolves). Obviously, the staff can do a friendly conversation with Mr. N and find out, what he prefers, when the smoking is not a matter of principle, where his dignity as independent person is at stake.
It can be that the prerequisites that create the dilemma are not durable on closer reflection.
Instead of concentrating on the health and the smoking the forethought of the staff about wellbeing of Mr. N maybe come considerably better into its own, if one abides by, what Mr. N thinks is significant.
Instead of presupposing that you must defend against the relatives you could try to talk with them and find out, if they understand the fact that the staff must not violate self-determination of Mr. N.
Instead of presupposing that the staff should walk the tightrope between wishes of Mr. N and his relatives, so the staff can let the two parties themselves manage their disagreement.
It can be that there exist other aids that achieve the desired objectives.
Maybe Mr. N wants to try chewing tobacco instead of cigars, Maybe Mr. N smokes so much, because he has not found other things to deal with, and then it becomes this that the endeavours concentrate on.

Ideas for problem solution

Main part of the publication is a review of a few problems, which you know at many nursing homes. Most is a part of the mentioned contradiction between the nursing home as institution and workplace against the nursing home as home of the residents. The reviews can be read as illustrations of, how the technique of problem solution can be used. Their intention is equally as must to give ideas for solutions on commonly occurring problems. We hope that our lines of reasonings and proposals can inspire the staff to try some possibilities, where they previously resigned against the impossibilities.

2. Preparation and visitation

2.1. How can you at moving to nursing home feel that you are in possession of abilities and powers . . .

2.1. How can you at moving to nursing home feel that you are in possession of abilities and powers, when you know that you have gotten through the pinhole of the visitation due to their misery?

›› The weight? No, I do not need to move that. I have been weighted and found too light. ‹‹
Resident [1]).

››They are like wax, we can form. Many of them have released the handle and leave everything to us. It is a task; we are not capable to cope with. ‹‹
Head of department [2]).

››In my I should not have been here at all. This one (points at the head), there is not anything wrong with, but it does for many. ‹‹ Resident [3]).

The visitation at the nursing home can be perceived as an exam, where you get paper on your incapacity. Although this only is half the half-truth, it is the part of the truth that is closest to the resident.
It can be difficult to accept that you no longer can fend for themselves. Different disabilities can also mean that you have difficulties with behaving in a way, which you feel that you can justify: not being able to keep urine and faeces, not being able to eat nicely, because you shake the hand, not being able to answer properly, because you cannot really hear or see, what happens around you, or because you know that the head clicks and many other things.
The nursing home cannot give meaning to the life of the residents. It can give the residents more or less favourable term for them to find their live meaningful. The task or challenge that the nursing home faces is to create such favourable terms. The task or challenge that the residents face is to use these terms. No one can do this for them, but they can among other things get help not to be tapped for their abilities and powers through the way, the visitation and the moving happen.
To start your life at the nursing home with knowledge about the fact that you have ››been weighted and found too light‹‹ is no favourable term. You can understand the residents, who ››release the handle‹‹ and leave everything to the staff. This is not favourable term to be convinced of the fact that the other residents are there due to their incapability.
The current role of the municipal Nursing homes in total elderly care is to step in, when opportunities of the home care does not extend. Most old people also feel that they move to nursing home, because there are not other opportunities. The nursing home is primarily a safety net that catches one up, when the accident is out. Sometimes the feeling of sorrow dominates the existence, you have lost.

››I cannot get somewhere, where I can have it better than here. We are looked after and cared for in all directions. They are friendly and helpful . . . However, it is like you are put in booths, when you become old, then it is like the end with it, you have lived for and worked for. ‹‹ Resident [4]).

Other times you experience the strongest relief of being ››caught up‹‹.

››I was satisfied the first day, I came. I could not do it. I was going up to the third floor and towing fuel up to the stove. I am

[1] von Linstow p. 34.
[2] von Linstow p. 35.
[3] von Linstow p. 74.
[4] von Linstow p. 75-76.

so happy that I left from there. ‹‹ Resident [5]).

As long as, the role of the nursing home is the role to be safety net, it is the question of it being something else than a place, you coincidently land in, when you are necessitated to move from problems that have grown over your head. You can play with the idea that the nursing home instead becomes a place, which you move to, because you see that there are opportunities, which can enrich your existence, or because you know that there is need for one there. That there is need for one can mean that you have one or another task, and that it plays a role that you are there.

››We let old Pedersen come to the nursing home. He really wanted to, but really, he is too self-reliant. But he is such a mood bomb, so him they cannot live without. ‹‹
Social inspector.

At the visitation you often concentrate on finding the lacks in the situation of the retiree and the flaws by himself that make it difficult for him to manage chores and tasks of the daily life. However, strictly speaking the life consists of much more than managing chores and tasks of the daily life. The more flaws there are, the bigger the need becomes to find the conditions, which can bear the mental lifeline of the old people.
A condition is that the old person has a home – and sometimes the nursing home will be able to offer the resident a better home, than he has had so far.

››My father-in-law, who is widower, who needs the safety that the nursing home can give him by there always being staff around him. He believes that he got a new life by all the daily chores (cooking, shopping, cleaning, laundry etc.) being taken from him. Now he can cultivate interests, which he previously has had no time for. ‹‹
Relative.

Another condition is that the old person can keep their dignity – which he can let himself be allowed. Furthermore, he must experience that he is necessary for someone or anything – that it makes a difference that he exists, and that it makes a difference that he is, where he is.
How much reason is there actually to think along these lines for the nursing homes, where the immediate strongest impression of the residents is their fragility, their fatigue, illnesses, physical disabilities and any confusion? What about those residents who do not express whether they sense and react to their surroundings? What, if the nursing homes in the next 5-10 years collect the most fragile of the old people to a higher degree than today? Would it then not be reasonable to simply ensure that the staff with friendliness and courtesy performs the necessary nursing tasks? Would it not be an extra burden to put on the old people to expect that they must be self-aware, and that they must be necessary for someone or anything?
Before being tempted to answer affirmatively on these questions, they must just be turned once: Would it not be an extra burden to put on the old person, who already is plagues by fatigue and illness to let them feel unworthy and needless?
A third requirement is that the decision of moving should be from the old person. It applies whether it is about nursing home or other housing. Relocation is always a severe break in your life.

›› Everyone were in agreement that Larsen

[5] von Linstow p. 38.

had to move to nursing home, he physically could not be able to manage alone and was undoubtedly mentally impaired. But Larsen resisted, he wanted to stay at home. Good forces were inserted to get him to understand that it was necessary and best for him to go to nursing home. It ended with him agreeing to try it for a few weeks. I went out and spoke to him in the home and had for the first time in several years a conversation with him one to one and became aware that he was certainly not demented . . . He maintained his wish about being in his home, and the trial should be done, but everyone awaited that it quickly would become nursing home. Now three years have passed by . . ., but gone it has, and Larsen is satisfied. ‹‹ Doctor [6]).

In my imagined wisdom, I regarded nursing home as the right solution! ››There live so many, you can speak with – and your shaking paralysis is certainly a severe disability. ‹‹ For Six-seven years she lived in the nursing home, lonelier than ever. ››I am too old to make new contacts – and then there is not even a baking oven. ‹‹ Doctor [7]).

It is difficult as resident to take initiatives and be active, if you feel that you are placed in nursing home, because other people think, it is best for you.

[6]) Gam, Frode: Can old people choose their life style? in: Self-determination – also for the elderly group? The Gerontology Committee of the Medical Association Hygiene Committee. Copenhagen: The publisher of the Medical association, 1981, page 19-22.
[7]) Møller, Esther: Does the doctor affect opportunity of the old people to decide? in: Self-determination – also for the elderly group? op. cit. Page 16-18.

Green winter of life

My children come today.
They mean me well.

However, they are so worried that they
think that I need a handrail in the entry
way.
Telephone in the kitchen.
That someone should look after me,
when I go into the bath.
They do not really like that I live alone.

Help me to be grateful for their worries.
And help them to understand
that I must take care of myself
– for as long as I can.

They are right, when they say that there
are risk factors.
I could fall.
I could forget to turn off the oven.
However, there is no challenge,
no opportunity for victory,
no real life – without risk.

When they were small and climbed in
trees and cycled
and went on camping trips
– I was terrified.
But I let them do it.
To prevent them would have been to
hurt them.

Now the roles are swapped.
Help them to understand it.
Let me not be difficult and tedious, but,
let me not give them permission – to
strangle me in care.

(Unknown author).

Purpose of ››the visitation‹‹ must be to provide the retiree the knowledge that he must use to make a choice. You can also let him try different possibilities. He can ››taste‹‹ the life of a nursing home with a trial stay. If the nursing home has e.g. a day-care center and a dining room, which can be opened for external retirees, it can also be a support.
The personal contact between the nursing home and any future residents can give insight into conditions, which are almost impossible to inform about: How is the staff? How are the other residents? What is expected of you? What can you, may you and should you? This knowledge is important, both for the old person to consider, if he wants to move in or not, in order to reduce the uncertainty around the relocation not becoming more demanding than necessary.

››In the last months before I moved to the nursing home, I was picked up to the nursing day center once per week, so that I should not be foreign to it. It was a very positive thing for me. Here in the house I also know many people from the time, I could still get into the retiree club, so my occupation was easy‹‹ Resident.

When the old person has decided to move, it is important that he gets a reasonable deadline to improve the relocation. The processes that you must through during relocation take time: There are the practical arrangements – which belongings can and would you bring along, what should happen with the things that you leave, how you should decorate your home in the nursing home, when you should pack up, and how you can get it handled, when you should order mover etc. There is also the more psychological adjustment – to prepare the path, so you can ››fit in‹‹: To find balance between on the one hand to say goodbye and on the other hand relying on the existence that is connected to the home that you are about to leave etc.
Wait time, where you do not know, where and when you should move is not just useless, it is directly devastating. As long as there is no date or address that you can use as ››lighthouses‹‹, the tension that the relocation entails seems to become anxiety and uncertainty.
That the new resident gets a month to prepare relocation does not necessarily mean that an expensive nursing room space should be empty. You can reduce the expense that an available room represents, if it for instance is used for relief stays.
Finally you must take into account that people can regret a choice, or that their situation can change, thus that the problems that triggered the decision of moving no longer are present. If everyone when moving are first included for a temporary stay (relief stay), they only need to consider if they want to stay or not, when the period is over. The legislation provides opportunity for a 3 month deadline, where the retiree can keep their housing.
The nursing home and its residents also need preparation time, where you can end and round off your relation to the previous resident. The funeral can for example function as the ritual that can form a suitable gap, where you say goodbye and get ready to let life proceed.

››We refuse to take a new resident into the room, before the previous resident is buried. ‹‹ Headmaster.

3. To be new in the Nursing home

3.1. How can you retain your identity . .
3.2. How can you as new resident at the nursing home show, who you are?
3.3. How can you believe that you have a future . . .

3.1. How can you retain your identity, when you know relocation to the nursing home must do without belongings, surroundings and habits that have confirmed your identity?

››I believe that I reacted so severely in the beginning, because I thought that I abandoned myself. I became part of a pitiful grey mass that just consisted of old people brought together in one place. ‹‹[1]).

››Mrs A. had to move to a nursing home that was in another district. After moving in she became very confused, she could not figure out, where she was. After a couple months there was room for her in the nursing home that was right nearby her previous home. When she got there, the confusion disappeared. ‹‹

››An old lady had with the moving in gotten her old rocking chair placed in the cellar – there was no room for it in the department. After a year it was picked up. When she saw the chair, she cried. ‹‹[2]).

››An old man was characterised as severely demented by the staff. He told us that he felt embarrassed. He wore a shirt and jacket – but no tie. He told us that he always had worn tie, when he was together with other people outside the home. ‹‹

Our perception of who we are is supported by the environment that surrounds us, the things that we surround ourselves with, the habits that we maintain, the people that we hang out with, the opinions we claim, in short everything that our life consists of. If changes happen in our life, it can occur that we also get a new view of ourselves. If the changes are too many or too big, it can happen that we do not have the power to grapple with the changes, but we lose sight of ourselves.

››Who am I, can you tell me that? ‹‹ – ››How? ‹‹ – ››I cannot explain it to you. It is like I am not alive. I ask, what is wrong with me. I cannot get away from that.‹‹

Resident [3]).

When an old person moves to nursing home he must give up a number of ››hooks‹‹ that he hangs his identity on. Each ››hook‹‹ has its own story that supports the memory of their life course. When you should give up on ››the hooks‹‹ it entails that you must make up your mind and your life history and consider what you can do without, and what is important in the new surroundings.
It can be difficult enough to figure out what you actually need. What you choose will obviously depend on, how much space you get available, but it will also depend on what you (rightly or wrongly) expect of the new life. It the retiree for example chooses to bring the fine living room, while the worn favourite chair is discarded, it can reflect that he does not expect that his room in the nursing home is completely private area, instead that it must be decorated for him to show off to those who come in with the most dignity. If he for instance chooses to bring the dusty cloth and the dishwashing brush, it can reflect that he expects that he still must look after his home and his daily life.
It is probably even more difficult to choose between the memories that the things represent, and to figure out, which image of yourself you present in the new surroundings by using the things that you brought.

››When my husband died and I moved to my

[1] Anne Berggren: *Når man bliver ældre.* Copenhagen: Forum 1979, p. 41.
[2] Ruth-Turid Petterson: *Noget kan gøres.* Copenhagen: Munksgaard 1972.
[3] von Linstow p. 114.

small apartment, I had to get rid of an awful lot of our stuff. But most of it could go to the children . . . . But now it was all about only to bring the most necessary . . . . I lie awake at night and speculated, how I should manage it, and I felt, how during the day I was almost weeping over the slightest thing and finally could not manage to determine anything. Finally, I said to my daughter: You must determine it all, now I can do no more. And then I cried.‹‹ Resident[4]).

A number of those ››hooks‹‹ that is important for the sense of who you are, can be difficult to bring with moving to nursing home.
How much of the familiar surroundings besides the housing you must give up is related to, whether the nursing home is included in these surroundings, or if it lies outside. ››Familiar surroundings‹‹ will for most people mean geographical proximity, which can also mean ››social closeness‹‹, such as for example when a nursing home is established for members of a certain association.
How many habits the residents must give up is related among other things to, what he expresses, what he thinks he can be allowed, which rules he believes that he must adapt, and how flexible the staff manages to organise the life in in the nursing home.
How much of what each new individual resident today is required to give up could actually be preserved? How can he be supported to stay in or keep the contact with his previous local environment, with relatives and friends? What about his belongings and pets? What about his habits and interests? You can give the residents better opportunities to make the settlement of their previous life and the adjustment to the new life in the pace that they can handle. It can be a significant help that the previous home can be preserved in a period. Thus that you gradually can move the stuff to the nursing home, which you will need or miss, just like you preserve an ››emergency exit‹‹ and have a way out, if you cannot adapt to the nursing home.

››A couple got offered room in a nursing home, where they would get rooms on each their own floor, and where they were not allowed to bring their bed. The bed was their bridal bed, and they had slept in it since they were married. The couple said no thank you to the offer, although the situation in the home was very difficult. Shortly after there was room in another nursing home. Here they could bring their bed, and they got a deal that they could move home again, when they wanted to. In the following time their house was used as meeting place for the family, and they regularly went home on visit. Gradually the visits became rarer, and first after half a year did they start to speak about selling the house.‹‹

It also seems to by a significant help to know that belongings and previous home is in good hands.

An old man prepared his moving by putting notes on all his belonging with info on who should take over the things. ››Then it is a present, and you can obviously throw away a present.‹‹

An old lady does not want to sell her house. It stood empty long after her moving into the nursing home. One day she was visited by a young couple, who told her that they for a long time had gone and looked at her house, which they liked very much. Would she want to sell it to them? This she did – because now she knew who took over, and that it was people who loved it.

[4] Berggren p.40.

3.2. How can you as new resident at the nursing home show, who you are, and what you are capable of, when everything you meet makes you confused and uncertain?

One morning Mrs. P. was delivered from the hospital. Solidly supported by a man from Falck on each side, they did a shortcut through a backdoor and got directly into the department. The staff complained a little that the hospital sent her over in the middle of the morning bustle. The nurse of the department prompted that traditional ››welcome cost‹‹ of the headmaster was obtained from the florist. Then she disappeared for an hour to take care of Mrs. P. and her sister in law, who followed just behind Mrs. P. At the report meeting journal of Mrs. P. was reviewed. The staff was made aware that Mrs. P. sometimes was a bit confused, and also got instruction on, how her wounds on the feet should be treated. At lunch time Mrs. P. was picked up to the dining room in the department. ››Should I walk around and present myself?‹‹ – ››No it does not matter‹‹ Mrs. P. was seated at a table with two other residents. ››This is Mrs. P. she has just arrived‹‹ Sister-in-law of Mrs. P. was referred to the dining room for the day center guests. After the meal Mrs. P. was again picked up by the staff. ››Do you not want to enter your living room and have fun?‹‹ Mrs. P. had slipped into the routine. The day after Mrs. P. said: ››Then you are here, and that is end of the discussion‹‹

››The first time passed beyond all expectation. I thrived well and had fully made the whole day with learning to orientate. I had to learn where the dining hall, the cafeteria, our shop, the occupational therapy, the hairdresser and much else was. Also I tried to become familiar with those, who lived in the nearest rooms here. It also got easier, than I had thought beforehand, and it turned out that I have mutual acquaintances with some of them, and then you immediately have attachment points.‹‹ Resident[5]).

››It is usually rare the first days that problems occur. They like to first come, when there has passed fourteen days.‹‹ Headmaster[6]).

Here it is about, how the resident gets foothold in their new life, and whether the meaning of the initial time, how life of the resident in the nursing home later will form. As new resident you face the task to orient in the new environment and to find yourself and your own place here, or if you will, take stock of the situation and taking its course in relation to the facts, as you see them now. The first impression of the resident on what he can expect of what you expect from him, and what you expect him to is important, because it can initiate a good or vicious cycle. If e.g. a new resident gets a chance to – or have the energy to – prove to be an independent person with his dignity intact, staff and fellow residents would also give more of themselves, whereby the independence and dignity of the resident is strengthened.
The resident must during the difficult phase of orientation and ››self-assertion‹‹ in a situation, where his power already is already burdened by the moving. If ››the self-assertion‹‹ does not succeed, there is a risk that the resident is treated as if his anxiety, uncertainty, depression and confusion in connection to the moving is a part of his personality and a part of the reason for why he has moved to nursing home.

[5] Berggren p. 40
[6] von Linstow p. 35.

Assumptions of the staff are in this regard supported by their perception of, how thoroughly the retiree is examined at the referral, and how ››tightly‹‹ you refer. Thus, the resident can easily be in a situation, where the reactions, which the moving contributes to strongly induce, are perceived as his ››true‹‹ nature. Problems of the resident are hereby doubled: partly he must overcome his fear, uncertainty etc., and partly he must overcome the interpretation of the staff of this.
The staff can also have a certain interest in ignoring, who the resident is, and what he is able to do. Independent and relatively self-reliant residents can confront the staff with difficult questions: How can we meet special wishes of a resident, when there are 20, 40 or even more residents? What value does the work of the staff have, when the residents can do themselves?
The new resident can be helped with the moving from the previous home being made less stressful, so that he has energy in surplus to orient himself in the new environment.
A part of the orientation in the new environment can for example occur at the preparation of the moving. Hereby you can also achieve that the resident becomes known as a person at some point, where he is as he used to be, and where he is freer towards the staff than after the moving.
The orientation can also be facilitated in other ways. A pamphlet can facilitate the memory of the resident regarding, which facilities that exist in the house, where they are located, and when the resident can use them. Times for the different recurring events can also be stated in the pamphlet.
Orientation boards are put up in different places in the nursing home and a plan of the buildings is put up in the room of the resident can make it easier to find around.
The orientation in the social environment can be facilitated, if the resident has a person (a ››godparent‹‹) that he can refer to, who helps him settle in, and whom he can vent his impressions at and ask for advice,
The orientation must happen over some time, so the resident does not get several impressions at once, than he is able to process. Some residents may also need extra help to remember, so they can continue working with getting hold on the impressions.

››Mrs. A. is sad that she has become very forgetful and cannot remember what has happened or has to happen. According to the agreement with Mrs. A. and her family a dairy is placed inside her room, where all visitors and the staff write a small ››reminder‹‹. It pleases Mrs. A. a lot, because now she can keep up and look back and remember what has happened.‹‹
Headmaster.

Since opinion of the staff regarding the resident at moving in is often characterised by the information that is collected about him at the visitation, it is important that this information has such a nature that they strengthen independence and dignity of the resident.
The visitation information can be ››neutralised‹‹ by the staff already knowing the resident, or that the staff consciously ignores negative first-hand information, so you can have a fresh start.

When Mrs. A had to move to nursing home from a long stay in waiting department, the staff was told that it was about a patient, who was completely paralysed and without brain function. The department manager visited Mrs. A to present herself and tell a bit about the nursing home, as she always did, when it was about new residents.
She had an assumption that if the department staff had dared laugh at her,

then they had done it. After 14 days in the nursing home the staff thought that they could see clear signs that Mrs. A. understood most of, what happened around her, and one began to understand signals from her, such as winks and something like handshakes.

The deadline that you have after the moving in, where it apparently can seem stimulating for the resident to be in the new environment must be used to satisfy the curiosity of the resident. Afterward he will be better able to address the tough question about his own place in the environment; he has had opportunity to examine.

3.3. How can you believe that you have a future, when one of the most striking first impressions is fragility and maybe short lifetime of the fellow residents?

››I am almost completely healthy, and I got a shock, I tell you, when I saw how you can become, when you become old.‹‹ Resident[7])

››Here is so boring to be. Not one smile, nothing. I am not afraid of dying. I ask so often, why I should live. My husband and my siblings and friends are dead. Why should I live? Can you tell me that? I am after all quite alone.‹‹ Resident[8]).

››Many have, when they come, a small white nightgown in a plastic bag, which would have been faded, when it should be used, therefore it is prettier with the clothes that the morticians have.‹‹ Matron[9]).

When an old person moves to nursing home, he will meet fragility and death to such an extent that he will have to find a way to handle these facts on. If it succeeds seems to depend on, whether can get the experience of past, present and future to be linked. The adjustment of residents for the future can be facilitated if the nursing homes to a smaller degree are reserved for the very fragile, so that the new resident sees that the nursing home is a place, where you can live, and not just a place, where you will die. The experience of fragility may take a back seat by the residents appear as people with their dignity and independence intact, not just a collection of ills. This is more easily achieved, if the nursing home is so small that the residents can experience each other as individual and not as a bunch. In bigger nursing home the residents can be divided in smaller groups, who as long as possible organise and having the responsibility for their daily life. If the residents come from the local area, where the nursing home is located, they have often known each other through a long life. The experience of fragility or disability of fellow residents then only becomes a part of the experience of this person.

S. suffered from schizophrenia. She had some quirks, e.g. she could come up with hitting, if something went against her, such as ››her‹‹ place in the living room being occupied. She was one of the youngest in the nursing home, and many of the fellow residents had known her already as child. They accepted her as she was, except that she hit, but they adjusted to it, so they avoided provoking her temper.

The way the staff addresses the illnesses and disabilities of the residents is also important. The more the staff shows worry for the illness of the resident, the more he will feel burdened by the illness, the more occasion for worry his illness gives the staff – the vicious cycle is in full swing.

[7] von Linstow p. 33.
[8] von Linstow p. 132.
[9] von Linstow p. 43.

When the most valuable in the past has gone missing, it can cause that the present feels empty and the future is written off. Death can be anticipated as liberation from content less present.
The experience of death can be made relatively positive, if the residents can have the reassurance to know that their wishes are respected, when the time comes (e.g. not to be move to hospital), and that the funeral happens in a worthy way.
A way to handle the future is to prepare your death and ensure to place the pieces in place for this event. However, there is no guarantee that the pieces are not moved. Maybe against all odds the resident gets to live for so long that the white nightgown brought for the funeral fades. How can you avoid that the stay in the nursing home only becomes a long wait on the end of life?

››I am older than most and know that I really should have been dead at this point, but I would like to be here for a bit longer. And even I am curious about, how it will go at the election in autumn. But now look here at what I want to give my children in inheritance. I have written diary, partly one about my lineage, partly about the lineage of my husband, and one that is about our life together. This I want my children to have after me . . . . Still today I write small remarks about my days – it just becomes some crooked lines at a time. Not because there happens anything exciting to write down, however maybe they want to know, what I am thinking about . . . . Only I can give them acquaintance of heritage and friends in inheritance.‹‹
Resident[10]).

Last example shows a way to get past, present and future to form a unit, where each part both has its own meaning and give other parts meaning.

[10] Berggren p. 50-51.

4. The tasks

4.1. How can you as employee feel that your work has worth?
4.2. How can you better meet the mental care?
4.3. How can contact need of the residents be covered?

4.1. How can you as employed feel that your work has value and get satisfied your academic pride, when the work rarely gives concrete results you can point at?

››The staff feels responsibility and nursing for the older people, who they take care of in the homes. Death is the natural endpoint, this everyone knows well, but rarely talks about it. By contrast, it happens that a resident develops mentally, so it can be difficult to keep the person in the home. We have failed. We could no longer handle the task.‹‹[1]).

››The staff is often in doubt about how good the institution is, both as treatment and residence . . . . Rather than letting the residents even come to, it often becomes the staff – to create a sense that they fulfil their tasks and work – goes too far in fixing, administrating and organising life of other people . . . . And precisely because self-respect of the staff is put in to make it so good as possible for other people, it is wounding and appalling, when no one are grateful.‹‹[2]).

››It is the meaning that I should become happy, when there is someone who do not need me. But that I do not – I become hurt. ‹‹ Headmaster[3]),

This section is about, what the nursing home should actually be for the residents, and what the purpose with work of the staff. It is about the academic pride of the staff, and how they can know that they do a good work. It is important for their self-respect and job satisfaction that they feel that the work they perform is worth the trouble and fulfils its intention.

What is then the intention with their work?

One side of this are all the concrete tasks that must be handled for the residents can get the help they need: cleaning, cooking, personal assistance etc. With these tasks you can see if they are done well enough. That the residents become nursed and cared in accordance with all rules of the art in a professional and competent way is not a small thing. But it is not enough to get people to proper.

››Is the food calculated according to the small table without smile or surplus, so it loses its human quality and creates spite and stomach catarrh. Such grub can only be push on people, who cannot choose for themselves. ‹‹[4]).

It does not just apply to the food. If the joy of the thing or the activity in itself is missing, then it becomes dead. If the residents and the staff do not feel joy e.g. by what they do in the occupational therapy, or by working with the body in the physio therapy, then the therapy becomes – to cite an advocacy of resident – cramming.
If the intention is to contribute to wellbeing and quality of life of the resident, how can you then know that you do it good enough? On this point the staff is dependent on the residents. It can therefore affect the self-respect, if you fail a resident. Your work is suddenly meaningless if a resident does not

[1] von Linstow p. 46.
[2] Løchen, Yngvar: The institution I: Institutionsliv – et liv uten rettigheter? Norges Vanførelags temahæfte nr. 3. Socialforlaget A/S, Oslo 1974, page 28.
[3] Andersson, R., Melin, E. & Melin, I: Social service inom hemtjänst och äldreomsorg. Natur och Kultur, Stockholm 1981, page 142.
[4]) Peter Riismøller: The hunger border, Copenhagen. New Nordic Publisher – Arnold Busck, page 66.

need you and you feel needless – you become hurt.

But to measure the quality of your work on wellbeing of the residents is a misunderstanding, because the staff cannot ››produce‹‹ wellbeing of the residents. The staff can create some frameworks, which do not prevent the residents in living their life the best they can and with the diversity of feelings that belongs to the existence. The doubt on whether you do the right thing is a component of the work with people.
The doubt can also be fertile by leading to new ways of working and socialise with the residents.
It can also be barren by leading to various strategies for self-justification, which basically is just as destructive for both the staff and the residents
Such a strategy is that the staff seeks their self-respect in the gratitude of the residents. When it became a ››survival‹‹ requirement for the staff to receive gratitude, then it becomes a ››survival‹‹ requirement for the residents to show gratitude. Residents and staff can thereby mutually keep each other stuck in courses of action that have very little to do with wellbeing and quality of life.
Another strategy is that staff assesses their effort based on the compliance of several routines that clarify which tasks that must be handled and in which way. E.g. it can mean that you clean it all every day, even if no one can feel that it is dirty. The routines get characteristic of rituals, when there no longer is connection between the action and its original intent.
A third strategy is to assess quality of the nursing home based on its resources and facilities. If the pride of being able to showcase a ››fine‹‹ nursing home takes the control from you, it can happen that you along the way forget, what the residents need and want. To caricature the situation: You are proud of your colour television, even though all the residents are colour blind. More daily life examples are mentioned, e.g. the kitchen staff can be proud of their high sandwiches, while the residents rather would make a flat ryebread with salami. Or the hobby room is equipped with first class tools for carpentry, but there are no one who need these products that can be made here, and no one that can help the residents get started.
A fourth strategy – and a way to ››deserve‹‹ gratitude of the residents – is to ››do everything‹‹ for the residents. ››Here, the residents should just enjoy themselves and have a good time. ‹‹ The more the staff does for the residents, the stronger they feel their necessity. Behind the conduct of the staff there also lurks dream of the stressed of the luxury vacation: You do not have to do anything yourself. All gets provided, and service is provided in all ways possible. You have no chores, and you have unlimited time to amuse yourself. Any discontent or rather a nagging feeling that something is missing will be difficult to recognise or formulate. You obviously have nothing to be dissatisfied with. You feel so good like never before. Opportunity of the residents to confirm their necessity to do something for yourself or others shrinks. Self-reliance of the residents becomes a threat both against the staff and themselves. If the residents are capable, then what should the staff be there for? And what should the resident by in the nursing home for? Helplessness of the residents is the crank that seems to keep the whole environment in place.
These strategies are described for you to be more easily able to see through them and use them as warning signals, which mark some tracks that lead in a wrong direction.

Then what is the right direction?

It is no use that you seek to change the nursing home into a hospital like environment, where the residents become patients, and where you pretend that they can be treated of their old age and avoid death. It can be useful to see physical and mental state as partially dependent of the impacts they get in the daily life in the nursing home. It cannot be of much use to work with training and maintenance of skills in the occupational and the physio therapy, as long as the only training the residents get in the department consists of leading the coffee cup to the mouth as far as possible without spilling. It can be useful to ensure that the residents are not deprived of the tasks and challenges they face. These are the driving force that makes that they use their abilities and skills and thereby train them or keep them maintained.

The residents do not generally participate in the daily work in the nursing home, which they in a way may think is boring. Johanne, who is very arthritic, says: ››When I have done something that is very difficult for me, I am happy with myself and I do not feel completely sidelined, and you would rather not be a nuisance.‹‹

Nor is it useful that you seek to make the nursing home into a kind of luxury hotel, where the residents become guests, who only should rest, enjoy themselves and be looked after. As guests the residents are not expected and are not allowed to interfere with operation of ››the hotel‹‹ and work of the staff. The residents are going to miss the challenges, which can give the daily life content, and the struggles that can lead to real rest.
It is no use that the staff endeavours to do everything for the residents, and they feel that the responsibility of the whole life of the residents rests on them. Then the staff will fall short, and the residents will stand in a void.
The staff should in their work and interaction with the resident show that he is respected as an independent, dignified and necessary with responsibility for his own life, and with a natural right to a real home with the rights and duties it involves.
The staff should not make any demands toward the resident, but they must not remove the requirements and challenges that the resident faces in the daily life.
The resident must have the responsibility for own life – it is still his life, it is about. The staff must aim as far as possible to give the resident opportunity to live the life that he chooses. You can remove the challenges for the resident for the resident that can be created by rules, routines and inappropriate interior design. You can minimise the genes that health-related flaws cause. Here the staff must put their expertise in terms of treatment and training opportunities and ways to compensate disabilities on disposal of the residents.
You can help the resident, where he is not able to do the tasks himself. The task of the staff is thus to enable the resident to choose their lifestyle, and in accordance with wishes of the resident to complete training, work and activities. Insofar as neither staff nor resident is used to or expects that the life in the nursing home forms as a cooperation between staff and residents, this entails a great challenge.

4.2. How can you accommodate the mental care better, when there hardly is enough time for the nursing tasks?

››You often want to sit down and speak with a resident, when you see one that is sad, but you also know that then the others must do

the work.‹‹

Nurse assistant[5]).

The older nurse assistants are raised to the idea that there should be cleaned up, you should do your work to the agreed upon time, and there is a lot of things that just should be alright. And you do not ensure it, you are accused of walking around and acting as company lady[6]).

››It is difficult to change the routines at the retirement home, where I work. Sometimes, I get the feeling that the routines are there, because we must have something to show the relative, when they arrive: See, we work! Because if you try to restrict the cleaning a bit and instead do something together with the residents, then a relative always come and criticise us, because we just sit there, or because there is not cleaned up inside the room of father. ‹‹
Nurse assistant[7]).

Care and nursing are often perceived as competitors for time of the staff. When the care and the associated practical tasks outperform the nursing, it often happens under inner protest. Nursing is perceived as something that can happen, when the care is over – if there otherwise is time to spare.
In reality a significant part of the nursing occurs at the performance of the nursing tasks. This nursing is more invisible than the organised nursing activities, such as cosy evenings, birthday coffee and entertainment. The nursing can better be accommodated by giving this ››invisible‹‹ nursing better conditions: to build on the fact that the practical pursuits in the daily life of the staff together with the residents performed in a ››caring‹‹ way. The practical tasks must be done, but the way to clear the tasks on can be crucial, whether the mental lifeline of the resident holds or bursts.

What is it to be ››caring‹‹?

It is among other things that both staff and residents have a mutual feeling of what the resident will use their day and their life on. The resident does not live for waking up of the bed, be washed and getting dressed. They can live their life, e.g. because all this is done.
The nursing staff on the other hand is preferably to help the residents with these (and other) things. That, which for the residents is a means, easily appears as a goal for the staff.

In the physio therapy room there was a training stair. When you had climbed the six steps, you stood with the nose on a light grey wall.

When the resident must get up from bed, what does he have to get up to? When the resident is trained to walk, what does he then have to walk to?
When you take such matters seriously, you quickly find that the nursing is also a matter about organising the environment, thus that the different sides of the life in the nursing home mutually support each other, and that you must cooperate across of the diversions that is formed by professional groups and rosters. Otherwise the resident would not be able to get their life to hang together.
The nursing also appears to which degree the resident retains the control of their life, thus that their wishes, habits, rhythms etc. become crucial for, what he gets help with and at which points of time. It is not enough to say that the staff should show consideration – there are so many

[5])
[5) & 6)] Steen Bengtsson: Toftegård projekt – the nursing home as organisation of work. Internal draft. Municipality of Aarhus, 1982.
[7] Anderson, Melin & Melin p. 129.

considerations. It is about significantly more, namely that the resident retains the responsibility of themselves and thereby the undeniable right to decide for yourself and your existence.

››Valdemar is a bit sad about it today, because he no longer has his knits, which he used to work with. But once in a while we have to take it away from him, otherwise he becomes too fatigued.‹‹

Headmaster.

This example shows a form of consideration, but self-determination of the resident is completely put out of the game, and the result looks like recklessness.
An important side of the care is way of the staff to interact with the residents completely down in the small details. The fewer people, the residents meet, and the fewer experiences they have, the more they will support their self-perception of the behaviour of the staff towards them. For the residents several details in the daily life become a sign of, if they are respected or not – whether the staff greets or not – whether you feel that the staff discuss you and decide things behind your back – whether you are called for dinner like the others – whether you always have to wait as the last person, when you get your food – whether your worries are taken seriously, or if they are turned over,

››The soup is served in tin bowl. Magrethe loses the appetite, talking about alms house. ‹‹

Resident diary.

Following word exchange took place, when a young, uneducated nurse assistant in pretty sharp tone blamed one of the residents, Mrs. Bendiksen: ››Look, now you have peed on the floor again.‹‹ Mrs. Bendiksen did not answer at all, but tried as fast as she could with her walking sticks to get out to the toilet. Afterwards one of the older nurse assistants admonished the colleague: ››You cannot speak like that. This is not a kindergarten. It is adults.‹‹[8])

The ››invisible‹‹ care does not always need to be time-consuming, but some sides of it will be. However, it does not necessarily mean that it always takes a lot of time from the practical tasks. The conversations with the residents often happen in connection with the fact that practical tasks are performed. It does not need to be a disadvantage. On the contrary it can give some entries to start the talk, and it can give an acceptable diversion, when the talk stops. However, it is devastating, when the practical tasks are so quickly over that the staff only has short time available together with the resident. So it becomes necessary to pretend like nothing, when the resident is sad, and to address their worries. This indicates that organising the work in accordance with a ››family group principle‹‹ and not in accordance with a ››assembly line principle‹‹. Also you must consider, how appropriate it is to divide the work by the resident into cleaning that is handled by house assistants (or what you choose to call them), and care that is handled by nurse assistants. If residents and staff get more coherent time together, there are higher chances to figure out a rhythm, which is satisfactory for both parties. You can distinguish, what can happen between a home carer and a domestic retiree:

››My home carer is amazing. When she arrives, she makes coffee. While I set the coffee table, she manages to clean and arrange the kitchen. Then we get a sip of coffee and a good chat, and while I take out

[8] von Linstow p. 100.

from the table, she cleans.‹‹ Domestic retiree.

The example shows how work and cosiness has come into balance, how both parties support each other with getting the rhythm to work, and how both parties with their effort show that they respect each other – by the home carer doing their job properly, and by the retiree receiving the home carer as a welcome guest.
It can also be that you should consider reorganisation of some routines, thus that the staff has time for the residents at the time, when the residents want to talk.

›› It is actually mostly in the night at bedtime that the residents will confide to the staff. It is like the memories emerge the strongest in them there. ‹‹

Night guard.

Maybe you can move some care tasks and some staff from the morning team to the night team, so that the night team gets more time for the residents at bedtime. For example the meticulous daily personal hygiene that is usually done in the morning. It could just as well be done in the evening.
You can also strive for as much as possible of the work of the staff happens together with the residents and as little as possible in separate rooms, where the residents never go.

›› The kitchen tries to think in resident-centred trajectories. There is regularly asked for help to e.g. potato peeling, apple cutting, kale ribbing etc.‹‹

Headmaster.

Last but not least you must build on opportunities of the residents for care of each other. The residents have the time that the staff rarely has. If they also want to depend on it succeeding to create an environment, where friendships can grow, and where the residents show each other respect and consideration. The mood in the staff group rubs off on the residents, and behaviour of the staff towards the residents also rubs off.
You can make it easier for the residents to get together and benefit from the togetherness by ensuring that there is something to talk about: A mutual task – visits of guests, for the best if the resident invites and is host – domestic animals or a bird cage in the living room – a trip in town etc. It does not necessarily have to be about large events such as picnic, midsummer fest and Christmas lunch.

One day a nurse assistant thought of painting the nails of Mrs. Jørgensen. It happened under a lot of nonsense and tomfoolery. Afterwards the whole department was amused by the red nails.

4.3. How can the contact need of the residents be covered, when the staff does not bother to engage with all the citizens?

›› When you have worked with nursing and care for some time, you approach with a professional opinion. It can seem emotionless, but it is necessary to not be knocked out. How should you overcome to involve yourself for approx. 20 people, who are changed all the time? How should you overcome all deaths?‹‹

Headmaster[9])

›› Imagine that you can say to yourself: Good you are free at three p.m. – and yet you cannot put your work away from you, when you get home.‹‹ Nurse assistant[10]).

[9] Andersson, Melin & Melin, p. 143.
[10] von Linstow p. 67

›› You do not believe that you do enough, and at the same time you can feel that it only is the children that matter. ‹‹

Nurse[11]).

›› They have theirs, and we have ours, so the residents can also talk about the staff and opposite naturally. ‹‹ Night guard[12]).

The examples highlight that the nursing home is populated by two groups – residents and staff, and that there is a certain distance between these two groups. For the staff group it is often apparent that you feel there are them and us.

The contact between the residents and the staff seems to contain conflicting feelings with both groups regarding what you can and will give, and what you expect.

It wears on the staff to get involved. Some can put away the feelings; others cannot, although they think that they need it. It also occurs that the staff feels powerless, because they nevertheless cannot give the contact that the residents miss, or that they feel overwhelmed, because the residents attach too much to them. To engage in friendships with the residents can require too much, not engaging can be inhumane.

The headmaster told us that Andersen had invited her to their 80-year birthday. She would lie to go, but was in doubt anyway, whether it would be the right. ›› Then the other residents will maybe feel that they also are required to invite me. Also, if I had to participate at all birthdays, then it affects my family. ‹‹ The Manager of the department noted that Andersen now had talked about and planned their birthday for a long time, and the only thing that had stuck from the beginning was that the headmaster had to join.

What does all these mixed feelings come from?

Is it because the staff wants to – or do they feel that they should – be something for the residents, which the situation itself contradicts?

The fundamental fact is probably the distance between the residents and the staff reflects that the two groups are in the nursing home on widely different conditions. For the staff the nursing home is a work place, where they stay for a maximum of 40 hours per week. It can be an important part of their life, but under all circumstances it is only a part. Besides they have their home and often family, where their life is anchored with everything that entails.

For the residents the nursing home must function as their home. Here they often stay for 168 hours per week. They rarely have any alternative to the life in the nursing home. The reason for the presence of the staff in the nursing home is the residents needing support. Thus, the residents are (more or less directly) subject of work of the staff. In your work you are dependent of the subject that you work with to conform to your will and intention. But when the subject of your work is not an object, but a person, the paradoxical situation occurs that the more it succeeds to get people to conform to your will and intention, the more you deprive him of his humanity.

›› For some of the staff, we are goods on a shelf in a supermarket, or dead art objects in a museum.‹‹

Resident diary.

›› They are like vax that we can shape. Many of them have let go of the handle and entrust us with everything. It is a task that

[11] von Linstow p. 57

[12] von Linstow p. 87

we are not able to handle at all.‹‹
Manager of Department[13]).

››You feel so totally handed out to strangers, like you lose the respect for, who you are. ‹‹ Resident[14]).

An important characteristic for most friendship is that there is reciprocity in the relation, and that you meet on equal footing. Both the in equality between staff and residents in terms of how big a part of the existence, constituted by the nursing home, and the role that the staff is assigned in relation to the residents, it makes it difficult to handle feelings and engagement between residents and staff. It is understandable that friendship can be scarce.

What kind of contact do the residents need?

Most people have many kinds of contacts, who are different and necessary in different ways. There are acquaintances – people, you know, and whom you greet and maybe chat a little with. They are spice in the life (although sometimes bitter), they belong to the landscape, and they help with showing you your own place in the landscape. There are friends – people, who you are happy about, and who are happy for you, and who you can talk with about a lot and maybe keep quiet together with. There is mutual sympathy, trust and loyalty. They give warmth and knowledge about being wanted. There are the closest ones – people, who stand so close to you that they have become a part of yourself. A good relationship to the closest ones can strengthen a more than something else, a bad relationship can devastate you more than something else.

When the staff feels that many residents have a large contact need, they are probably right. Many residents have lost their spouse. The children are sometimes far away, or the relationship to them bad. The friend crowd has shrunk, and those who remain, you have difficulty keeping in touch with. If the nursing home is not located nearby, where you lived or had errand before, you will not meet your acquaintances anymore.
If the compassion of the staff for the residents lead to the fact that they expect to replace your lost relations, then they demand the impossible by themselves. It probably happens that a friendship grows between a resident and an employee, but the mutual sympathy, which the friendship rests on, is not something, you can make into a duty for yourselves or others. It also happens that the sympathy and the wish for friendship are one-sided. Neither can friendship grow, and it is important to stick to what in the difficult situation, where one is sorry of hurting, and the other is vulnerable.

What can the staff demand of themselves, and what can they do?

The staff can have such a good and cosy surface contact with the residents, characterised by positive acquaintances. Here professionalism of the staff can come to their aid. It does not help to establish friendships, but to create tolerable conditions, when the friendship is missing. The good professionalism can be understood as – besides professional competence – being able to socialise with all residents with care and consideration, regardless if you feel special sympathy for them or not. On the one hand this is a form for contact that has worth, and on the other hand it can contribute to the fact that the residents get

[13] von Linstow p. 35.
[14] Berggren, p. 26.

positive experiences of themselves and of each other. This can also be a soil, where friendships between the residents can grow. This is also an area, where the staff can do something. The residents can obviously just as little as the staff be required or be pressured into establishing friendships. The staff can however still contribute to the residents getting a positive contact with each other, and that budding friendships are not weeded away by sharp-edged rules and routines. (Can the residents change places at the dinner table, so those who wants it sit together? Can the residents trade room? Can the residents get help to do small services or offer each other a cup of coffee on ››odd‹‹ times?).

It also happens – albeit rarely – that two residents fall in love with each other. In the same way as with the friendships the staff can contribute to the fact that the residents can get opportunity to develop (or entangle) their love relationship.

It is not the case of the staff to assess, whether the relationship is good or bad, to encourage or set up obstacles. The residents must be able to trust discretion of the staff and on their willingness to be helpful with the residents can arrange themselves that they see fit.

The staff can thus contribute to the idea that the residents can maintain the contact with old acquaintances, friends and family. You can make it practically possible and alluring for them to visit the nursing home. You can also make it practically possible for the residents to seek out their old acquaintances, friends and family.

5. The routines, the habits and the rules

5.1. How can you relax routines to satisfy the individual wants of the residents . . .
5.2. How can you break the habits and the uniformity, they are part of creating . . .
5.3. How can you avoid that the rules get a constraining impression . . .

5.1. How can you relax routines to satisfy individual wants of the routines, when the routines ensure that the staff achieves what they have to achieve, and that the work occurs coordinated?

A resident was sad that she could not get flowers watered in the weekend – while the bathroom mirror was plastered and polished, although it was not dirty. The department staff explained that the reason was that the bathroom was the task of the cleaning staff, while the flowers was task of the nurse assistants, and in the weekend the number of nurse assistants were kept down at a minimum.

››The staff never knocked, before they came into the living room, and neither, when they came into the toilet that belonged to the living room. It feels so degrading to sit on the toilet, and then the door is just opened, and a girl child of maybe 20 years-old gets in and begin to undertake something, as if you were not there at all. You felt as an old furniture that was just a hassle.‹‹ Resident[1]).

The two examples show the routines from their worst side, namely when they have begun to live their own life and are observed as rituals, regardless what is required, and which meaning it has for the resident.
The routines are in a way an expression for the inner being of the institution: a place, where you collect a number of people with needs that all seem uniform for the fact that you can treat them in groups, which means seen rationally from the view of the staff and society.
In this there are two prerequisites, which are not necessarily sustainable: that the residents are alike, and that it is rational to treat them in groups.
The residents can certainly appear similar, if you describe them from some relatively superficial characteristics: age, illnesses, disabilities, need for aid. These characteristics are helpful to the staff, when the residents are treated as nursing objects, but they rob most of their individuality. If you describe the residents from their habits, interests, behaviour and their points of view in life, they will appear exceedingly different. Whether you should focus on the similarities or on the differences depend on, what you think the purpose and the meaning with the stay in the nursing home is. Here significant differences can hide between staff and residents.

››When putting on the jacket is considered being a goal, the institution life withdraws from the type of life, we think is humane. To get into the clothes is a means to reach other goals – e.g. work.[2]).

››I must live. The doctor and the others ensure this. But I am not needed. I have nothing to live for‹‹ [3]).

The routines involve that the daily life is organised according to a fixed pattern, coined in a work plan, where work tasks and times for execution of these are specified for the different staff groups or individual employees. The routines create order and clarity, especially when the nursing home is so big that you do not immediately have overview of, what happens the different places.
If the routine is broken, disorder comes easily. Diversion from the routine in a place in the system can easily affect the work many other places. Thereby the compliance of the routines become a goal, and the routines get their own life. It is difficult to accommodate sudden impulses, the actions are locked, and gradually also the thoughts – the sudden impulses are not found anymore, neither

[1] Berggren, p. 25.

[2] Institutionsliv, p. 91.

[3] Helander, Jan: The long maturation. Skeab – Håkan Ohlssons. Lund 1979, page 96.

with residents nor staff. The daily life runs well-oiled and rationally as an assembly line, and with same lack of life.
When the routines get their own life, they also become the scale that the staff and others hold action against. When you achieve the tasks that you must do at the fixed times, then you have done your thing – regardless whether it was precisely these things that was needed on that day.

››Here we clean everywhere every day. ‹‹ - ››Does it happen that you skip it one day, e.g. get time to get out into the garden with the residents? ‹‹ – ›› No, we do not. ‹‹ – ››Does it at all happen that you skip it? ‹‹ – ››Yes, if there is much illness, then we are extra busy. ‹‹ – ››Can you see difference? ‹‹ – ››No-oo, but we are required to ensure that it is clean and neat here. ‹‹

The less room the routines provide to the residents to form the daily life in their own pattern, the more you risk that they abandon these wishes, the routines adjust and turn into passive nursing objects. The uniformity of the residents, which the routines require can very well be created by the routines. A self-reinforcing circle occurs: the routines pressures the residents into an apparent uniformity, whereby the reason to relax on the routines disappears.

››In an environment, which is less flexible towards the need of the individual, the individual will slip into a depressive condition. The person undergoes a process of change during the stay. In the beginning he sends signals about what he needs. When these remain unanswered from the side of the surroundings, he gives up[4]).

To relax the routines does not mean that all regularity in the daily life disappears, but that it is formed on conditions of the residents, and that there is enough flexibility for you to do something else than what you use to without planning for several days.
The notion of rational organising of the work seems to attach itself to great operation and the opportunities it provides: work in accordance with the principle of conveyer belts, special units for mutual functions (e.g. kitchen, laundry) and specialisation of the staff in different work tasks.
At work with people these principles have several disadvantages, which maybe may turn out to be bigger than the advantages. Routines according to the principle of conveyor belts, where all residents need help with the same at the same times, they can contribute in creating bottlenecks. E.g. if all residents must be dressed for shared breakfast in the dining hall, the staff gets a very busy hour from 7 to 8. If the residents instead get help getting dressed and get breakfast, gradually as they awake, there is bigger chance that the staff and the residents can get a calm start on the day.
Special units such as central kitchen and laundry contribute to increasing the number of units, which the routines should consider. They also contribute in removing these functions from the residents and from the staff of the department. Opportunity of the residents on participation and influence is reduced, likewise for the opportunities of cooperation between the residents and the staff that they can offer, if they are within range. The special units may also develop their own standard requirements and rules that do harmonise with wishes of the residents. E.g. the professional pride of the sandwich maid can unfold in sandwich with garnish and curls, while the residents maybe prefer flat pieces. For example, for the laundry the delicate clothes of the residents

[4] Institutionsliv, p. 91.

can become moments of irritation, which in different ways can be disseminated to the residents, thus that their choice of clothes is gradually rectified.
Specialisation of the staff contributes to maintaining the principle of conveyor belts: there is a staff group for care, one for cleaning, one for activation, one for nursing etc. Each staff group is given a timely as well as functionally limited contact with the individual residents.
If the routines should be relaxed, and the individuality of the residents should get better opportunity to show itself, you must consider ways to organise the work, which breaks with the principles of conveyor belts and economies.
An important prerequisite seems to be that staff and residents are assembled in units that are so small that they are manageable. Here a permanent group of staff can together with the residents essentially take care of all chores of the daily life. This means that the disciplines and thereby the setup of the work in different professional group must be softened and role of the special units is downplayed.
You can use the collective home care as model for the organising the work. The staff gets an immediately manageable unit to work in, and they have the essential bricks in their hand, thus that they pretty much must take the rhythm of other groups into consideration.
Specialisation can on the one hand be used for the different staff members in the group to excel each other (instead of putting up fences around ››their‹‹ territories), on the other hand the specialists can put something into motion, which the basis staff and the residents can work further with. When you use the homecare as model, it also means that each resident basically has their own regular aid, and that you make an agreement with the resident about basically which functions the concerned is helped with and at which times. The flexibility is achieved by the person comes regularly and can organise the work together with the resident, thus you achieve what, should be achieved during e.g. a week – but not necessarily hour for hour. E.g. you can walk together one day with good weather, and then instead give the cleaning an extra mile next day. This regular aid must obviously be combined with the resident can always call staff at need. For the resident, the nursing home comes in that way more to function like his previous home, but with the advantage that there always is staff that can help between the regular agreed upon visits. You can possibly also go one step further and let the resident keep their old home care for the regular visits, when he moves to nursing home. Many old people feel very connected to their nursing home, and the home carers often know the old person, his family and environment, his habits and wishes well.
When the work is thus organised that the staff gets a closer connection to the residents, it gives better opportunity for the residents to show their individuality, and the staff can perceive them as so different that regular shared routines seem out of touch with realities – instead of as currently, where it happens that residents who cannot adjust to the routines, seem to be out of touch with reality.
When considering a rescheduling of the work, there are at least three questions that join:
What is important for the staff to achieve, and this corresponds to, what the residents think is important?
Is it best achieved, if the residents are treated in groups, or is it best achieved in another way?
How can the work be organised, if you focus on individuality of the residents instead of their similarities?

5.2. How can you break the habits and the uniformity, they are helping to create, when the necessary surplus of energy and imagination is worn out for both residents and staff?

›› Even if you try to do so much differently with the resources, you now have available, then an institution atmosphere. There does not happen enough – it becomes daily life. All. Trivial. ‹‹ Manager [5]).

›› 'They' do not provide anything. You can clearly sense the difference on those, who got visits and impulses, and then those, who sit alone. Now I can take them, when I get home from vacation – but you are stuck! – It is identical and the same. We must be everything to them. They do not give anything. It is like beating into a duvet. ‹‹ Department manager [6]).

››On Christmas day I again visited Mesterhøj. When, I came in to Mrs. Zimpsen, she asked: 'What day is it today?' – 'It is Christmas day.' – 'Is that so. For me there is no difference, if it is Monday, Tuesday or Wednesday. It is the same. You can bet that it is not fun. ‹‹ [7])

What, we in the last section called routines, included time schedule and division of labour, this mean who should do what and when. With habits we mean uniformity in the way to perform the various tasks. Routines and habits interlock, since the routines contribute in creating the uniformity, which is fertile soil of the habits. The habits enhance the uniformity and thereby contribute to maintaining the routines.
The habits rest on the fact that the situations are experienced as identical. If new situations occur, the habits cannot be used – they are broken. A pervasive theme in the examples above is ››nothing happens‹‹. This can mean three things:

- much does not actually happen
- you cannot see, what is happening
- that what is happening does not catch your interest.

What constitutes an important event for a person does not matter for many others.

››Elise believed that Mrs. Lerberg had better vision, than what she gave impression of, and as evidence for this point of view she told the following: 'that time the canary sprained the leg, she was the first to discover it. So, her vision cannot be that bad. 'However, Mrs. Lerberg is act blind, so the most plausible explanation seems to be that she was so well acquainted with the bird's movement in the cage that she sonically could sense that there was something abnormal with its behaviour. ‹‹ [8]).

The example shows, how a person who is interested gathers their attention and experiences something like an event, which has evaded others attention and interest. A significant reason for the residents experiencing that there has not happened anything, can be that they have lost the contact with what means something for them.
If there should ››happen‹‹ more at the nursing home, you can try to maintain and preferably expand the field, which residents and staff experience as interesting. You can help the residents to maintain their reference points in life and the contact with what means something for each of them. Here you build on the previous life of the elderly. You can also seek to increase the engagement in their current life in the nursing home by the residents both individually and in groups get more shared responsibility for daily life and

[5] von Linstow p. 67.
[6] von Linstow p. 68.
[7] von Linstow p. 130.
[8] von Linstow p. 132.

better opportunities to provide what they can and will.
You can give the residents and the staff better opportunities to *experience, what happens.* The nursing home must be made manageable, and the groups that residents and staff move in must be fittingly small that you can experience each other as single individuals instead of a group. You can try to make different occurrences into events instead of hiding them in routines and habits. E.g. staff change, death and new moving recurring occurrences, which may well deserve to be the social field, which staff and residents move in daily.
You can increase the supply of activities, which the residents in the nursing home can participate in both in and outside the nursing home. Here it can be about intercepting and supporting initiatives and ideas from the residents themselves to create contacts with local associations, associations of education etc., which can contribute by putting in some activities for the nursing home or can maybe arrange transport of residents to activities outside the nursing home. It can also be about creating more flexibility in the accounting system, thus there can be created space to unforeseen initiatives, which in advance is not placed in an account.
A recurring theme in the description of the uniformity of the staff is that the residents do not give anything. You can turn this statement around and ask, if there is anyone who are interested in receiving what the residents eventually could give. Have you asked the residents about what they can and want to contribute with – and then give them the opportunity for it? Did you ask the residents about, what they actually want to receive?

›› Taking actions of persons from him and perform your own actions instead, since there is risk that you have begun to take his own words from him. And you take a person's word, since you maybe have already committed burglary in his thoughts. All with the best intention.‹‹ [9]).

When the staff feels that their surplus of energy and imagination is worn out, it is only partly related to how heavy the work is. Equally as significant it is how stimulating you experience the work. When the habits put their mark on the uniformity of daily life, the work feels heavy, and the surplus and the imagination fade away.
If residents and staff can be brought to experience that more happens, and that you have more to give, which the other is happy to receive, so you get to grips with a significant part of the regularity. The habits can get the positive role of freeing you from the trouble of considering banalities, thus that you get surplus for what is more exciting.
It can also be necessary to get stimulation from the outside. Courses and meetings can give new knowledge and new ideas. Courses outside the house have the advantage that the residents meet colleagues from other nursing homes and potentially also from other work areas. Courses that are arranged in the nursing home have the advantage that all employees can join, or both employees and residents. But there is often long way from new knowledge and new ideas to new work methods in the daily. All the fine words and good ideas tend to disintegrate in the daily grind. If new knowledge and new ideas must come through, it requires that the staff and the residents jointly discuss precisely how they should be used, and which of the numerous almost unconscious behaviours that should be changed and how.
The joint influence is important to avoid that trying to introduce something new is like

[9] Helander, p. 116.

››hitting into a duvet‹‹, but instead is supported by residents and staff together.

5.3. How can you avoid that the rules get a nagging touch, when it is impossible to make rules that fit everyone?

››The residents often believe that there is a lot of rules, which do not exist. The other day for example a resident came to me and said that on this day she wants to eat in the city. ››May I cancel dinner? ‹‹ Compare with our dining guests from the retiree homes – they will never think of asking for permission to cancel the meal – they just do it. ‹‹ Headmaster.

››I want to lie down and rest until noon, but I could not get my couch over here. ‹‹ – ››Why do you not lie in the bed? ‹‹ – ››May you do that? ‹‹ Residents, who shortly before were moved in from hospital.

››Should I be allowed to shape my personal opinion about rules, I will just briefly say that the vast majority of these written forms are unnecessary, dangerous for the people, who inhabit the institution, and item for abuse from unsafe, authoritarian people, both staff and clients. The rule set that should apply in an institution, the standards that apply in the society are otherwise, and these standards are based on mutual consideration in relative freedom. ‹‹ [10]).

What, we here call rules are about, what you can or cannot, what you should or should not, what to do or not to do. This is the shared characteristics of the rules. Additionally, there are differences on rules with consideration to, what is their purpose, who they come from, and who they target, whether the written are unwritten. The unwritten rules, where no direct decision has been made about somewhere (management, resident council etc.) often is called norms. The rules and instructions that are imposed on the nursing home from outside are gradually written and contain the advantage rather than the less tangible norms that you know, what it is about, and who have drafted the rules. The same applies to rules – written or unwritten – that are adopted by the head of the home, staff groups or in the resident council. If these rules seem constricting, you can try to negotiate to a dispensation or a change of them.

The rules can be outdated or formed without knowledge to the daily life and the environment in the nursing home, which the staff and the residents have first-hand experience of. The considerations, which the rules seek to accommodate can maybe be accommodated in a way, which do not have the same constricting consequences for the nursing home. Therefore, it is important that consequences of the rules are covered and brought up for debate, so they can get a more appropriate design.

It is especially the norms, which affect behaviour and manners and is crucial for, whether the people, who randomly are brought together in the nursing home, are tolerable with each other. This is not different than in the society at large. However, it is still the crucial difference for the residents that they have limiting opportunities to ››take your good clothes and walk‹‹, when they feel that they do not fit into the group or the environment.

If the norms should not feel constricting, you must have opportunity to avoid the group or the environment, where they apply. Room of the residents (or apartment) in the nursing home must at least be a place, where he can be in peace, and where he can reside at his own request. Based on this question, you

[10]) Manager Ruth Turid Petterson: the institution as a housing form for people with disabilities I: Institutionsliv, op. cit. p. 47.

must also consider, which alternatives that can be offered for activities, which usually takes place for the residents in group or bunch: dining, hobby work etc.
There must also be opportunities for the residents to move away from the nursing home. If there are several nursing homes in the municipality – or there is cooperation with other (especially neighbour-) municipalities, this can open opportunity to move to a nursing home, where the environment is more in compliance with your wishes. There can also be differences within the individual nursing home, thus that a resident who do not feel comfortable in a department, maybe can do it in another department.
For the sake of the opportunities of the residents to choose the environment, which they feel fit together, it must be an advantage to aim towards the fact that there are differences between the nursing homes and between departments on the slightly bigger nursing home. However, the right to choose environment does not require to be restricted to right of withdrawal. This can also include opportunity to make yourself familiarised with the options, cf. chapter 1.
If none of the above-mentioned options are present, it is conceivable that some residents ››withdraw‹‹ or ››stand outside‹‹ by educating a person with senile dementia or psychotic behaviour. Withdrawal can be a solution for the person, who feel crowded by the rules and the norms, but it does not contribute to make the rules more flexible and the norms more spacious.
When a person – being a resident, staff member, relatives or someone else – resists or makes a rule or norm in doubt, it can give occasion for the fact that the rule is discussed, its appropriateness is assessed, and that you potentially find ways to accommodate both the consideration, which justifies the rule, and the considerations that arouse resistance.

Three days after a new occupation of residents, meeting is held between the residents, staff and relatives. The new relatives of residents gave impression of the fact that it should be obligatory that you eat together (you were used to eating together or separately, as they wanted to). The new resident should after short time be moved to another nursing home, because she was ››frozen out‹‹ by the other residents, who did not wish that relatives should control their life.

In this example, where a relative drew an applicable rule into question, you could have discussed through, how you both ensured wish of the residents about being able to retreat and to choose their community, and a wish about unity and opportunity for contact between the residents. Instead a conflict developed, where the residents moved their anger from the relatives, who dared to interfere, and the staff, which you apparently do not trust, for the new residents, who was the one that had said the least in the case. The anger got a form (freezing out), which virtually made it impossible to solve the conflict, since you broke the contract.
Standards of the staff for behaviour of the residents are probably a certain delicate area. It is understandable that both staff and residents are uncertain. The uncertainty can cause that the signals, the staff gives the residents are unclear or conflicting. Some residents would create their clarity by adding the staff a tighter standard and ruleset, than they have. Other residents would react with confusion, because they feel that they are unable to understand, what the staff means. They themselves and maybe others do not perceive the opacity as a characteristic of the signal, but as a mistake of ››the recipient

device‹‹. Individual residents can exploit the obscurity and maybe play on it to get elbowroom.

›› Even the residents sometime feel that someone goes to far, and that the staff is too tolerant: ›› Because you become old, you are not allowed to become completely insatiable. I sometimes think that the staff is too nice.‹‹ [10]).

Most commonly seems to be that the residents get acquainted with the rules, they (more or less rightly) mean is applicable, without them therefore feeling that swaths of their personality is hit.

›› You must follow the rules that are but also becomes a habit. When providing a part yourself, things are going better.‹‹ Residents[11]).

›› Now, I think, I am a bit my own. I have my opinions, and you should not have to. And there is then nothing to say to it, you should preferably be acquiescent. ‹‹ Residents [12]).

If the residents are ensured involvement in operation of the nursing home and daily life, they will be encouraged to make their opinion known about the more tangible rules. Influence of the residents can also have an indirect effect on standards of the staff by the residents getting a position, where they must be respected. The more the residents are respected as independent individuals with their own life and existence, the lesser role the flexibility of the residents will play, since it is replaced by an interaction between equals.
The standards can also be made into a topic for discussion in the staff group, in the resident group, and the two groups in between. For such a discussion it can be an advantage that you are uncertain on the standards. There would be many opinions, and many would not know, what they should think. The uncertainty can give opportunity for openness for viewpoints of each other.

›› The believe has never moved as much as a pin. But the doubt moves mountains. ‹‹ Poul Henningsen.

[11] von Linstow p. 95.
[12] von Linstow p. 115.

6. The staff, the resources and the buildings

6.1. How can you get staff enough . . .
6.2. How can you get the staff to work as an unit . . .
6.3. How can you let unemployed, unpaid (voluntary) assistant and residents participate in the work
6.4. How can the nursing home be decorated as a home

6.1. How can you get staff enough, when the residents get heavier and heavier, and when you at the same time should save on the staff?

››On the autumn picnic a smaller part of the paid by the hour staff had been a bit unsatisfied, because they did not get payment for the time the picnic lasted beyond 15 o'clock . . . . If salary or similar should be paid for the participation of staff from this time onward, then you would have to reduce these for economic reasons . . On the other hand, then you were dependent of aid of the staff in the evening to these arrangements, and whether an increasing part would not arrive, because there is no cash payment included, then the parties would be impossible to complete.‹‹ [1]).

››The hour between seven and eight in the morning was previously the worst on the whole day. Everyone had to wake up and get dressed before breakfast. Now we instead do that all staff is gathered and drink coffee. Then we wash the hands of the patients, putting them up in bed and putting dentures in place. Eight o'clock the whole staff helped each other with serving breakfast on the bed. Afterwards we can silently and calmly wash them, make beds and help with the dress. We are finished with the morning tasks earlier than before, and we are not stressed at all. ‹‹ Nursing assistant [2]).

It is shown just as well right away to establish that there always could be used more staff. It is because there does not exist any upper border for the ambition level for care and nursing.

››I was astonished the first day, I was in the home for elderly people. The residents were treated like they were helpless. At the tablet they did not take their own food and they should not even gather plates together. Some were likely a bit fragile, but with a bit of aid they would certainly have done it. As it now was, they sat completely passive, while we crashed around and were stressed, instead that we could be assisted by everyone. ‹‹ Nursing assistant [3]).

Which level of ambition is reasonable? How can you put a border, when you must acknowledge that the life of the residents (just like all people) always could be more satisfactory? On the other hand – it becomes better, because the residents get more people around them to help you or do the things for you?
The question about the staff resources and their inadequacy is thus not just a matter of the increasing fragility of the residents, but also a matter of life quality and level of ambition, on the best possible use of resources of the staff and the residents, whether organising of the work and the existence in general at the nursing home.
The first example shows how a resource problem appears as an insoluble dilemma, because you overlook some of the bricks that you could move with: the arrangements could maybe be set up at times, where there is staff to run them, or the guard plan could maybe be changed, thus that there is the necessary staff for the arrangements.
The second example shows, how a changed organising of the work can remove stress and business without the staff being increased.
The third example shows a widespread notion, namely that the staff should do everything for the residents. If you follow this principle, there will not be enough staff, and the staff will always feel that they do too

[1] von Linstow p. 76-77.
[2] Andersson, Melin & Melin, p. 147.
[3] Andersson, Melin & Melin, p. 115.

little. You do not give the residents opportunity to do something, thereby making them passive and dependent of the staff. The staff gets busier, and the vicious cycle is started.
Only about half of the staff time in a nursing home is used for the residents individually, this means for cure, nurturing, nursing and treatment. The rest of the time is used for different mutual functions, such as kitchen, laundry, night guard, administration and meetings etc.

How appropriate is it to ››hide‹‹ so many staff hours in common features?

If several of the tasks that today is performed separated from the residents belonged to the daily life together with the residents, there would be better opportunities that both the residents and the staff felt that the care around the mental wellbeing had their natural place in the safeguarding of the care tasks, and the common daily functions. If we compare the organising of work of the nursing home partly with a hospital and partly with home care, it seems to be the hospital that stands as model. There can well be gains to get in letting the home care be model.
When the staff feels that the residents become ››heavier‹‹ and ››heavier‹‹, it can have its background in relatively fewer gradually self-reliant residents arrive in nursing homes. This means that there are fewer ››blowholes‹‹, this means residents who do not require such a huge effort, and how the staff therefore can get some of the energy back, which is expended together with the very demanding residents.
There are also some conditions in a nursing home, which can make the residents more care dependent than what is strictly necessary.

››The residents, who use sleep medicine often become dull in the morning. The consequence hereof is that they move too little, and they drink too little. So, they get the poor kidney function, get water in the legs, becoming increasingly walking impaired, is put in wheelchair and lack the incentive to get up from it again. During gradually short time, you have made a reasonably mobile resident to wheelchair users. ‹‹ Department nurse.

Disabilities of the residents are not always as big as it immediately seems.

A superintendent was one day tired of seeing that the residents always were driven in wheelchair. She appointed 5 random residents and gave message about the fact that they from that day should get up from the wheelchair. An uproar arose from both residents and staff. However, the superintendent held on to their decision. After a month, the 5 residents could even go to the dining room and where they otherwise would go to the house.

If you will get time of the staff to strike, there is thus several opportunities. You can experiment with *organisation of the work* with consideration on equalizing the work pressure and get a smoother rhythm the whole day.
You can experiment with the work methods in order to avoid creating the passivity and dependence on the staff of the residents. Instead the staff thinks that they should do everything for the residents, you can consider everyday pursuits as an occasion for a cooperation between residents and staff, where the performance of the tasks involve a

togetherness, where both the physical and mental needs are accommodated.
Assumptions about, how ››heavy‹‹ or care dependent the residents are should not stand as facts, but can be sought tested.
Some visits to home-living retirees together with staff of the homecare can give another view of possibilities of residents.
The staff of the nursing home rarely has experience from the home-care and hence no opportunity to see that retirees in own home exist with just as large functional impairments as those in the nursing home.
The admission to the nursing home easily gets a self-affirming glow: When a person moves to the nursing home it must be, because he is so care dependent that he cannot manage in other places. If you let it come to a test, you can sometimes be surprised.
The residents of the nursing home, who have dementia or are difficult to get in contact by other reasons that the staff faces tasks, which is not necessarily physically demanding, but which they are not educated and trained in managing optimally. And which therefore is disproportionately burdensome.
Treatment methods for dementia are a fairly new area and unknown and untested for the majority. Here the staff needs education and opportunity to draw on a consultant. The treatment does not always need to be a comprehensive program. Sometimes you can get noticeable improvements with small means.

A resident in a psychiatric nursing home was so restless and unconcentrated that it was impossible to get him to participate in some activities. The only thing he showed interested for was to smoke, but he had no money for all the cigarettes he wanted to have. Then the staff taught him to roll cigarettes. It meant that his restlessness is reduced and the concentration is improved – and in addition he could now smoke significantly several cigarettes for the same money.

Education and training, whereby the staff learns to master the handling with e.g. residents with dementia can get them to experience the work with these residents as less stressful.
Finally, you can in order ensure to ensure ››blowholes‹‹ in the daily life, at the selection of new residents also hold the door open for more self-reliant residents. Optionally, this can be achieved by having some spaces for unloading stays.

6.2. How can you get the staff to function as an entirety and the daily life to connect, when the tasks are divided between professional groups, and the day is divided between guard teams?

››At a time there was introduced the scheme in the Municipality of Copenhagen that the nursing homes not having to employ uneducated nursing staff. And the places, where you had such labour, they should for the future that it is how it was at least formulated in the department, 'have nothing to do with the residents'. this means the most boring and lowest assessed work remained to this group, such as cleaning rinsing room, make beds, fix clothes etc.‹‹ [4]).

››There are problems with the night guards living their own life in comparison to the rest of the staff. This means among other things that their opinions can be different from the day staff, e.g. they do not like that the residents lock their door at night.‹‹ Principle.

Staff of the department is divided into two

[4] von Linstow p. 100.

teams, which have their own half of the residents to take care of. Once per month you exchange half, because according to the nursing assistants 'become too boring the whole time to walk with the same residents'. And still according to the nursing assistants, the residents should not be weaned to always fit by the same, as it causes difficulties at staff change.

The staff in a nursing home can be divided into many different groups: Nursing staff (grouped by departments and guard team), kitchen staff, cleaning staff, the occupational therapy staff, physio therapy staff, office staff, and finally a janitor/caretaker of boiler/handyman who belongs in all places and no places. Each group has their own set of tasks, and rarely see the residents more than a certain part of the day and often only a certain side of his life.
Division of the staff in guard team and professional groups reflect that the tasks temporarily and educationally are more comprehensive than a group can overcome. The nursing home may appear as a large drawer, where each staff group has their drawer containing a certain part of the resident. As long as the staff could look into their drawer, its content will easily be misunderstood or be incomprehensible.

Mr. Andersen was driven out into the hallway in the wheelchair and was stranded at the opposite wall. He would have helped to get up to stand, and he had asked ››the ladies‹‹ about helping themselves, but they would not. The nursing assistant: ››This is how he is once in a while, he would not be here, he wants to go home.‹‹ She drove him into the room without further comments. Later, he stood up in the room and was dropped on the floor. A fellow resident mentioned that Mr. Andersen in the gym practised in standing up. The nursing assistant: ››Certainly, it is very good, but it does cause problems here.‹‹ Mr. Andersen cries: ››There are some, who are nice, but others say, I cannot just help it, or 'I will not', and 'this is not necessary', and then it is no matter what I do.‹‹ Resident diary.

The resident and his life is a unit, where experiences and activities of the day affect the nocturnal sleep and vice versa. The food affects the mood, which affects the appetite, which affects the digestion etc. Experiences, events and activities affect thus each other completely across of the specialisation of the staff in guard team and professional groups. The person, who is the most adjacent to *maintain the connection in the life of the resident* is the resident themselves. If the resident gets responsibility for themselves and their daily life, the task of the nursing home would not be to administer the life for the resident, but to provide the staff time and knowledge to availability of the resident, thus that he himself can administer his life.
If residents and staff of department are divided in *smaller groups*, who have a firm cooperation, the staff group who has most with the resident to do can by need function as contact person to and possibly spokesperson for the resident in relation to the nursing home otherwise. This working method is known from e.g. orphanage as ››family groups‹‹.
One of the examples is objected to connection to a smaller group of residents, ››it becomes too boring the whole time to walk with the same residents‹‹. It is the tasks that are boring, because they do not contain the challenges, the staff and the residents have need in the daily? Is it the residents, who are boring people? Or is it boring, because the residents likewise have not achieved to be perceived as people? (In the nursing home, which the example is retrieved from, the opinion of the headmaster that

››production of nursing is in principle the same as production of sausages‹‹).
The same example is mentioned that achieve problems at staff change, if the residents are weaned to a smaller staff group, who are firmly associated with them. The example is retrieved from a large nursing home, where a department has twice as many residents as a small retirement home, 3-4 times so many employees. In the large unit it can happen that the resident is exposed to a flicker of persons, where only a few has most to do with the resident, standing out as recognizable. If these disappear, the resident loses the few points of references that he has.

››When you have become familiar with them, then they usually must be moved somewhere. And when they got to know them, you want to keep them. ‹‹ Resident [5]).

››It is not easy to follow along with, how many days they work, and who is here. It is sometimes that you think, now they are not here anymore, and then nevertheless they are here. ‹‹ Resident [6]).

It also happens that staff change occurs that the old staff just disappears, and new ones pop up, without the resident being oriented or getting opportunity to say goodbye to the one, who leaves, and greeting the new one who arrives. This can be experienced as a marking of the fact that the resident does not mean anything for the staff and vice versa. In such an emotional void redeployment can be made with the staff – react noticeably to this. You avoid the crises that can occur, when a personal relationship between two people are interrupted, but you also deprive both parts of one of the components, which give the life content.

[5] von Linstow p. 92.
[6] von Linstow p. 92.

Although you do not establish ››family groups‹‹, the staff of care/nursing considered as a basis group can in the daily plans and maintains several of the most significant basis functions, thus that the individual residents experience the effort. The principle can be followed more consistently by kitchen functions, cleaning and wash also belongs to their tasks. This involves that each department becomes a relatively independent unit, where residents and staff together ensure all the functions, which normally occurs in a home. It has successfully been completed within large institution of the Probation Service of mental deficiency. The functions that normally do not occur in a home, such as nursing, occupational therapy and physiotherapy are considered specialist functions. Besides performing the completion of the tasks, which the care/nursing staff is not educated, they can function as consultants for the residents and for the care/nursing staff, who in the daily life ensures that the residents have opportunity to continue working.
You do not need to perform a pervasive restructuring of the nursing home to increase the knowledge of the staff of, what occurs outside their own group. You can give them opportunity for shorter periods to become ››stationed‹‹ to other groups. E.g. the day guard can thus get insight into the work in evening and night team, in kitchen and in occupational therapy.

6.3. How can you let unemployed, unpaid (voluntary) assistance and residents participate in the work at the nursing home, when they know their effort hides the need for staff and thereby ››stealing‹‹ positions?

Some residents made a small workshop in the basement of the retirement home. There, they started with putting chairs of the retirement home in place. However, the

municipality prohibited this, because the man of the municipality must do this. Otherwise he would lose work and the Municipality tax money. [7]).

››Although, I am not exploited, however I am at your disposal and used, when in a pinch, but the only thanks is that if I do not want to, then I cannot. ‹‹ Resident.

The volunteer must only handle task, which lie outside the work of the staff. But the boundary is not clear. Some places the volunteers have tasks, which in other place are handled by the paid. Most of the effort of the volunteers is however used to help with settling various events of cosiness and entertainment.

There are many different groups of people, who can make an effort for the nursing homes besides the regular staff and around the unions, which represent the professional groups, who are employed. Some are paid, but according to other rules than the employed: unemployed, military objectors, trainees. Others are unpaid: volunteers, relatives, the residents and finally, as a boundary case that the employed, when they participate and help with settling different event outside the worktime.
In some places you have sought to regulate the relation between the regular employees and other assistance by defining ››work‹‹ as what the staff handles, whereby other tasks – preferably pure care activities – becomes ››not work‹‹.
However, the dividing line between ››work‹‹ and ››not work‹‹ can quickly be blurred. When there is no other assistance to maintain ››not work‹‹ the employees must do it, whereby it becomes work. There is no room for another assistant, or their presence creates discontent from the employees.

››The volunteers always take away the fun in the work from us. ‹‹ Nursing staff.

Although the nursing tasks or the activities belong to the work, it is not certain that they are completed. That they nevertheless are perceived as ››not work‹‹, lurking just around the corner.

››You cannot be paid for creating cosiness and good mood around the coffee table, can you? ‹‹ Nursing assistant.

When you show care towards the resident by e.g. taking good time and by talking together, then it is about ways to work, which can seem very little effective. This form of ››not work‹‹ is always threatened by accusations of laziness – and can be used as buffer zone, when other tasks press on or to get an extra break.

››We do not have permission to sit down and speak with the old people. ‹‹ Nursing staff.

››The staff says that they do not have time to speak with the old people. However, when they have time leftover, then they sit in the staff room and drink coffee. ‹‹ Headmaster.

When you talk about work, it is always about right and/or duty to perform a task. When the right and the duty to determine tasks unambiguously is the staff, the resident may lend a hand, when it does not require the right of the staff. Since the resident does not have any duty, then it virtually does not matter, if he does it or not. The resident is expected to be occupied, but not working in the sense of committing to performing something that is necessary for others.
The basis for the question that this section is about is thus that there is something, you

[7] Andersson, Melin & Melin.

think is work, and it is the right and duty of the staff – which means that it is the staff that decides, whether others may or may not touch it. Then there is non-work, which alternatively is no man's land and a battlefield, where different conflicts are fought. The reason for the situation can be described in this way that you have not made clear, to which degree the nursing home primarily is home of the residents and thereby private area, and to which degree it primarily is a kind of public area.

In private area and in public area completely different standards apply for what is work and what is not, and who has the right and potentially to do what. In the nursing home these two set of norms get into conflict with each other.

In private area, such as for example your own home, it is the person, who has the right to the area, who also has the right to maintain occurring tasks. As long as you handle the tasks, it is a matter of taste, whether one considers it as a duty or not, and whether you consider it as work or not. Rather it is perceived as a necessity, which belongs to the daily life and which is ››work‹‹ in the sense that it cuts your recreational time. The more the private area is a part of yourself, the less you will consider the tasks that attach to it as work (e.g. maintenance of personal hygiene).

The right to decide, who should do what, also belongs to the right to perform the tasks. If guests visit – whose presence rests on acceptance or initiative of the host and by opinion of the guest and by their interrelationships, whether the guest should help. In all circumstances, it is the host, who has the last words in the case.

If you employ assistant to maintain the tasks, it involves that you convert the necessary pursuits of daily life for work, for which remuneration is paid. Thereby, the right of one to the tasks become the duty of another. The one, who has the right to the tasks defines the duties of the employee – mind you, within frames, which the two parties can agree on.

Contrary to private area we can talk about *public area* as the places that are administrated by e.g. a public authority. Contrary to private area there is no one, who automatically has the right or duty to maintain the tasks that connect to public area. These tasks will therefore have character of work, which must be performed by staff employed for that purpose. The duty, each employee has to maintain certain tasks, paired with a right that involves that these tasks cannot simply be taken from him. Which staff group that gets the right to which tasks must be settled by negotiation between the parties, where the strength relation between them would be essential.

As far as the nursing home is concerned the above reasoning entail that in some of the nursing home, which is private area of the relatives (As a minimum his room), it is the resident who decides, what should be made and by whom. The resident can invite, whom he wants to – including people, which today is named ››voluntary assistant‹‹ - and no one can interfere, what they agree to do together.

The resident can also get significantly greater influence of, what the staff does for him and together with him, if you agree with each resident, at which times he gets aid and with which functions – roughly like home care for living at home resident. If the resident and the employee sometimes choose to use the time in another way than originally planned must then be their case.

6.4. How can the nursing home be decorated as a home for the residents, when you must take into account that work of the staff must be done as rationally as possible?

One night Mrs. B. threw up on the floor of the bathroom. ››And imagine, then she used the towels to dry up, and then she left all the filth lying. ‹‹ Behaviour of Mrs. B. was taken to income for her advanced dementia, but not that there was missing bucket, floor cloth and laundry basket.

››It is very easily to keep the residents away from the staff rooms. You should just put round door handles on these doors. ‹‹ Employee.

In the central kitchen at the newly built nursing home there were not very many things that a common house mother could feel familiar with. There were no frying pans, but instead frying tables. There were no cooking pots, but instead giant containers on rocker arm. The pot spoons looked like shovels. You faced proportions that suddenly got you to feel, how it was to meet a dog with eyes as big as mill wheels. Office of the accountant was at the goods driveway. To get there you must go behind the serving counter in the dining room, through warm kitchen, cold kitchen and scullery. At least the accountant did not risk to be disturbed by the residents prematurely. (Still, the contact between the residents and the kitchen better here than on many other nursing homes, because the kitchen staff served the food).

››I consider the nursing home as an enterprise that produces care. It is not that different from producing sausages. ‹‹ Headmaster.

The recent years construction of nursing home is characterised by the fact that you seem to consider ››production of care‹‹ as a task, which should be rationalised as much as possible with assembly line production in the industry. Thereby, you have achieved to mark that population of the nursing home is made up of two separate groups that each have their place and their role. Everything that has something to do with work belongs to role of the staff and occurs as much as possible in specially designed rooms and with special equipment. The residents should just rest, enjoy themselves and feel good, and the way their rooms and common room are designed are characterised by. Only in recent times you have begun to equip rooms of the residents with refrigerator, hotplate and sink. The resident, who wants to look after themselves, and their room, as far as he manages, thus faces difficulties; he did not meet in his previous home. The interaction between work and rest, which belongs to the daily life in a private home is broken. Both work and rest occur in rich measure at the nursing home – but so oddly distributed that the staff cannot get the time to strike, while the residents can hardly get the time to pass. The staff becomes stressed and the residents lethargic, and none of the parties can perform at their best.

Facilitation of work of the staff – or if you will ››rationalisation‹‹ of the work – cannot be achieved by making the residents dependent of the staff, whether the dependence is due to the appliance or opinions and habits of the staff. By the residents keeping the responsibility for themselves and their daily life, which they always have had in their own home, there is created better opportunities for the fact that they participate more in the chores of daily life, and that work of the staff more adhere to the individual need of residents than by common routines. Thereby there is a chance to avoid the usual ››humps‹‹ in the work day of the staff (especially the morning rush), which during a couple of hours can use the energy, which the staff should have to draw on the whole work day. The decoration of the nursing home must be adapted to this objective, thus

that it does not obstruct for the effort of the residents.
A more home like environment can be created that home of the retiree at the nursing home is not just referred to, but also filled and treated as his own home and thereby private area. If you feel that it is feasible may well be a matter of attitudes.

In an old retirement home the residents did not have keys for their rooms. ››The house is so old, so the keys have gone missing gradually‹‹ While the nursing assistant gave this explanation; she took a large key bundle out of the pocket to find the key for the staff room.

The private area can be expanded by the department or a smaller unit within the department or a smaller unit within the department is made into a home for a community, where each resident has their own room, and the group therefor has some common rooms. Here the resident group has the responsibility for all the daily chores. The staff is helpful with the tasks and to the extent, they agree with the group. This means among other things that you organise each department with kitchen, wash options etc.
When the buildings are done, it is often difficult or precious to change them, but the architectural barriers are not always the greatest. At least as important it that the interior design and the use of the rooms can bind the thoughts and hamper the imagination.
It is even conceivable that more ››appropriate‹‹ the rooms are to certain purposes, the more inhibited the inventive, which can cause renewals.

››The old department functions much better than the new one. In the old department the residents and the staff must help each other, and they must use their imagination to figure out, how the things can be done. In the new department we are just about to nurse the residents to death, because we have the facilities for it.‹‹ Nursing home manager.

Any construction has both advantages and disadvantages. It is a waste of good energy to walk and fret about all the possibilities in the construction. You can give to experiment with opportunities instead of in advance to reject any not tailored solution.

In an old nursing home no appropriate room for occupational therapy exists. You chose to use a number of smaller rooms, thus that the activities occurred in several places in the nursing home. A later statement showed that the participation in the activities was significantly greater on this nursing home than in a couple of other nursing homes, where there was a large occupational therapy room, where the activities were gathered.

When office of the department had its own room, the residents only came, when they had a specific errand, and the guard often felt that the residents intruded. If none of the staff was in the office, the phone could keep on ringing. Then the office was moved out into the living room. Where the guard has a desk and a phone. This led to the residents always having someone to speak with, and the guard feel that this is as it should be. If the phone rings, there often is a resident, who picks it up.

››We have to think in practical terms in regards to place the things so that as many residents as possible can handle as much as possible themselves. E.g. the refrigerator with the cold drinks was placed in a small tea kitchen, where you enter with wheelchair or walker. Refrigerator, glass and bottle opener

were moved out to the frequented hall, where the closet with nursing articles was cleared. It is a bit funny looking, but it works. ‹‹ Headmaster.

Perhaps, the disadvantages can be turned into advantages. A long hallway or stairs can for example give the residents opportunity to educate or maintain their walking function – it should be noted, if they have something to walk to, and if there is a chair ever 5th or 10th meter, thus that the travel is not abandoned as insurmountable in advance.
Although the physical frameworks contain good prerequisites this is no guarantee that the residents are going to benefit from them. An effort is required.

In a new nursing home each room had a terrace door, which led out to a small ››front garden‹‹. Although it was nice summer weather, there was none of the approx. 50 residents that went out to the front garden during a one week observation time.

A nursing home was perched on a cliff by a nice beach. On warm summer days many residents went down to the beach. Those, who could not walk were carried down the slope in sheets.

7. The responsibility

7.1. How can you give the residents responsibility . . . critique towards the staff?
7.2. How can you entrust the responsibility to the residents . . . the staff knows best?
7.3. How can you entrust the responsibility to the residents . . . some do not have energy for it?

7.1. How can you give the residents responsibility, when it still is towards the staff that any critique is targeted?

In a nursing home several of the residents had phone. Eventually, the matron got this pried away, so only few of those, who had lived there the longest had phone. The nursing home has a support circle, whose members each have ››their‹‹ old people, who they visit regularly. A couple members of the support circle was one day called to school law in office of the matron, because they had without her knowing had for a couple of the residents called their relatives. ››It is such a shame for the relatives to be loaded incessantly.‹‹

A 90-year old resident in wheel-chair, one of the intellectually best functioning in the nursing home with good contacts outside, because she for years had been parish council member and active in the affairs of the parish, she was denied by the matron to participate in church service in the nearby parish church. (There is also held church service in the nursing home). Members of the support circle promised to drive her to and from church each Sunday. Still no, since the matron did not think entrusting her responsibility towards the fragile residents to people, who were not employed in the nursing home, and there could not be allocated staff on the Sunday for accompaniment.

››'Responsibility' is used by the staff to get the things to run, as you want to.‹‹ Headmaster.

››You can say, what you will, No one listens. ‹‹ Resident [1]).

The examples show, how narrow the boundaries of, what the residents can be allowed can be. However, they are far from as narrow everywhere. But even if the boundaries are much further, the basis can nevertheless be wrong. As long as you talk about, *what the residents can be allowed,* then therein lies that duty of *the nursing home* to take the responsibility for the residents and thereby right to decide for them is a matter of course, and that exceptions require a special justification. But this is not a matter of course. Now we want to turn the pot and instead look at, *what the staff is allowed to*, from that point of view that duty of the resident to take responsibility for themselves is a matter of course, and that the right of the staff to intervene requires special justification. When an old person moves to nursing home, it does not mean that his normal rights as citizen are side-lined, or that the staff takes over the responsibility of his life, health and well-being, which he had in his previous home. The resident still has same responsibility as all other adult people. His room in the nursing home is his home, and the principle on inviolability of the home applies for *every* home. The right to control own home will not be suspended, because the home is a room in a nursing home. When you move to nursing home, it means that you now have your home at a place, where treatment, care, nursing and supervision can be offered to an extent, which from different practical reasons were unfeasible in your previous home. This does not mean that others therefore can determine, which treatment, care, nursing and supervision, you *must* receive. In short it is the responsibility of the nursing home to ensure that the residents are offered appropriate conditions, and it is the responsibility of the residents to determine, which offer of the nursing home he *wishes* to

[1] von Linstow p. 94.

receive – and consequently also take the consequences of his attitude.
Thereby we established basis and the basic principle. But so easily we do not escape the question about the responsibility, since there are residents, who do not manage to take the responsibility of yourself (see section 7.3.).
The boundary between part of the responsibility of the citizen and the staff is unclear and will always be it. Therefore the resident needs protection against the staff extending their responsibility too far and thereby infringes his self-determination. The resident also need protection against the staff pushing too much of the responsibility from themselves, and he does not receive the supervision and the nursing and care, he needs and wishes.
The staff also needs protection: Towards charges of abuse, if the resident do not clearly state, what he wishes, and towards charges of leniency, if the resident chooses less supervision, care and nursing, than others seem reasonable.
What does the responsibility of the staff is comprised of, and how far it extends?
Responsibility of the staff can be described from three approaches: The official, the professional and the ethical.
The official responsibility is related to the position that the individual employee has in the nursing home. It is the responsibility of employees have to perform tasks, which belongs to his position in a competent way, thus that each of which contributes to the whole that the nursing home represents. Together, the staff does an effort which should ensure that the nursing home has a quality, which is in accordance with intentions of the management. The supervision of the health conditions is handled by the Official Medical Service, but it is the municipal board that has the responsibility for the general supervision and in addition is the instance, which politically determines, which conditions at the nursing home are considered as justifiable. What can be politically determined, ultimately depends on, what residents of the municipalities think is reasonable.
It is thus many parties, who are interested in, what happens in the nursing home: Staff, residents, relatives, management and Supervisory Authorities – and most of these would also be residents in the municipality with the impact opportunities it gives.
Regardless what attitude the staff practices in the question of responsibility, they need support – and can be exposed to critique. For the criticism become beneficial, you must find the attitude differences behind the criticism, and you must treat the criticism, not as an attack, but as a try to point out some problems, which all parties must be interested in solving,
››Allow the residents to‹‹ – the attitude probably still has the support, which lies in widespread unexamined acceptance of some vague notions about the power and right to regulate life of the residents of the institution. These notions are rooted all the way back to the poor house period. The attitude shift that has happened in the recent 100 years, applies to some extent to the notion about power and right of the institution, but to a higher degree to the notion about the character of the residents – from a judgmental and punitive attitude to a compassionate and protective attitude.
The staff often acts like they are responsible for the resident and thereby have the right to control their daily life, which parents have towards their minor children. They act in this way from a feeling that these are consistent with attitude of other interested parties.
When the staff feels that they have support for this attitude, it also means that they will be afraid of ››turning the bucket‹‹ as described – because which support can they then expect?

It the bucket should be turned (and this it must be) it is therefore necessary that the question of responsibility is discussed with as many as possible of the interested parties, so the old unconscious attitudes become conscious and can be replaced by an attitude that does not violate obvious rights and responsibility of the resident towards own person, own property and own home.
The professional responsibility is linked to the education, learning and training that the individual employees must maintain their tasks on a high-quality level. The staff groups, who are closest to directly affect life and health of the residents (this means doctors and nurses), can be hold accountable for errors and oversights according to applicable laws, and they are subject to supervision from the Medical Officer Service. The elf in question about the professional responsibility hiding in the staff misunderstanding the professional responsibility, thus that their effort is out of step with wishes of the residents. This question is discussed in section 7.2.
Ethical, moral or compassionate responsibility of the staff does not really differ from that responsibility, we all have for our fellow human beings. The most serious breaches of this responsibility are covered by the criminal code that applies to all people. What is special about the staff is that they by virtue of their work meets physical and mental fragility and misery to an extent, which maybe almost daily poses them with responsibility issues that rarely become exceedingly relevant to others.
The compassionate responsibility entails that you cannot close the eyes, when you see that another person is in difficulties. It also entails that the one, who offers their help cannot control the other, which again means that the helper must be offered with respect for the integrity of the other and in such a way that his dignity is not violated.
This applies just as much in nursing homes as all other places. Many of the situations, where the question about the boundary between responsibility of the residents and staff are difficult can probably be done by the staff showing compassionate interest and exercises tact and feeling and respect for the resident. The question is discussed more thoroughly in section 7.3.
To *summarize briefly,* we can say that the official and the professional responsibility involves a requirement for the staff about creating the best possible offer for the residents, while it still is the responsibility of the residents to determine, what he would receive. The moral responsibility should ensure against callousness and against the staff pushing too much responsibility away, but supports residents, who have difficulty by surveying their daily life and the consequences of their actions.
Another angle to approach the question of responsibility from is to look at the nursing home as divided in *areas:* Private area of the resident, common areas and area of the staff. The right to determine and the responsibility for area depends on, which area it is.
Private area of the residents covers his body and person otherwise, his possessions and his room, and several functions that are connected to these.
The common area consists partly of the rooms that can be used by all residents and the staff, such as hallways, living room, dining room, garden etc., and partly of the functions, which the staff handles for the residents as group: Cooking and meals, washing, cleaning etc. The common area thus involves some rooms and functions, which for resident living at home clearly belongs to the private area.
Area of the staff partly involves rooms, which is reserved to the staff (e.g. lunchroom, offices), and partly several staff relations, which only very indirectly concern the

residents (e.g. salary and terms of employment).
One of the conditions that contribute to giving the nursing home the impression of institution instead of home is how much the common area and the staff area fill on expense of the private area of the residents. When the residents should get opportunity to perform the responsibility that belongs to them, it is important that private area of the residents is respected as the area, where it is them, who decides.
This means among other things that the resident has right to decide, how he would design his room. Furniture, carpets, curtains etc. of the Nursing home must be considered as an offer, which the resident can freely choose to use or do not. It must also be applied to the bed. That many of the residents have their own bed does not prevent the staff in seeking to make an agreement with the residents, who need care in the bed, to use bed of the nursing home, both for consideration to wellbeing of the residents and the backs of the staff.
Whether the resident would use bed rail or not must also be his own decision – we are still in private area. The bed rail has the disadvantage that the resident cannot get in and out of bed by themselves. If there is risk that the resident falls out the bed, the risk that a fall entails can maybe be reduced significantly e.g. by laying a soft mat or foam cushion besides the bed.
If the resident wants to walk on WC or in bath alone, this must also be his decision. However, it is the duty of the nursing home to ensure that design of the bathroom minimise the risk of fall and minimise the consequences of a potential accident.
If the resident wants help, it must be part of the duties of the nursing home to provide this assistance. If it is not necessary that the aid is provided immediately, the staff and the resident must make an appointment, where it fits in other activities of the resident and the staff. That the staff is employed to perform several tasks within the private area of the resident, which the resident is not able to, does not move the right from the resident and the staff to decide, what should be done. However, since the staff must be available to many residents, this means that the time for each individual resident is limited. You could say that the staff has appointments with many residents, and that it is duty of the staff to ensure that these appointments are respected. However, within the timeframe that is agreed upon with each resident, it is the resident, who decides, what the time should be used for. Whether to clean-up, whether the flowers must be watered, whether you should walk a small trip is the decision of the resident. It is clear this freedom of the resident to decide time, he has together with the staff becomes significantly easier to practice, if tasks of the staff are not sharply delimited by disciplinary boundaries but is more like functional area of the home carer.
The right of the resident to their home also belongs to the right to decide, who must get inside and when. It means e.g. that it is the resident that must decide, if he wants supervision at night. The resident does not need to find reasons to ask themselves free. The staff must provide the offer, and then abide by the decision of the resident. If a special reason occurs – e.g. that the resident becomes acutely ill, or his general condition becomes weaker – the offer must of course be given again. Only in exceptional cases can this rule be broken, e.g. if condition of the resident is critical and his survival depend on the aid arriving quickly.
As a general rule, the residents cannot be prohibited to smoke in their room. You can ask the residents to stop smoking in bed and possibly use various safety measures such as flame retardant smoking aprons and carpet

and possibly bed sheets of flame retardant material. (However, such bed sheets cannot be boil washed). If a resident is assumed to have difficulties with handling fire and cigarettes properly, you must first and foremost test, whether the assumption is correct (that the resident e.g. has forgotten, how clothes should be put on does not mean automatically that he also has forgotten how a cigarette should be handled). Exceptions from the mentioned main rule can obviously be well-founded – and should only occur, if they are really, and only for residents, for which the problem is relevant. Restriction of free access to smoke for a resident must also be implemented with as soft a hand so possible. E.g. the staff can look in to the resident and propose that they smoke a cigarette together.

Private area of the residents can possibly be expanded to respond better to the private area in previous home of the resident by moving rooms and functions from the common area. E.g. it is conceivable that a smaller group of residents will have access to a living room and maybe also some kitchen facilities, where the residents function as a community.

Of features that might be moved to private area of the residents, e.g. the meals can be mentioned, thus that they have opportunity to ensure especially breakfast, dinner and coffee. However, this assumes that room of the resident is designed with a minimum of kitchen equipment, and there is opportunity to shop. The want of the residents to ensure this will probably in many cases depends on the fact that they do not require to pay all meals, which is served by the nursing home.

The cleaning of room of the resident must also be made to a part of private area, thus to understand that the resident can even ensure this to the extent, he wants, and thus that the resident decides, how much should be cleaned. The staff time that is available to the resident, he must dispose of – in same way as a resident and his home carer have freedom to agree, what should be done and when.

Other functions can maybe be moved closer to the resident, although they may not get fully into the private area.

Washing clothes of the residents can e.g. occur in the department. This could give the residents better opportunities to perform this function or to control and manage the laundry. There are, among other things better opportunities to avoid that the laundry and the programs, they run the machines on will determine what kind of clothes that the residents can use.

The preparation of food – at least the smaller meals – can also be moved closer to the resident, if the individual department gets a greater role in this. It can also give the residents better opportunities to join and to decide, what must be served – and not least to get rid of food that is portioned in the central kitchen.

For the rooms and functions that belong to the common area, and which cannot be moved to the common area, and which cannot be moved to the private area, *the residents* must be *ensured influence*. The staff and the residents must have a common responsibility and must together decide on everything, what belong to the common area. The residents get to at least as much as the staff to live with the consequences of the organization of the common area.

Interest of the residents in exercising their co-influence would among other things be dependent of them really feeling that the co-influence is real, and the common area is theirs at least as much as the staff's.

However, the residents do not have insight into several administrative and economic conditions, which has influence on what decisions are possible. It is the task of the staff to make their knowledge available and

help to identify, how a wish can be realised within the frameworks that cannot be changed – and to try to change the frameworks, which are too restricting.

7.2. How can you entrust the responsibility to the residents, when the staff is educated to know, what benefits the health and wellbeing of the residents the most?

››Usually the resident of the institution will experience that other people react on him from, what 'is the best for him'. This, of course, is to be led into a state of powerlessness. The good intention can be weaponised, and against the good intention you are defenceless‹‹ [2]).

››Give Mrs. Jensen two sweet tablets and move the sugar bowl away from her table. Otherwise she puts five pieces in the coffee, and then she becomes too thick. ‹‹ Nursing assistant.

A day when we sat and gossiping about different ways to lead a department, Mrs. Jørgensen in Flagvang expressed an institutional praxis, who laid it up to the resident:
'In the beginning we also dragged the residents out to afternoon coffee and noon coffee. However, when you become old, you should be allowed to do, what you want to. In many situations I think, what do you want to do, when you become old?'
Conversely Søren Larsen in Mesterhøj had a significantly more department determined institutional praxis:
'The residents must goddamn be in the living room, also if they say no; – they would still like – it is only a matter of persuasion'. ‹‹ [3]).

[2] Institutionsliv, p. 28.
[3] von Linstow p. 28.

››If you for example one day do not feel like eating, then there should be a reason for this. It is not enough that you do not want to. ‹‹ Resident.

››Against the good intention you are defenceless‹‹ – it only fits, if you forget that intentions of the residents are as good as the staff. The staff can feel that their ability to judge, what is best for the resident rests on a solid basis of theoretic knowledge and practical experience, which the fewest residents can cope with. This knowledge is extremely valuable, but only when it is combined with the superior knowledge the resident has about himself and his life pattern.

››The power rarely appears undisguised in the life of institution. It is just behind many of the behaviours that characterise the daily life. Maybe it is very reasonable to talk about authority. Sometimes it expresses in 'manipulation in the intention of good':
We should move around down at Mr. and Mrs. Bertelsen, because Niels due to confused state and nightly bedtime flight of the wife did not get adequate sleep at night, but on the other side neither could he do without having his wife lying on the same room.
Viola and I struggled with the beds and furnished the living room in an 'appropriate way. Niels did not look very about it.
However, Viola said: 'You can always get the things through, if we say we try in 14 days'. ‹‹ [4]).

How much the resident would change their lifestyle e.g. for the sake of health only the resident can decide, and if others intervene against the will of the resident the result can be that he is bored to death in 10 years,

[4] von Linstow p. 81.

instead of living to death on 3 years – or maybe even vice versa.
When the staff intervenes in the life of the resident it is based on their best conviction and on the best intention, and perhaps from the assumption that it corresponds to what the resident ››actually‹‹ or ››deep down‹‹ prefers (››they want to anyway‹‹, ››when they have tried it they usually become happy for it‹‹).
Obviously it can happen that the residents need a ››push‹‹ to risk what they want to, or they get excited about something that they did not expect. However, it can also be that the residents know showing excitement for what the staff invents for them, just as much has the staff and their own wellbeing in mind. (This is the equivalent to, if the child eats a large portion, more to excite their mother than to quench their hunger).
If the staff should be able to stop intervening in the lifestyle of the residents and ››take responsibility of‹‹ (or from) them, you must acknowledge that the residents are not ››raw material‹‹ for special kinds of artisans (the staff/therapists), and that the task of the staff is not to shape the raw material in accordance to their intention and will. If the resident is considered or treated as raw material, it is tantamount to denying him his existence as living, feeling and thinking being, which can have disastrous consequences for the resident: Resignation, apathy or even death. The residents are people, who – whether you feel it or not – like everyone else in their own way seeks to manoeuvre through life and get the best possible (or least unbearable) from it.
The professional responsibility of the staff entails that they make their knowledge, skills and experience available for the resident, and that the services the residents choose to use, performed in the best way possible. Knowledge of the staff and choice of the residents may well turn in opposite direction.

››The house keeper makes healthy food with raw vegetables, gravy and lean meat. The residents would rather eat what they are used to: Potatoes, brown gravy and meat that is juicy and greasy.‹‹ Headmaster.

Knowledge of the staff is indispensable, because among other things it is a significant component in providing the residents an increasingly improved service. But no one can compete with the knowledge that the individual residents have about themselves. If he feels that the healthy food does not suit his taste and does him no good, he does not get the benefit from the meal that he should have. As the researcher of old age Jan Helander says: ››It is not about the food itself, nut about the food in me.‹‹
The same applies to treatment, occupation etc. If the resident does not feel that this is something, he wants to and benefits from, then the effect will not be the intended one.
As far as doctors and nurses are concerned the professional responsibility is specified by law, and there is conducted supervision with their work from the Medical Supervisor District, with the Danish Health Authority as the superior body. The core of these rules is that the duty should be performed with diligence and conscientiousness in accordance with their educational prerequisites, and does not establish in details, how the doctor and the nurse must act towards their patients. But, you are first patient at the moment that you use services of the doctor and the nurse. This, no one can force you to. As patient you still have the choice, whether to be treated, as the doctor suggests, or whether you should not, whether that applies to medication, hospitalisation or something else. However, it means that the doctor (possibly with assistance from the nurse) must inform the patient about the consequences of seeking

treatment and not doing it, so the patient has a reasonable basis to make their choice on. Supervision by the doctor must also be a voluntary cause for the residents. The offer must apply to all residents, but we are on private grounds, where it is the resident who decides, whether he wants to receive the offer or not.
The part of the nurse's supervision, which occurs with this purpose in the room of the residents can obviously – just like supervision of the residents – only be performed with accept of the residents.
The supervision that in general lies in the nurse and the staff knowing the resident and seeing him at different times of the day, also gives opportunity to professional nursing observation. The result of this observation concerns first and foremost the resident. The nurse should take initiative to speak with the resident, if she sees issues, and making her knowledge available to the resident. But the resident decides, whether he wants to follow any advice from the nurse.
The nurse is obliged to call doctor, if she deems it necessary, but the resident decides if he wants to receive treatment from the doctor.
There are residents, who are not able to complete a conversation and are not able to make a decision. Here the nurse will have to act based on her professional assessment alone. However, these are exceptions that – regardless of how many it is – do not alter the main rule: That the primary responsibility for and thereby the right to decide in matters of the health of the resident lies with the resident.
There are exceptional cases, where the doctor can intervene against the will of the resident. The first case applies to involuntary placement in psychiatric hospital. The second case applies to the obligation of the doctor to intervene, when it is about direct life threatening danger. The detailed content in the rules around these two exceptional situations is rather complicated – but in any case the decision belongs to the doctor and not the staff of nursing home.
››The responsibility for prescription of drug treatment and for the evaluation of any risk factors always belongs to the doctor.‹‹ [5]).
In terms of administration of medicine ››(it) is obvious that the doctor in connection with administration of medicine primarily assumes that the resident administrates their medicine, and that there is only provided aid from the staff, when it must be considered that the concerned is unable to do so.‹‹ [5]).
When the doctor prescribes medicine (or any other treatment), it belongs to his task to assess, in which case there is need for assistance for administration. That the patient is resident in a nursing home, where there is nurse, should not do any difference in this assessment.

7.3. How can you entrust the responsibility to the residents, when there are some, who cannot handle it?

››As institution the home will due to its clientele and a significant part of the educational background of the staff easily fall to have the hospital as reference point . . . Just the cleanliness poses a problem, when you have to create a domestic atmosphere, because this hospital feature feels like a special personal matter to the residents. But the staff on the other side feels a responsibility towards cleanliness of the residents, also in situations, where it maybe is not quite necessary, as Mrs. Lindeman said one day: 'But as Peter washes himself, he often has dirty underpants and is not so clean. He actually only goes out and turns in the bathroom. He should be washed, but it is

[5] Guide of the Danish Health Authority from December 1985 about administration of medication in nursing home.

difficult, you cannot just go in and say to him that he does not do it properly'‹‹ [6]).

››Once . . . you had decided to give Dagny a chair from one of the previous residents of the home, so she could sit better, since she spent most of the day in the chair. However, when Dagny saw the chair, she said with a degree of disassociation in the tone of voice: 'That is Mrs. Holstein's chair.' Nothing else, so I therefore asked: 'Do you want the other one to stay here?' – 'I have nothing to do with that.' – She had long since stopped participating in the decisions. It did not concern her any longer. ‹‹ [7]).

››Residents, who can manage their own life, may freely leave the home. However, message about absence must be given. ‹‹ Nursing home leaflet.

First example shows a situation, where the staff is tempted to intervene against a resident, who does not live up to their expectations. Second example shows a resident, who has ››let go of the handle‹‹, and where the decisions are obviously left to the staff. Third example shows a nursing home, where the management's interpretation of their responsibility has restricted the self-evident right to come and leave as they want into an exceptional situation.
The three above mentioned situations belong to the cases, which provide the staff the questions about the boundaries of their responsibility.
There are residents, who require much attention from the staff, e.g.
- because they want to walk from the nursing home, but do not move safely in traffic or cannot find home again.
- because they want to smoke, but cannot handle fire and cigarettes properly.
- because they do not want to use catheter.
- because they always call staff (yelling or ››hang in the bell string‹‹).

There are residents, who annoy the fellow residents, e.g.
- because they walk into rooms of other people.
- because they yell, make a mess, drool or smell.

According to the opinion of other people there are residents, who ruin it for themselves or who do not know, what is for their own good, e.g.
- because they smoke too much.
- because they do not want to maintain diet.
- because they will not abide by the prescriptions from the doctor in regards to medicine or any other treatment.
- because they do not want to be activated.
- because they take too large risks (do not want bed rail, do not want to be followed into bath, do not want to have supervision at night).
- because they have so much dementia that they cannot grasp their daily life.

Such situations are difficult. However, there some main principles, you must adhere to, when you consider what you should do.
One initial principle is that an intervention on self-determination always must be considered as exceptions. These exceptions must be limited to the least possible, thus that it only applies to the resident, whom the issue is concerned, and *only* situations, which he cannot handle.
Here the staff must be careful that their assessment of what is normal, sensible and healthy does not lead to disregard of the self-determination of residents, who have another opinion and other habits.
That there are residents, who cannot travel alone outside the nursing home can thus not

[6] von Linstow p. 28-29.
[7] von Linstow p. 133.

justify that the freedom of movement is limited for all residents.

In a psychiatric nursing home they have a signal system at the outer doors in the house, similar to what exists in some department stores. The residents, they think will go away are supplied with a brick or similar in clothes. They can then move freely in the house and in the yard, and if they walk out of an outer door, you have opportunity to go after and ››randomly meet‹‹ them. In this way one secures the few without locking the door for the many.

That there are residents, who risk to fall out of bed cannot justify that all residents must use be rail (and preferably one must find a better solution than the bed rail).
That there are residents, who need supervision at night, does not justify all residents having this supervision, even if they would rather be left alone.
That there are residents, who cannot draw attention to issues e.g. with the health cannot justify that the same observations are performed on all residents.

Coffee in the living room. The Nursing assistant comes with x-book. Mr. H. does not really understand what it is that she wants to know. The nursing assistant directly: ››Did you have bowel movement today? ‹‹

Before you intervene against a resident, you must ensure that you do not act based on a wrong assessment of the resident's skill to handle the situation.

››We had issues with Jensen, because he sometimes would run away. We discussed, how we could keep an eye on him, but found no good solution. Then one day we let him go, and one of the nursing assistants tiptoed after him. He went to Brugsen and bought Rye bread and then came home. We followed him a few more times, and every time he took the same trip. Later we just kept an eye on, when he went, and that he came back again – with a Rye bread. Now we are not worried anymore. He just picks-up his Rye bread. What he wants to do with it, we do not know, nor does it matter.‹‹ Headmaster.

A second principle is, when you intervene against the self-determination of the resident, it must be done with tact and sensitivity and respect for integrity of the resident, even if you believe that the resident is too demented to react on the intervention.

››The critique is often more uncertain especially for the resident group with slight dementia than for the spry, although their skill to sense unreasonable situations is not as impaired as the staff generally believes.‹‹ [8]).

››It is not the funeral that is attacked, but there has come a barrier around the concerned person, which prevents new impressions in getting in, and existing impressions to get out, unless the surrounding understands to push the right buttons. ‹‹ Headmaster at psychiatric nursing home.

You must consider, what one can afford to any fellow human being, and as far as possible also meet the resident with dementia with the same respect.
A third principle is that you must try all pedagogical possibilities to teach the resident to handle the problematic situations, and to reduce their confusion in general.

At a psychiatric nursing home there was a

[8] von Linstow p. 93.

lady, who constantly would get up from the chair. Since she was walking very poorly, she fell, and since she had broken the leg two times, she was fixed to the chair with a belt. It seemed to be an unsatisfactory solution, and since one got opportunity for it, one began retraining with assistance from physio therapist. Currently the lady walks tolerably. She still gets up, but she does not fall and does therefore not need to be fixed to the chair.

A condition that is of significant importance to the residents with dementia is that the environment they live in is manageable, and especially that the departments or groups they belong to are small.

In a psychiatric nursing home the staff undertook a restructuring, thus that the total of 48 residents was divided into four groups with 12 in each. These groups got a permanently affiliated staff, and the daily life and work concentrated on the groups. This has resulted in the institution today has a significantly lower noise level, and that for example the meals proceed more relaxed. Several of the residents can eat by themselves or with only a bit of assistance. The staff believes that ››you almost forget that you are in a psychiatric nursing home.‹‹

When it is about residents, who are a nuisance to others, you can seek to reduce the nuisances for the others, or you can try to seek the cause for the bothersome behaviour and process it. If it for example is about a resident eating in a way, which makes the rest lose their appetite, you must ensure that the residents choose, if they want to eat together or alone; the other road to take is to search to figure out, if the way the resident eats can be improved, e.g. with more appropriate eating utensils, by the staff helping with what the resident has difficulties handling, etc. If it e.g. is about a resident that walks into rooms of the others, you can equip the residents with keys, so they can lock behind them: the other road to walk is to figure out if perhaps the reason is that the resident cannot find their own room, and then try to make it easier for him with training, and by marking his door with a personal feature. If for example it is about a resident, who yell a lot for the staff, it may be related to a desire for contact, which maybe is covered by the residents getting a closer relation to each other, or by the work being organised in such a way that residents and staff can be together on it.

When conflicts emerge between residents (including married couples) or between residents and relatives, it happens that the staff takes part in the conflict and solves it in the way that they think is best. Before the staff intervenes, they must ask themselves with what right they take part, and with which right they take the conflict solving from the sides that the dispute applies to. It is always problematic as third party to interfere in a conflict between other people. However, a neutral third side can be useful as broker, thus that the opposing sides can speak together and agree to quench the conflict – whether they now agree to turn the back on each other and leave each other in peace, or they out to reconcile.

The issues that occur around people with dementia and otherwise mentally difficult residents can often be solved, if the staff gets opportunity to consult with people, who have more experience in the field.

In a county municipality one has tried to let the psychiatric department of the central hospital function as consultant for the somatic nursing homes. The nursing homes can inquire through the practitioner, whereupon one of the department doctors, possibly together with a nurse goes to the

nursing home, where they form an overview of both condition of the resident and the environmental condition. There is initiated medical and/or environmental treatment as well as supervision and guidance of the nursing staff, which is followed up by visits and phone conversations. During the first trial year (1983) 2/3 of the residents you addressed could be handled at the place, where they previously would be hospitalised in psychiatric ward.

The District Psychiatric Schemes of the County Municipality, which are planned, include a consultancy function in many places among other things towards nursing home. You can also contact the psychiatric nursing homes to take part of their experience in order to solve concreate trouble.
If the troubles around a resident with dementia or mentally aberrant resident cannot be solved, and the staff feels that the resident represents a too large burden for the nursing home, a last option can be a more drastic intervention in the personal freedom of the resident.
Such interventions can in each of their own ways have some advantages for the resident – e.g. that he is protected against his own actions, he gets more qualified treatment and care, his anxiety and unrest is attenuated – but will on the other side also have a clear negative effect by the fact that they are degrading and represents a rejection of the resident as he is.
To perform the intervention or not can be a matter of letting the resident pay the price for the intervention that protects staff and fellow residents, or to let staff and fellow residents pay the price for refraining the intervention.
A general rule is that the more drastic the intervention is, the better regulated it is by law, and the resident is better protected against a wrong and unnecessary use of the intervention.
Such a drastic intervention is disempowerment. The provisions around disempowerment is in short, such a kind that disempowerment rarely is implemented, and moreover it will rarely be helpful in solving problems of daily life around the resident with dementia or difficult residents. Disempowerment is in praxis only used in connection with economic conditions.
Another intervention that just like disempowerment is relatively strictly regulated by law is forced hospitalisation in psychiatric hospital. Forced hospitalisation can be performed as an emergency, it the patient is deemed too dangerous for themselves and/or others. A doctor's note is required.
Formally the question about moving a resident against his will is regulated in the Social Assistance Act, since it is the social committee that makes decision about inclusion in and dismissal from the individual nursing home. The decision can be brought before the Appeal Board of the County.
These rules do not ensure the resident the right to remain residing. In praxis a resident will often experience that it is unclear, which right he has to remain residing, if the staff thinks that he should be moved.
There is a certain protection in the right to deny applying for a place in a nursing home under another authority. Even this right is only a weak protection, since the fewest residents will have strength to live in a nursing home, where they feel undesirable and inconvenient.
The wisdom of being able to stay is significant for safety of the residents. The inconveniences that can relate to a presence of residents in the nursing home, must be weighed against the possible negative consequences, a movement can get both for the resident and for the fellow residents:

››It can be that the resident thinks that when we become worse, then the staff does no longer want us. ‹‹ Nursing assistant. [9]).

Finally, the use of sedative medicine and sleeping medicine to put a damper on unrest and restlessness must be mentioned. Much of this medicine is given as needed, and it can be difficult to determine, if the resident is bothered by the symptoms the medicine is given for, or if is provided, because the staff and fellow residents no longer can. In the latter case you can talk about ››deputy psychopharmacology. ‹‹

››My aunt has rheumatoid arthritis, which caused that she awoke at night with pains and should have help to turn in bed. Then she got sleeping medicine and slept through, but since she had not been turned, she had greater pains than otherwise, when she should get started in the morning. She came to terms, because 'the staff is so busy after all'. ‹‹ Relative.

[9] von Linstow p. 47.

Cited Literature

Andersson. R, Melin, E & Melin I: *Social service inom hemtjänst och äldreomsorg.* Natur och Kultur, Stockholm 1981.

Bengtsson, Steen: *The Toftegård project – the nursing home as work organisation*. Internal draft, municipality of Aarhus 1982.

Berggren, Anna: *When you become elderly.*
Forum, Copenhagen 1979.

Helander, Jan: *Det långa monandet*
Skeab – Håkan Ohlssons, Lund 1979.

Institutionsliv – et liv uten rettigheter?
Norges Vanførelags temahefte. Sosialforlaget A/S, Oslo 1974.

Korreman, G, Meldgaard, K & Skrubbeltrang, O: *Bedre plejehjem – hvordan?*
AKF publisher, Copenhagen 1982.

von Linstow, Hugo: *En beretning om institutionstilværelsen på tre plejehjem i København 1974-75.*
Duplicated special assignment, the business school in Copenhagen 1976.

Petterson, Ruth-Turid: *Noget kan gøres.*
Munksgaard, København 1972.

Riismøller, Peter: *Sultegænsen.*
Nyt Nordisk Forlag – Arnold Busck, Copenhagen 1972.

Vejledning om medicingivning på plejehjem.
The National Board of Social Services. December 1985.

Inquiries regarding content:
consultant Jenny Winter
phone. 09-73 30 04
and inspector Lise From
the National Board of Social Services
phone. 01-29 91 22.

Cover:
Storm P.
©The Storm P. -Museum.

Illustrations:
Winnie Meisler.

Layout:
Society-Contact.

So 26-104
ISBN 87-5036297-6

Price: DKK 65,-. (incl. 22% VAT) in the bookstore or at reference to the Information Service of the State, Bredgade 20, 1260 Copenhagen K.
Phone. 01-92 92 28.

The National Board of Social Services has posted in the elderly field:

Visitation in the elderly field. 1981 – describes problems in connection with allocation of benefits (visitation) and give examples of solutions. **Price DKK 10,-.**

24-hour preparedness – home care. 1983 – experiences with different kinds of 24-hour preparedness. **Price DKK. 15,-.**

Restructuring and renewal of the effort for elderly. 1983 – examples on solutions, which go across the administrative areas. **Price DKK 20,-.**

The self-activity of the elderly. 1983 – describes activities, where the elderly themselves are fully or partially responsible for organising and operation. **Price DKK 15,-.**

Information to and from elderly people. 1984 – practical examples of dissemination of written and oral information to and from elderly. **Price DKK 20,-.**

The staff consumption in the elderly area 1981-81. 1985 – development in the consumption of the staff and in the home care and some explanation on this development, **Price DKK 30,-.**

Coordination of service in the nursing home and in other housings for elderly people. 1986: 1. Ideas & suggestions (about courses, theme days etc.) **Price DKK 50,-.**
2. Old person in a breaking time (introduction). **Price DKK 25,-.**
3. We all become elderly – and several of us become old (background material). **Price DKK 50,-.**

Education and conversion. About municipal innovations in the elderly field: No. 1 – home care on the move 1986. Price. DKK 65,-.
No. 2 – new home care. Phases in a transition. 1986. Price DKK. 60,-.
No. 3 – on the road towards broader scopes. 1986. Price DKK 70,-.
Experiences with local projects that combine post-education with conversion and involves all employees and users in the conversion process. The conversion can include home care (1 and 2) or nursing home (3) or effort in the elderly field (is under preparationn by the whole municipality.

Report ’85 about social and health care planning 1985-88. 1985 – the planned development in the elderly field, key figures for each municipality and examples on initiatives (contact the stock exchange). The report come each year. **Price DKK 80,-.**