

The Management of Convalescent Homes.

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The management of Convalescent Homes varies in perhaps a greater degree than that of Hospitals. First of all there is the division of the paying and the non-paying Homes. These two are again sub-divided to suit the means of the various grades of society. As those connected with the work realize that in extreme illness the individual is more or less lost in the common lot of the suffering, he takes his share with those around him whether his superiors in rank and means or the opposite, but when convalescence is reached his individuality returns, and his standing in the social scale becomes important to himself once more, and apparent to others. In the Homes where there is a certain difference in the social status of the inmates, the administration is rendered difficult, and it is only by making the rules easy to be followed, and at the same time enforcing absolute obedience from one and all, that anything like contentment and harmony are maintained.

A second division in Convalescent Homes consists of the Homes in which the inmates are drawn from their own homes, and those to which the patients are drafted on from one or more hospitals, to the needs of patients sent out of hospital as being the gift of some benefactor or benefactors to the needs of patients sent out of Hospital as convalescent, but not in a fit state to return to their former habitations. It is of the latter class of Home that this article is written. On the benefits of an institution of this kind there is little need to enlarge, but perhaps to those not working in such a Home it may be difficult to realise exactly what those benefits are, and how far-reaching their results may be. It is somewhat easy for nurses seeking work to say: "A Convalescent Home; how uninteresting! no acute cases! no operations! no competition in examinations!" It is quite true, to many the work is monotonous and without interest, but it is only because we are too apt to treat the fellow beings that we nurse as interesting cases, the life of the wards as a continual source of excitement, the attendance at lectures and the theoretical work as a stimulus to the intellect, and to forget that in hospital work, the scientific treatment of diseases, the operations, are after all only the means to attain the end; we are inclined to lose sight of the actual object of our nursing, the essential reason for saving life and hastening recovery, or alleviating misery, and this makes us find the finishing of the work, the

building up of the man once more for the battle of life, irksome and slow.

As I stated before, when a patient is convalescent his individuality returns, and with it many characteristics which when he was so ill, so feeble, we hardly noticed. All our efforts were concentrated on carrying out the doctor's orders; faithfully reporting all symptoms, and caring for his wants, we really had little time to understand his ways, his character, and manner of conducting himself. But with the convalescent this must not be, there is no necessity now for us to be wholly taken up with diet, medicine, etc. We must help this man or woman to regain mental vigour as well as bodily health, we must interest ourselves in their future welfare, giving them useful discipline, accustoming them to take care of themselves, as much as possible, to appreciate cleanliness, plain and regular meals, so that when they return to their own homes they may feel ready for the work-a-day world once more, and will not be inclined to sit down and grumble that 195, Paradise Row, Whitechapel, contrasts unfavourably with the luxury of such and such a hospital.

As I am speaking of the poor in their convalescence, I must say I feel that comfort without any attempt at luxury is the kindest way of treating the patients, it makes the drop from hospital to private life less severe, and it is only in the misuse of the word convalescent—I mean when the person is never likely to be much better—that one need grant them greater indulgence.

In all cases, whether the patients are fast progressing towards health, or whether we know they are only with us to make room for others in the hospitals, and their so-called convalescence is but a passing rally, we ought never to lose sight of what we are preparing them to meet, and what their future is likely to be.

As I have said before, the rules for Convalescent Homes must be easy to keep, easy of comprehension, and not more numerous than is absolutely necessary, but, with all due consideration for the infirmities and shortcomings of the individuals, these rules must be enforced. Let them interfere as little as possible with the habits and tendencies of the people, but let it be understood that they are as inviolable as the laws of the land. Tradition is a great help in this. If once it is an established fact that the rules are kept, and the breakers of them are corrected, the difficulty of enforcing them will be much lessened.

I am not saying that the rules are not broken, even in the face of tradition; they are, and frequently, but the fact that they are known and acknowledged to be just, and that the existence of them is not resented, is a great point, and can only be the result of allowing no disobedience to go unnoticed. Amongst the men the most diffi-

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