K100 Understanding Health and Social Care

TMA 02: Why is it important for carers to recognise the differences between public and private space?

Part A, Option 2

The ability to determine the boundary between public and private space is essential for anyone who wishes to be a skilled and effective carer. In this essay I shall discuss the definitions of public and private space, and how these can affect the behaviour of both carers and those receiving care. I shall then go on to examine these with particular reference to hospital, residential and domestic environments. Finally I shall summarise the reasons why the recognition of public and private space should be of paramount importance to those involved with care work.

Comment [g1]: A good idea but you don't actually do this.

Comment [g2]: A very promising introduction.

In everyday life, our homes are traditionally regarded as private. Here we are in control and can usually determine who will be allowed to enter our 'space'. However, should our circumstances alter, and we find ourselves in need of care, the boundary will inevitably have to be crossed. Many of us have spent at least a short time in hospital, and will have learnt from that experience how unsettling it is to lose our privacy. We are reduced to living in public and are on view for most of the time – this can be a most uncomfortable ordeal, albeit for most of us a temporary one. However, for those who live in a residential setting, this can be a permanent feature of their lives, particularly if they are not fortunate enough to have their own rooms. Even at home, those who are in need of care find that their way of life has to be changed, perhaps for ever.

Comment [g3]: Excellent use of an example.

Clearly, there are many different issues to be considered. In the hospital environment, it is important to safeguard the dignity of the patients, but there are other factors such as safety and the efficiency of the ward. Staff must be able to observe the patients, and have a certain degree of control over their activities. It is obviously easier for staff if the patients are all in one place, and in close proximity, but this has the effect of reducing patients' privacy. The curtains around each bed offer some 'token' privacy, but in reality this is minimal – conversations can be easily overheard, and any discussions between staff, patients or visitors are effectively conducted in public. "The public nature of the space relates to the access of professionals, of non-kin, non-friends of relationships that have no private quality to them". (Twigg, 1997 p.22)

Comment [g4]: Good consider use of quotes here.

We have heard how Esther Hurdle viewed her three years spent in hospital. She felt that there was little privacy and that her needs had to be fitted in with staff routines. "Somehow, when patients enter hospital, it is all too easy for them to experience a loss of autonomy and dignity". (Gann, 1988)

In the residential care setting too, it is vital for staff to be able to observe the residents, primarily for reasons of safety. It is generally accepted that the public areas of these buildings are communal lounges, dining rooms and corridors, and the private areas are residents' bedrooms and bathrooms. In some homes however, residents have to share bedrooms, which reduces the privacy level to that of the hospital ward. In homes where residents have little or no privacy, it has been observed that they create their own private spaces in public areas. For example, they will always choose the same chairs in the lounge, which are then unofficially regarded as their own. This illustrates the basic human need for some kind of private space, however small.

Comment [g5]: You could refer to Gubrium p.61 here.

In a good residential home, the staff will acknowledge the residents wishes to control their private space. In a carefully designed scheme such as Liberty of Earley House, the needs of the residents are the prime consideration, although obviously the various fire and health and safety regulations have to be met. The residents all have their own rooms and are able to keep many personal possessions. This enables them to retain their sense of identity and gives them a degree of control over at least part of their lives. They are happy to allow the staff access to their 'territory' and are grateful for the sense of security which they get from knowing that help is always on hand if required. The residents have all had to come to terms with the fact that for reasons such as age or infirmity, they can no longer lead fully independent lives, but can happily accept this compromise.

Comment [g6]: You should cite a reference to block material here.

Sadly, the story is very different in a poorly run residential home, such as Cedar Court Nursing Home. Here, the residents' wishes appear to be completely disregarded, and they are not thought of as individuals at all. Their rights to privacy and to be treated with dignity are totally ignored by staff who treat them as objects of care. The quality of life experienced by these residents appears to be non-existent.

On the other hand, it would seem that those who receive care at home should be in a stronger position to maintain their autonomy, but even here the need for care can change situations considerably. We have less choice over who comes into our homes and what they do once inside. Even areas such as bedrooms and bathrooms can be 'under threat'! Though the reasons for this invasion of privacy may be fully understood and accepted, it is still difficult to lose control of the home environment. The way in which carers behave towards their clients can make an enormous difference. Esther Hurdle faced this problem on her discharge from hospital. She says that her first carer was more concerned with her own routines than with Esther's needs and capabilities, which was comparable to the way she was treated in hospital. Esther had expected the situation to be very different at home, but had to exert control to get the type of treatment she wanted. At least in her own home she felt able to do this. "Being and feeling at home means behaving as you wish without fear of observation or rebuke. It allows people to manage as they wish and not according to some professional mode of coping …" (Twigg, 1997 p.22)

Comment [g7]: Again excellent use of a quote.

A good home carer will always respect the wishes of the client and show them that their right to privacy is valued. Our homes are rightly regarded as the last bastions of privacy and safety. It is all too easy to feel that any remaining control you have over your life is being taken away, if home care is not dealt with sensitively. "… you must always be aware that you are working in someone else's home – not your own – and treat it accordingly." (Bell, 1983, p.40)

To summarise, in each of the settings described there can always be valid reasons for an individual's private space to be entered. Aspects of safety cannot be ignored and regulations must be adhered to, particularly in non-domestic settings. There are always the problems of staff routines, and the greater good of all patients must be balanced against an individual's needs. However, there are good and bad ways of handling all these situations. Care staff should always remember that they are dealing with individual people. It must be difficult enough to cope with loss of physical or mental capabilities, and to have to come to terms with the fact that you may never live a healthy independent life again without the added indignity of being treated as an object. Everyone is entitled to respect and to be allowed to care for themselves, or others, to the best of their abilities. Surely it is one of the basic human rights for people to have "the freedom … to choose what they will

communicate about themselves and to whom they will communicate in a particular situation". (I. Helson et al, 1974, p.152)

Comment [g8]: A thoughtful and well-argued conclusion.

References

Comment [g9]: Please check the Assignment Booklet for instructions on how to reference sources quoted in the Unit

Bell, L. (1993) Carefully, Age concern, London

Gann, R. (1998) "What your patients may be reading". *British Medical Journal*, Vol. 296. pp.493-5.

Ittelson, W.H., Proshansky, H. M., Rivlin, L.G & Winkel, G. H. (1974) "An Introduction to Environmental Psychology", Holt, Reinhart & Winston Inc, New York.

Twigg, J. (1997) 'Deconstructing the "social Bath": help with bathing at home for older & disabled people'. *Journal of Social Policy*, Vol.26. No.2. pp.211-32.

Tutor's comments (75 out of 80):

Another fluent and well argued discussion. You have presented a thoughtful discussion of the issues of public and private space in a variety of core settings. I particularly like your selective and concise use of quotes to illustrate relevant points. You have also focussed on the "why?" part of the question and presented a very strong conclusion which answers this.

You do not quite stick to the plan revealed in your introduction. I think that it would have been helpful to define public and private space as prioritised in your opening paragraph but this hardly detracts from your clear argument!