

2.4 It helps to know

Patients do recognise that getting to know each of them can be challenging for HCAs. The following are quotes from patients showing that they recognise the difficulties:

"I think that what we ought to understand is that we are an individual going into that ward. We're expecting individual treatment. But probably they are responsible for thirty other people as well. Also the fact we might only be in there one night or two nights and three nights and why should they try and get that close to us? So I think we as older people ought to try and understand their problems as well as them understand ours."

They also recognise some of the barriers:

"they change the shifts and you might get a brand new nurse on there that hasn't been on that ward at all. So she has a big disadvantage of having to find out each patient that she's got on and very often this can be at night when there's just two of them and that does create problems."

An HCAs role in getting to know patients is very important. Despite the barriers, getting to know and building relationships with patients can be beneficial to staff and patients. It can help staff to understand what patients want, can help them to meet all basic care needs and can make care more personal.

The following quotes are from carers, patients, HCAs and other staff. For each quote, try to identify the main benefit and whether the benefit is to the patient or to the staff member.

Example 1.

"Actually with that one as well, some people will just vegetate if nobody comes and talks to them. I mean they can have no conversation at all unless their carer comes in, they can be just kind of switched off, whereas if carers do actually come and talk to you and have got the key to link in with, as [John] was saying, that can actually get their minds moving, you know....."

Example 2.

"every time that I've been in hospital, I like to have a laugh and joke because it's a serious enough thing and to have a laugh and a joke, I like to know who I can laugh and joke with....."

Example 3.

"on one occasion [...] there was a carer on both sides helping her because they couldn't do it by themselves and they talked over her and just as they were leaving they said 'Did you ever work?' And in fact she was a very intelligent person who'd held down an important job in the National Health Service and when [they went] she said [to me] 'They just didn't relate to me in any way.' And she was almost in tears because she said 'I know I'm old and it's a long time ago but at one point I was somebody'. [...] She was really upset by that because whether she'd worked or not was important but she felt demeaned and I thought that was very sad. [...] and it may be the only time they can talk to each other, so it may be not all their fault but it did upset her in a way. They needed her back story in order to make sense."



- Consider example 3; what do you think was the issue here?
- What should have happened?

The following quotes are from HCAs describing important benefits of building relationships for patients and for staff.

"..... just a confidence thing, isn't it, like, if they think -, if they trust you then they're a lot easier to work with, if they trust you they're more willing to push their selves to get their selves walking again and stuff like that or you can persuade them, like, if they didn't eat their dinner you can think oh have some of your dessert, try it, it will be nice, and stuff like that because they trust you, they do it which is obviously helping them....."

"I think older people like to chat, so when you start a question, they'll start giving you answers about, you know, their life and you're able to look after them in a way that 'OK, I need to respect this person.' You know, they've lived their life and...."



KEY MESSAGE

Getting to know older patients as people who have had long and interesting lives brings benefits to patients, relatives and staff too.