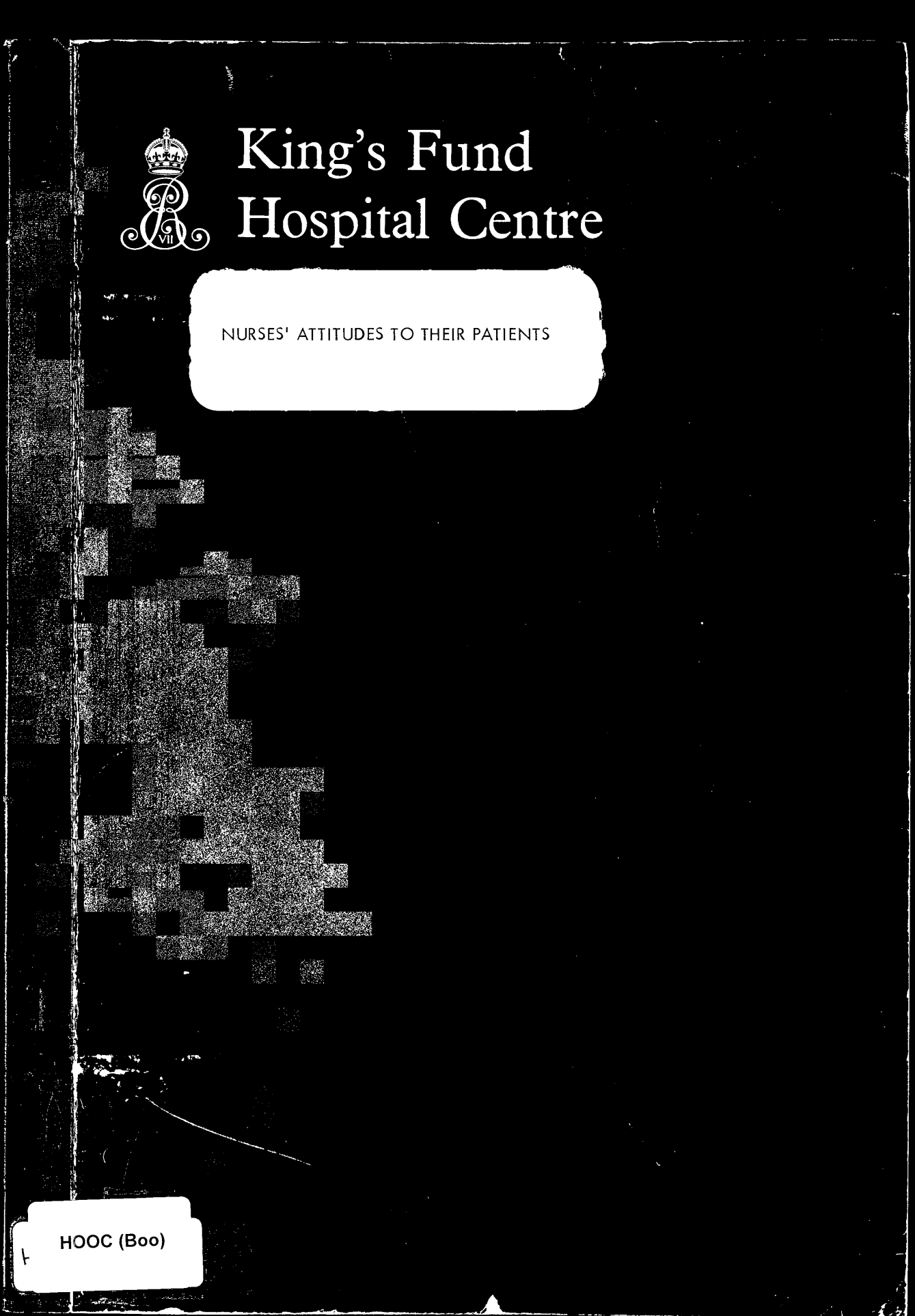
King's Fund Hospital Centre

NURSES' ATTITUDES TO THEIR PATIENTS



NURSES' ATTITUDES TO THEIR PATIENTS

This guide is for nurses wishing to explore this subject together with their colleagues. It is addressed in particular to nurses with some measure of responsibility for staff or student management who would like to start a discussion group around the subject of attitudes to patients.

by

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INTRODUCTION

During 1968-1970 two series of meetings were held at the King's Fund Hospital Centre. Each series of meetings brought together nearly 100 nurses of all ranks, and from all types of hospitals within the area of the four metropolitan regional hospital boards. Under the guidance of a small convening group (see page 11), these people had one object: to discuss their attitudes to their patients. Eventually they succeeded, and accounts of their progress - and set backs - will be found in the reports 'A Question of Attitudes', first and second series, both available from the King's Fund Hospital Centre. Because it is important that the discussion goes on and because change can only take place in the hospital setting, this guide has been produced in the hope that it will be of help to those nurses who wish to undertake the exploration of attitudes together with their colleagues.

A nurse's attitudes to her patients govern all that she does, but these attitudes are shaped and influenced by her attitudes to colleagues, both senior and junior, and by their attitudes to her. All aspects should be discussed.

Attitudes are very complex, a delicate subject to discuss, and the rate of acceptance of the need to change is slow. In this most personal of subjects it may appear that change is never going to occur. People undertaking an exploration of attitudes should beware of expecting too much, too soon.

Finally it must be said that this guide bears little resemblance to the way in which the convening group led the series of meetings at the Hospital Centre. It is, however, a distillation of the things we learned as a result of sharing this unique and valuable experience. It has been prepared with the help and advice of Tom Caine, psychologist, Elizabeth Barnes and other nurses experienced in group work. We offer it in the hope that it will help others to overcome some of the problems we met, and avoid some of the pitfalls into which we fell.

GETTING STARTED

It is too much to expect people who are strangers to the subject of attitudes, to each other perhaps, and, almost certainly, to the idea of group discussion, to begin talking about attitudes without some kind of lead. To gain their attention and to start off a useful discussion in the early stages, it could be useful to introduce some of the questions raised in the following paragraphs, or it may be necessary to jolt them with references to cases of ill treatment or neglect of patients, as reported in the press. Use can also be made of tape recordings made by patients, or by bringing early into the discussion members of the group who have been patients.

SOME QUESTIONS WHICH MAY BE RAISED

Are we aware of what an attitude is, and how it may be formed? What is the first thing you think of when the word 'attitude' is mentioned? In what way do our families, and peers, professional or social groups' relationships contribute towards the formation of attitudes of concern? To what extent are attitudes influenced by regimes designed for the monasteries and convents of medieval times, and the fact that modern British nursing owes its foundation to a nineteenth century model of military medical care?

Who have we used as our attitude model? Who are the attitude changers in the hospital or situation in which we work?

At what period of training does the desire to care, to have concern for others, change to a concern for the organisation of care? Is it possible to define the area where impersonal attitudes take over from our initial awareness of the patient as a person? Has the 'disease' attitude towards our patients developed because our training takes place for the most part within institutions of disease? How damaging is the 'specialist' attitude towards our patients, wherein they are no longer regarded as people with individual physical, mental, social and spiritual attitudes, but rather as medical, surgical, mental or helpless cases?

How real is our concern for the 'person' of the patient? What lies behind our smothering attitudes of 'tender loving care'? Our attitudes of fear, of uncertainty, verbal and perhaps physical aggressiveness, are so easily detected as we scold and cajole our patients into a conforming infantile, dependency state. Who is afraid

of whom? Are we afraid to meet the patient as a person, to involve him in his treatment programme? To what extent are our attitudes governed by our need for the patient, as much as his need for us?

What is the so-called professional attitude? Are there professional, managerial and technological attitudes? Do they help us as people to care and have concern for other people as 'persons'? Are the various so-called attitudes merely a façade to keep us away from the 'person' of the patient? Why are we so ready to refuse to accept one portion of responsibility for some of the attitudinal deficiencies in the nursing profession?

TOPICS FOR DISCUSSION

Topics can range from the apparently simple to the profound; from a discussion of the pros and cons of calling patients by their first names to considering the hospital as a 'prison like' institution.

A list of relevant topics would be endless. Those chosen will depend upon the meetings as they progress from one step to another. It may be helpful to consider headings under which discussions took place at the Hospital Centre:

Patients' views of nurses' attitudes
Relationships between nurses sharing in the care of patients
Relationships between nurses directly in contact with the patients and those on the periphery
Relationships between nurses and other hospital staff and how these affect the patients
The triangle of relationships between the nurse, the patient and the doctor
Differences between what is taught in the school of nursing and what is practised when handling patients
Attitudes of psychiatric and general nurses to their patients - should they be different from each other?
How can psychiatric and general nurses help each other in their approach to patients?

These are only headings for discussion. It must be remembered that unless great care is taken, they will be used as avenues of escape from the main object of the meetings, which is for group members to explore their own attitudes to their own patients.

MEETINGS

The size of the group should be such that everybody feels able to take part and to hold the floor for a minimum of ten minutes or so if they feel the need, without depriving others of the opportunity.

A large group needs splitting into syndicates which, in turn, in order to bring everybody together again, means reporting back. This has proved to be a monotonous exercise. In our experience more than 25 to 30 people are too many for useful discussion to take place. The size of the group will depend on many circumstances, not the least of which is the preference of the group convenor.

Meetings should be as frequent as possible. The time lag between will need to be adjusted to local circumstances. The more frequently the meetings are held the greater the chance of some continuity.

Too long an interval without sufficient stimulus means that the impetus is lost and that the first part of the next meeting is inevitably taken up with reiterating what has already been said. We found, for example, that monthly intervals were too infrequent, people tended to lose the thread of the discussion and back-track over subjects already discussed. Sometimes, however, it is necessary to rediscuss unresolved problems and allowance must be made for it.

DONT's AND DOs

DON'T	DO
Don't try it alone	Select a small group of interested nurses of different grades to share in the planning for the whole project
Don't be vague	Decide on the purpose of the meetings and whom to invite Prepare carefully Arrange a series of meetings for the same nurses; give plenty of notice, followed by a friendly reminder just before each meeting Suggest background reading by way of preparation
Don't be dogmatic	Have the utmost flexibility in planning and conducting each meeting Use suggestions from the main meeting for the convening team to design the programme for the next meeting
	Begin with an explanation of how little is really known about attitudes Begin the series by stressing the fact that everyone at the meeting is equally involved in the exploration of attitudes Stress the importance of the individual and the fact that self-awareness comes before any recognition of attitudes
Don't let anybody forget	Maintain interest and stimulus from one meeting to the next by, for example: Intermittent news letters, and homework between meetings and projects Encourage members of the group to discuss the meetings with those not involved in the current series

DON'T	DO
Don't be rigid	Use a variety of aids to highlight different aspects of the topic, e.g. a panel of patients, tape recordings, films, outspoken people to put opposing views Recognise and accept that tension, aggression and conflict exist within the group. These can help to promote free speech Take part yourself. Members of the convening team must enter fully into discussion Beware of domination in yourself or in others of the group. It is easy to be carried away with enthusiasm and to over-organise It is important to be equally aware of the need to encourage the less vocal to express their feelings, which may be very strong
Don't go to sleep	Keep your eye on the ball and bring the discussion back to nurses' attitudes to patients Avoid diversions and transference of blame to the matrons, the management committee, pay, shortage of staff and jargon words such as 'communication'. Groups will find that participants often try to escape into discussion about outside factors and theories rather than an examination of their own attitudes and their own experiences. These escape topics, however, may need to be aired before any progress can be made. Group convenors should therefore always be watching for the right opportunity to bring the discussion back to nurses' attitudes to their patients

WHAT NEXT?

Maybe all you will feel you have achieved is an increased awareness of the importance of attitudes and the complexity and delicacy of the problem. This in itself is a worthwhile achievement. But the true value of any exercise is that it should open up other avenues for action and study.

There are various ways in which this exercise can be extended. Those of us who helped to plan and convene the series of meetings at the Hospital Centre, while not claiming to be expert, will be pleased to help in any way we can. Requests for such assistance can be sent to Janet Craig at The King's Fund Hospital Centre, who is in contact with members of the original convening group.

Do not forget to evaluate all that has been done. Look back at the way each meeting was conducted, and think about what improvements could be made if you were to do it all over again.

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