

Listening Makes Sense:
A Resource for Staff Caring for Older People



Ninety-six older people and their relatives in England were interviewed last year about their experiences of urgent or emergency care. These interviews were carried out as part of a leadership development programme run by the Department of Health. The Burdett Trust for Nursing funded further project work to enable these interviews to be analysed at City University and their utility for practice to be explored.

This resource for staff presents the key messages in many of the stories told, alongside excerpts from those stories.

If you want to access more information about this project or other educational resources that have resulted, including video recording of patient stories, visit www.city.ac.uk/listeningmakessense

Older people have special needs when they have a health crisis, whether taking up community-based services or services at a local hospital. This booklet focuses the reader on the diverse experiences that older people can have when in receipt of urgent care, and points towards the skills, knowledge and attitudes needed by staff in direct contact with patients. Using a framework of relationship-centred care, Nolan et al. (2006) have identified that in the best care environments, older people, their relatives and staff all need to experience a sense of security, belonging, continuity, purpose, achievement and significance. The findings presented here build on this work, and use the power of patients' and relatives' stories to bring to life issues particularly associated with urgent or emergency care.

Health staff who work with older people are encouraged to reflect with their colleagues on the findings and to consider their part in ensuring that older people and their relatives in receipt of urgent or emergency care have the best experience possible. Staff could set aside time at team meetings to discuss the booklet and its implications, or make some time together away from the demands of the practice settings.

Involving others (for example managers, educators, local patient groups) will maximise the chance that positive changes can result, and that existing good practice can be built on and sustained.

Nolan MR, Brown J, Davies S, Nolan J, Keady J. The Senses Framework: improving care for older people through a relationship-centred approach. 2006. Sheffield, University of Sheffield.

Older people can delay seeking help and may need help deciding what to do



"I realised something was wrong when I couldn't get my breath, I couldn't tie my shoes. My feet and legs were swollen to about three times the size they should be. I got the ambulance."

"Well it was pains in the chest and I called my doctor and he said he thought I'd got lumps in my lungs so he said I'll get an ambulance and we'll take you into hospital. He didn't like the idea of the lumps being in there and he

was frightened that if they were to break they could affect my health generally or make me even worse than I was"

"She was alright but it was quite a bad gash...there was nothing to be done and hospital was the obvious answer...She didn't want to go, as with all elderly people she didn't want the fuss, and kept telling me it was fine. But it wasn't fine, it was quite a battle to convince her that she needed to go and then she was concerned about putting me out. I know for a fact that if we hadn't rang her she would not have let us know she had hurt herself, it worries me sometimes, she is so fiercely independent."

Findings

While many older people recognise when something is wrong and seek help accordingly, some patients are reluctant to access emergency care (by calling an ambulance or going to A&E). This can lead to a delay in getting help that in some cases can be clinically significant. Some people expressed a significant fear of going to the hospital, while for others getting help was a relief.

Family members play an important part in deciding to access urgent care and are often older people's first port of call. Primary care medical staff, including out-of-hours services, play an important part in prompting access to emergency care. While some older people were independent of help in deciding what to do and in accessing services, other older people suggest that having someone else to share in the decision-making is important.

- What reassurance or information can you give to older patients or their relatives on discharge that would be helpful if they need services again?
- Do you know about the different ways to access services?

Older people may feel they do not matter

"They don't tell you, they just do it. The nurses and all that they just go about their job and they are very good at it. Its best for them to do that rather than keep mithering me about it. That doesn't bother me because they know better than me what treatment I need you know. As long as they get it right that's all I want".



"I mean look at it in this light I am not the only pebble on the beach, and I can't expect them to run around me and forget they have other patients"

"I wanted to [ask advice from the urgent care centre nurse] but she had been so good and she had to spend such a long time, over half an hour with me, sorting me out, gently, gently. I didn't think it was right to bother her any more, her time was precious she had probably got lots of things to do; I could hear people outside the room so I didn't want to take up more of her time"

Findings

Many older people and their relatives expressed a high satisfaction with urgent care services received and were content to play a passive role in relation to their clinical care, judging that urgent care staff knew best. However, older people can be at risk of a diminished sense of significance (Nolan et al. 2006), because of the nature of the urgent care environment and a perceived power imbalance with staff. They are acutely aware that staff have to juggle their needs against those of other patients. This can mean older people don't feel legitimate users of the service, have lower expectations and are reluctant to share important information or ask for help or advice.

- What steps can you take in meeting a patient for the first time to make them feel significant?
- Do older people in your care know they can ask you for help or advice if they need it?
- How can you ensure your people skills are up to the job?

Older patients highly value a 'personal touch' from staff and help with activities like going to the toilet

"I have seen a change in the doctors...The doctor sat on bed and explained everything they were doing and showed me the computer that showed my eye and everything. They've come a lot further than the first time. This makes me feel not as frightened, they've come a long way and they explain what can happen and would happen"



"She put everything simply , so it made it easier for her, she spoke slowly...looked at her and raised her voice slightly and do you know my mother in law understood nearly everything she said"

"I needed to go to the toilet. I didn't want to be a nuisance, everyone was rushing about and I could not ask my neighbour. So I tried to hold on until I came home. It was alright. "

Findings

Older patients and relatives highly valued a kind and person-centred approach from staff. They identified the importance of staff giving information in ways that were tailored to individual needs, for example, taking into account communication difficulties or impaired cognition, while maintaining a respectful approach. They stated the value of frequent checks and regular attention from staff. Findings also highlighted the value of staff identifying and proactively offering help with needs such as eating, drinking, resting and getting comfortable. Being offered and getting help to use the toilet was highlighted as particularly important. In a small number of cases, older people with multiple needs were left neglected with no one member of staff taking responsibility for the quality of their care.

- Have you ever had difficulty explaining something to a patient? How did you overcome this?
- How do you identify if patients need help with eating, drinking, walking or going to the toilet? Are your patients pro-actively and regularly offered help with these things?
- How do you work out a patients' personal preferences for e.g. use of personal touch, humour, form of address?
- Do you always leave the call bell with the patient?
- Do your patients know, however busy you seem, that they can ask you for help or advice?

The urgent care setting can provoke fear and anxiety



"Well I am a very, very nervous person. I used to be terrified of hospitals. I had my operation nine years ago and I am much less anxious now but it is still there. I don't know why really. I can just remember feeling worried"

"The nurse practitioner took a couple of ECGs and I could tell she was a little bit worried. But I wasn't worried. She was the type of woman, who made you feel at ease and she knew what she was doing"

"She knows the ropes I didn't. I obviously thought I was following her instructions. They had all got the curtains open, there was someone sitting in the cubicle...but I assumed she was telling us to go and sit in with someone who was waiting, while they dealt with my mother-in-law...this raced through my mind and I thought I'll do that. I'm not very good in hospitals at the best of times...And of course I was concerned about the mother-in-law and I couldn't think straight"

Findings

While some patients and their relatives are experienced users of services and know what to expect and how to find their way round, for other patients, acute care environments in particular provoke anxiety. Some people express a general fear of hospitals, others have expectations set by the media about hospital-acquired infections and long waiting times. These fears and expectations relate to other fears in old age in which the outside world becomes an alien environment with perceptions increasingly informed by TV and newspaper stories. The shock and fear related to the incident or illness that prompts urgent care attendance, plus a disorientating physical environment, can lead to high anxiety for the patient and their relative.

- How would you recognize that a patient is fearful or anxious?
- In what ways can you relieve patients' fear and anxiety?
- Do you have any ideas for improving the physical environment that you can pass on to your manager?

Continuity of care and good discharge planning are important

"I was lying there waiting then two or three doctors came in. And I must admit they asked the same questions over and over again. Each doctor asks the same questions and you tell them the same details I presume that is just a precaution to ensure they get accurate information but it is quite frustrating. When you are not feeling well it is reassuring to see the doctors but not when they keep asking the same questions. "



"After my neighbour left, I managed to get to the toilet. I didn't use my frame I held onto what ever I could. I had a sling around my neck you see...The doctor said I had to keep it on for a few days. I had had a slight accident...but I managed with this hand and the home help came in the morning and was able to do the laundry"

"The nurse gave me an appointment to come back to the fracture clinic in two weeks, she told us where it was as it was in a different part from the Emergency department. She also gave me some painkillers and an advice sheet for looking after the plaster with exercises to do. The nurse told me that a letter would be sent to my Doctor to let them know what had happened."

Findings

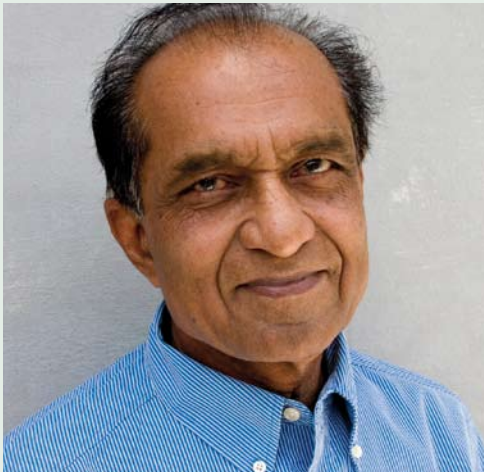
Older patients often described urgent care visits that included contact with multiple members of staff and incidents in which older people were told that something was planned (such as a physiotherapy assessment) which subsequently did not happen, or, for example, help was given getting to the toilet but not with getting back. Frustration was expressed at repeated assessments by medical staff. In addition, a number of older people had trouble managing at home after their urgent care visit that forward planning by staff could have prevented.

- Do your patients know your name?
- If you hand over to someone else, do you give enough detail to make sure that your colleague can address all aspects of care that each patient needs? Do you include patients in the handover?
- How early on do you start planning discharge?
- When planning discharge, what thought do you give to patient safety and follow-up?
- Do you know what services are available locally?
- Do you ask patients/relatives 'can you cope?' while planning discharge?
- Do you give your patients written discharge information? How do you make sure they understand it?

Relatives accompanying older patients have an important role

"Older people, it needs two of you to hear the same thing from both points of view. My husband is very deaf. You can't see deafness so if you don't catch what someone is saying, and it happens a lot with older people ... it's a good idea ... but there should be two of you."

"She said that when you have fractured ribs, there is nothing that can be done ... you just have to wait for it to heal, there wasn't a cure, just painkillers which she had. She gave her a really good examination and I was happy with that. She was kind to [my wife] too and that was important. What I really noticed is that she spoke to [my wife]...a lot of the time people try to talk through my wife ... they ignore her as if she is invisible and just talk to me"



"There was a point, I think they put the drip up but by the time I got up to the ward it wasn't working properly and nobody seemed to come to check it. The wife dropped in to see me, and she sort of stirred things up about it, so they came and got it working again but after that it was okay."

Findings

Family members (or sometimes neighbours or friends) can accompany older patients throughout their urgent care visit. This can provide the older person with much-needed company and reassurance. Relatives also monitor the patient's condition, the quality of the service and can take a proactive role with staff to ensure that best care is delivered. They can play a key part in information exchange between patients and staff, and can also influence patients to access services and/or stay in hospital when this is needed. Relatives may have needs of their own such as refreshment, help getting home from hospital, need to understand what is happening and dealing with work and/or other family responsibilities, but these needs take second priority to the patient's.

- If older patients come in unaccompanied, do you offer to call a friend or relative to come and sit with them?
- Do you check with patients before involving relatives in their care and planning?
- How can you establish what needs or concerns relatives might have while accompanying patients?
- How can you effectively involve patients and relatives in decision-making about treatment and ongoing care needs?

This project has included interviews gathered from patients and relatives from 31 NHS Trusts in England through the Department of Health National Leadership Programme for Matrons, Nurse Consultants and Emergency Care Practitioners in Urgent Care. The Burdett Trust for Nursing funded the subsequent analysis, development of recommendations and educational resources and all dissemination.

A number of other individuals and organisations have contributed to devising recommendations from this project and these are listed in the full study report held at www.city.ac.uk/listeningmakesense

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