

#HelloMyNameIs: A simple act to improve patients' experiences of care

August 7 2019, by Maisam Najafizada, Arifur Rahman And Katie Oxford



Credit: AI-generated image ([disclaimer](#))

In 2011, [Dr. Kate Granger, a British geriatrician](#) was diagnosed with cancer and her subsequent hospital stays and visits began. As a care provider, she noticed something simple, yet significant, that was often missed by the hospital staff. When staff showed up with updates on her

illness, they weren't always introducing themselves.

[One interaction in particular left her scarred:](#)

"And this junior doctor came to see me and just sat in the chair by my bed. He didn't introduce himself. He just looked out of the window and said: "I'm really sorry but your cancer's spread." No checking what I knew already, or whether I wanted someone with me. He couldn't wait to get out of the room. ... It was just awful. He went and I was just left."

In 2013, she and her husband started a social media campaign with the hashtag [#HelloMyNameIs](#). The idea was for health-care providers to introduce themselves each time they visited a patient. Sadly, Dr. Granger passed away on 23 July 2016 at age 34, but she but she has been remembered every year on the same day, as care practitioners and hospitals share [#HelloMyNameIs](#) posts.

As researchers studying patient-centered care in Canada, we would like to describe what patient-centered care looks like. Professionalization has created a distance between providers and patients, yet a simple introduction can be a good start towards a truly patient-centered approach to [health services](#).

Resonated widely

The [#HelloMyNameIs](#) campaign was quickly [implemented by more than 90 health organizations in the United Kingdom](#), including National Health Service Trusts, which [profiled both patients and staff introducing themselves](#). [Celebrities, politicians global hospitals](#) and diverse health-care providers [including surgeons and porters](#) pledged support. The fact that it has resonated so widely is evidence of a recognized need for greater patient-centered care.

Medical researcher Moira Stewart argues, "the patient should be the judge of patient-centered care" which is about "[the indivisible whole of a healing relationship](#)." Respecting the values and preferences of patients, engaging them in the process of care and involving them in their own treatment is part of patient-centered care. But at the core is the significance of respecting their dignity as humans.

In Canada, Lakeridge Health, [an organization of five hospitals](#) east of the Greater Toronto Area, initiated a patient-driven care project in 2012. The hospitals introduced five tactics to encourage interprofessional collaboration and recognize caring actions, invite patients to share their personal stories with care providers and establish a standard for interacting with patients. The latter was shorthanded to the acronym NOD, for the three things care practitioners should always share: their *name, occupation*, and what they are going to *do*.

Dr. Lisa Shiozaki and colleagues from Lakeridge Health evaluated this patient-driven care project. They surveyed 150 individuals—75 percent patients and 25 percent family members—before the project started and two years afterwards.

They found [patients and their families or caregivers reported improved experiences of care](#) after the project. More of them experienced respect and dignity in the care provided (96.8 percent, up from 94.2 percent) and more of them were able to find someone on the [hospital staff](#) to talk about their concerns (92.2 percent up from from 85.4 percent).

The percentage of patients or family members who felt included in decisions about their care also increased to 94.2 percent, from 88 percent.

Objectivity and emotional detachment

There are many factors contributing to a lack of patient-centered care, but an important factor is professionalization, the [process through which an occupation becomes a profession](#). As can be seen in many fields, professionalization entails systematic education and training for entrants, licensing and a code of ethics and the creation of professional associations.

Sociologists have studied how [professionalization acts as a tool through which the members of a group gain status and privileges](#). In medicine, [power dynamics are often at play](#) which exacerbate small nuances between a patient who seeks advice or treatment from a professional [care provider](#).

Doctors have traditionally been schooled to remain detached from their own emotions and those of their patients—to provide better clinical care. [However, research shows that doctors who bury or deny their feelings](#) altogether can be susceptible to burnout.

In the process of being objective and focusing on diseases, health-care providers may forget that they are treating human beings, not just diseases—or that they themselves are humans, not only care practitioners.

Humanization

Research suggests that a patient who seeks medical care is rarely seeking only technically competent services but is [typically also trying to seek emotional support](#).

The solution to these problems does not lie in de-professionalization, but in humanization and practical support for care practitioners to find sustainable and appropriate ways to integrate empathy into [efforts to engage patients](#).

Consistent introductions by health-care professionals would reduce the professional gap between providers and patients, and can help create an atmosphere of respect which may be crucial to a patient who is vulnerable and in need of emotional support.

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