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A Dignified Revolution

**Alone we can do so little;
together we can achieve so much!**

Ensuring that older people are cared for
with dignity and respect in hospital



Older People's Expectations of Hospital Care

Hospitals are unfamiliar places for the majority of us, and illness can sometimes make it more difficult to understand how the hospital works and the treatment that is being proposed. When vulnerable, therefore, we rely extensively on a caring attitude from the professionals in whom we place our trust.

Older people are clear about how they would like to be treated in hospital.

At a Help the Aged workshop on Dignity, held in March 2007, older people drew up the following list of their expectations:

Please:

- call us by title and surname only
- respect our privacy - we don't like using the toilet in view of others or being disturbed by staff wandering in to our room/cubicle
- provide us with a wheelchair and support to use the bathroom instead of being forced to use a commode or incontinence pads
- give us a napkin rather than bibs intended for babies whilst being helped to eat
- provide us with cutlery to eat our meals rather than having to eat with our fingers
- have staff to help with our food and don't take away our meal before we have finished

- provide us with independent (not hospital owned) advocacy so that we can be in control
- make sure that you have the right type and safe number of people looking after us
- give us a choice of a male or female assistant to help with our personal care

Don't:

- neglect or ignore us - talk to/with us - not at us - and listen
- make us feel useless or worthless - we want to feel wanted and valued
- use ageist language
- make us feel threatened and afraid to complain

What Older People Endure

Sadly, older people's expectations are not always met, particularly when they are at their most vulnerable. Staff often display poor attitudes towards older people. This is reflected in the following quotes from the relatives of older people.

My mother was distressed, pulling at her clothes, trying to climb the wall, very anxious, trying to get out of bed. There was a drink of cold tea, four foot from her bed. She was spoken to by the nurse, who called her Joan? I said her name is Nancy. The name was incorrect above the bed.

The nurses ignored the patients. They weren't even washed every day and food was left out of the patients' reach. When I visited mum, the patients would all cry out for help.

We asked for a copy of my mother's care plan. The hospital social worker produced a care plan that was inaccurate and incomplete, and could have compromised my mother's care and safety. When we queried the care plan it was stated that it had been produced because we asked for one.

The staff nurse told me mum was spitting out her breakfast. I explained this was out of character, but she did need a lot of help and support to eat and drink. He said there were not enough nurses to do this. I arrived on the ward later that morning to find my mother had lost consciousness.

I asked politely if Mum could have some additional pain relief. She stood at the end of Mum's bed, glanced at her and said: "In my opinion she doesn't need it".

My 84 year-old Grandmother who died recently in a nursing home would have been able to live independently in her own home for much longer had communication systems been more robust.

Hospital advocacy services would have improved my grandmother's informed choices on accommodation and care on discharge.

A Dignified Revolution has been established to campaign for the NHS to:

- train all their staff in dignity and respect
- involve hospital service users in hospital staff induction programmes so that staff are educated in what the public expects
- invest in independent advocacy services for older people and their relatives. This is particularly important for those involved in continuing care assessments
- train their staff to communicate with older people
- develop an independent mystery visitor service to audit practice at ward level
- provide patient support services in all hospitals and ensure that patients/relatives know where to access them should they need support