My experience of clinical care

In this real-life account, the spotlight falls on negative experiences of hospital care and the need for a strong bond to be built between clinician and patient based on the principles of respect and dignity.

'I recently witnessed poor, ineffectual nursing and an appalling lack of communication within the private healthcare system at first hand'

The NHS is facing some well-documented challenges. Whether it is financial constraints, the unprecedented structural changes, the arrival of new providers from the private sector, or the renewed emphasis on improving outcomes and patient experience, there is plenty to contend with.

Like other clinicians, my fear is that these challenges will lead to a fracture in the relationship between patients, the public and clinicians at a time when it is most needed.

THE THERAPEUTIC RELATIONSHIP

The importance of establishing a therapeutic relationship between nurse and patient is well-understood (Hawkins, 2003; Foster and Hawkins, 2005). This is where the nurse is encouraged to develop a relationship with the patient that is characterised by respect and empathy and once the patient is able to perceive and appreciate these qualities the relationship is established.

However, you do not have to look far to find instances where this relationship is either non-existent or has completely broken down. The media often highlights these failings and the list grows every day. Witness the most recent case where a young patient died of dehydration at a leading teaching hospital (Ellicot, 2012).

These instances of poor care are not limited to the NHS. They are equally evident in the private sector, where the pressures and challenges can be just as fierce as they are in the public sector.

POOR CARE

I recently witnessed poor, ineffectual nursing and an appalling lack of communication within the private healthcare system at first-hand. In late 2010, my husband was referred to a general surgeon for investigations relating to a suspected gastric ulcer. An abdominal ultrasound was performed to exclude biliary-related problems.

Unexpectedly, the results highlighted a mass greater than 3cm in the left kidney. Following a gastroscopy confirming a gastric ulcer, further scans were requested and we took the decision to see a urologist privately.

Despite assurances that a referral letter had been sent, many weeks went by without any communication from either the consultant or his secretary regarding an appointment. Eventually, we contacted the secretary and requested one.

The urologist requested numerous scans and we were informed that an appointment would be made to discuss the results. Again, no communication was made and we both assumed everything was normal and went off for the Christmas break expecting to find an appointment made for early January.

On our return, no appointment letter had been received and we had to contact the urologist and make an appointment again. Following poor communication over a period of 12 weeks and a lack of confidence on our behalf, my husband was eventually referred to another consultant. Following further tests and a radioisotope scan, and due to the increased size and position of the tumour,

References

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a total nephrectomy was performed in March 2011.

Virginia Henderson's work in the 1970s suggests that the nurse who values nursing and its personal, individualised nature provides holistic, rather than disease-centred care, treating the whole person and not just the condition. This was clearly demonstrated by the exceptional care and communication received from the new urology consultant as well as from the staff in the high-dependency unit he was placed in after surgery. Throughout his 48-hour stay, my husband's pain was well-controlled, he was treated with respect, his dignity was maintained and ultimate holistic care was ensured.

Unfortunately, once transferred to a room on a ward, my husband experienced an unacceptable level of care. On arrival, crucial observations were not performed and despite requesting analgesia on numerous occasions, he had to wait for three hours. No explanation, respect or dignity was shown when his urinary catheter was removed and the nurse demonstrated poor hygiene/infection control standards. Urinals were left unattended for hours, then measured and discarded into the toilet and not flushed.

Most importantly for someone recently diagnosed with a renal carcinoma, there was no communication, support or advice provided by any member of staff on duty throughout the remainder of his stay. He only received care when he asked for it.

LESSONS LEARNED

Developments in nurse education and training encourage nurses to be more proactive, responsive to change and to respect and value patients and their families. Planning and delivery of nursing care is a distinctive function of the professional nurse, yet sadly, we witnessed the attitude that 'it was just a job' and at no time did we meet the ward manager. On discharge, incorrect surgical procedure information was provided to the GP.

It should not matter whether nursing care is being provided in the private sector or by the NHS. Often, it is the same clinicians who provide the care. Wherever patients are being treated, good communication is vital and the relationship between nurse and patient paramount.

The danger is that the pressures and challenges we all face will lead clinicians to forget why they entered their chosen profession in the first place. WUK