

Contemporary Themes

Ward meetings: a forum for patients' concerns

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Abstract

A series of meetings between patients and staff were held on two general medical wards to discuss the concerns of patients. Issues ranged from the quality of hospital food, ward facilities, and visiting arrangements to the medical and nursing care provided and patients' views on medical students. Most issues were raised by the patients themselves and the outcome was either acceptance or rejection of a suggestion, an explanation by the staff, or a general discussion if a specific decision was inappropriate.

Most staff and patients considered the meetings to be valuable. Ward meetings thus seem to provide a way of making hospitals more responsive to patients' concerns.

Introduction

Patients' experiences of hospital life include much more than their illness and the medical care they receive. The uncertainty associated with being unwell and the sudden change of environment make admission to hospital a stressful experience. In this report the opinions and concerns voiced by hospital inpatients at a series of ward meetings and the effectiveness of the meetings as a forum for patients to express their concerns are analysed.

Ward meetings

Nine meetings were held on two general medical wards at the Queen Elizabeth Hospital, Birmingham. They were deliberately informal to enable patients to raise any matters they chose; staff intervened only to encourage discussion. The average attendance at meetings was 13 people, including two staff. On the days that the meetings were held 76 of 113 inpatients attended at least one meeting; because of the high turnover only five attended more frequently. Twenty seven patients were too ill to attend and 10 chose not to for other reasons. Though very ill patients were inevitably underrepresented two thirds of inpatients did not attend, which suggests that the meetings were representative.

PATIENTS' CONCERNs

Full records of each meeting were kept. Of the wide range of issues discussed a few were inquiries about the patients' own medical care but most were suggestions for improvements in services.

Food and drink—Food is an easy target for criticism; one elderly

lady, however, was grateful for the "proper meal" she did not get at home. Though there was little criticism of the quality, several patients did complain that the food was not hot enough. For most patients the choice of menu for lunch was satisfactory but not that for breakfast. As a result of requests vinegar and ketchup were provided with fish and chips, and morning tea was served after breakfast rather than before.

Ward services—In addition to the hospital radio and a public telephone the mobile shop, library, newspaper round, and hairdresser were all popular services, but more frequent visits were requested.

Dayroom—Though well used and valued the dayroom was considered to be unhomely. Rearranging the tables and providing a standard lamp and some pictures improved the atmosphere. A request for curtains rather than blinds was already in hand, but opinions differed on the suitability of carpet or linoleum, in view of the occasional incontinent patient. Interestingly, patients did not demand improvements from the hospital authorities but were prepared to contribute themselves. For example, when patients heard that the hospital could not afford to replace the black and white television set some relatives donated a colour set. Several ex-patients also donated old books and games to improve the ward collection, which had been criticised at meetings.

Washing facilities—Improvements in privacy and provision of a handrail in the shower were both suggested. One patient had noticed that the electric razor needed to be repaired; fortunately this was possible.

Ward life—Though the ward community is a mix of complete strangers thrown together by the misfortune of being ill patients easily developed a network of friendships and were generally tolerant of their fellows' idiosyncrasies. Men and women were separated into either the main ward or side rooms but shared the dayroom, an arrangement which was generally popular. Interestingly, patients preferred to be in the main ward rather than a side room, as the greater activity helped to prevent boredom. Occasionally, patients complained of noise at night, but usually noisy or confused patients were nursed in a side room. One specific request that windows should be opened briefly before lights out was somehow neglected. Patients were unable to agree on whether smoking should be allowed in the dayroom. Though some non-smokers avoided it because of the atmosphere others felt it unreasonable to ban smoking completely.

Visiting—While these meetings were being held the hospital was experimenting with a policy of open visiting, which the staff preferred as it was easier to cope with fewer visitors spread over the afternoon than the rush during the visiting hour. Though patients recognised the advantages for their relatives some found it too tiring, particularly when disturbed by other people's visitors. No specific solution was suggested, but the ward sister agreed to enforce the limit of two visitors for each patient. A proposal that visitors might buy tea on the ward, as patients were embarrassed at drinking alone, could not be met.

Medical and nursing staff—Some patients found the distinctions between state registered, state enrolled, and student nurses confusing. One observation by a patient on the relation between staff indicated that nurses were often unaware of the doctor's plans for individual patients. Most patients approved of the way all communications were channelled through the consultant. Consultants coming to give a specialist opinion, however, were noticed rarely to introduce themselves.

Information—When asked about information given to them most patients were satisfied that their condition had been adequately explained but would have liked to be told more about their investigations and treatment. Several had been surprised when porters arrived to take them for an unexpected x-ray examination, and some were

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concerned when their treatment was changed without warning. These anxieties could easily have been prevented by a few words of explanation.

Medical students—Clinical students were attached to both wards. Most patients did not mind being examined by them but were confused by the students' role in their medical care. One man thought that routine blood samples collected by a student were part of a research project while others wondered why the students asked the same questions as the doctors and whether they were authorised to do so. The students' role, particularly when aspects of care were delegated to them, obviously needed to be clarified by the staff. Several patients had found learning about their own health from teaching sessions interesting. They did prefer, however, to participate in the discussion rather than be talked about impersonally. Most patients who had participated in a student examination had found it interesting but also tiring; they had not been told that it would last all day or that they would miss the mobile shop's weekly visit.

Analysis of outcome

The discussions recorded in the minutes could be grouped into three broad categories: (a) those issues which resulted in the acceptance or rejection of a suggestion made by the patients; (b) those problems which were resolved by an explanation by the staff; and (c) more general discussions which enabled patients to express an opinion when a specific decision was inappropriate. Of the 95 issues raised at the nine meetings, one third fell into each category (table). The time devoted to each subject varied considerably; for example, visiting policy provoked longer discussions than facilities on the ward.

Outcome of 95 issues discussed at ward meetings

Issues	Total No	Rejected	Accepted	Explained	Opinion expressed
Subject matter:					
Food and drink	17	6	3	6	2
Ward facilities	23	5	11	3	4
Ward life and visiting	19	2	3	4	10
Medical and nursing care	24	0	1	12	11
Medical students	12	0	1	4	7
Total	95	13	19	29	34
Raised by:					
Patients	71	13	19	25	14
Staff	24	0	0	4	20

Patients' suggestions were most likely to be accepted if they concerned ward facilities, presumably because these were relatively straightforward requests which could be dealt with by the ward staff. In contrast, since hospital food was prepared centrally it was more difficult to meet requests for improvements.

About one third of the problems discussed, usually on some aspect of medical or nursing care, were resolved by an explanation by the staff. This suggests that patients should be better informed, particularly about their investigations and treatment. When issues such as visiting policy, student teaching, and communication between staff were discussed patients expressed their opinions; though their comments were passed on if appropriate it was difficult to assess any influence their views might have had.

Three quarters of the issues were raised by the patients and only one quarter by the staff (table); almost all of the last were issues which gave patients an opportunity to express an opinion, which was the reason for limiting staff intervention solely to helping discussion. Most issues raised by staff concerned ward life and visiting or medical and nursing care.

Discussion

The idea of asking patients their opinions on their health care is not new. Several general practitioners have established patient participation groups,¹ and surveys sponsored by the King

Edward's Hospital Fund² have used questionnaires to identify the concerns of hospital inpatients. In this study informal meetings of patients gave them an opportunity to voice their concerns at a time when the outcome of the discussion might influence their own experience in hospital.

The value of these meetings was assessed by an objective assessment of the attendance rate (66% of inpatients) and an analysis of the outcome, which suggested that the meetings were both representative and able to resolve most issues. Since a subjective assessment by participants is more difficult to quantify it was not attempted. The fact that only 10 patients chose not to attend, mostly because of communication difficulties, indicated considerable support for the principle of discussion. The attitudes of the nursing staff varied. Though most were in favour some had reservations about the meetings. Despite being held on Saturday mornings the ward routine was inevitably disrupted.

My own objective for these meetings was to encourage feedback from the patients to the professionals rather than to develop a form of group therapy. Participants did, however, appear to benefit from the more friendly ward community and from the serious approach of the staff to their problems. Possibly this may help patients to regain their motivation to overcome disability. The meetings reinforced my belief in the value of patient participation. I learnt a great deal about patients' perceptions of hospital life and medical care and was impressed by their willingness to consider both sides of an issue. Occasionally, patients were unwilling to be critical of staff. Though this was partly due to their gratitude it may also have reflected their dependence on hospital care and a wish not to offend. By enabling patients to contribute to their own wellbeing hospitals may become more responsive to their needs. Staff can benefit by gaining more insight into ward life and their own practices, and patients gain self confidence when their opinions are taken seriously. Ward meetings on these lines are one way of achieving these benefits.

I thank the nursing staff of wards EGB and E1A, Queen Elizabeth Hospital, Birmingham, for their cooperation; Sisters Clifford and Meredith for their encouragement; and the patients for contributing so much to the meetings.

References

- Pritchard P, ed. *Patient participation*. Occasional paper No 17. London: Royal College of General Practitioners, 1981.
- Raphael W. *Patients and their hospitals: a survey of patients' views of life in hospital*. London: King Edward's Hospital Fund, 1969.

(Accepted 11 November 1982)

Clinical pointer: Buchanan cholangiogram cannula

I thought I ought to bring to the attention of your readers a recent problem I have had with the Buchanan cholangiogram cannula. During a routine cholecystectomy I placed the cannula in the cystic duct, tied the suture around it, and pulled the shoulder of the catheter back against the stitch. Much to my surprise the cannula came right out of the cystic duct leaving the plastic collar to fall back into the common bile duct. This necessitated exploration of the duct, and I was fortunately able to retrieve the collar. I am pleased to say that we had no postoperative problems, but clearly this could have resulted in serious complications.

I have discussed this with the manufacturers of the cannula, who are instituting stringent quality control checks to make sure this does not recur. In the meantime, however, I thought I should bring this to the attention of other surgeons who may be using the cannula, so they can make quite sure the collar is firmly attached to the cannula before use. I think the firm are also bringing out a new and improved product, which should obviate the problem.—J THORNTON HOLMES, consultant surgeon, Peterborough.