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Keywords Inpatients/Missed care/Care inequalities/Workload pressures

In this article...

- Why it is important to involve patients in their fundamental care in hospital
- How inpatients interpret and respond to nurses' attitudes and behaviours
- Patients' needs that can result in fundamental care omissions

What makes it difficult for patients to ask for help in hospital?

EVIDENCE IN BRIEF

This article is based on a new analysis by the team at the School of Health Sciences, University of Southampton, who are exploring the issues that make it hard for patients to ask staff members for help in hospital. It summarises an analysis by Hope et al (2022).

Key points

Workload pressures among staff can cause fundamental care omissions for inpatients

Researchers interviewed patients about their experience of interacting with nurses while in hospital

Patients found it hard to ask for care unless they saw nurses as being both available and caring

Patients avoided asking nurses for support if nurses appeared to be unavailable or deliberately dismissive

Patients with communication needs were reported to experience more missed care

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Abstract Failures in fundamental care of patients in hospital can have serious consequences, including patients dying unnecessarily. NHS policy and nursing theory emphasise shared decision making by staff and patients, but do not consider what it is that prevents nurses from providing care as they would wish to, or the difficulties patients can face in alerting staff to missed care. This article summarises research into patients' experiences of involvement in fundamental care decisions in hospitals, including whether they raised missed care with staff and, if not, why not.

Citation Hope J, Saville C (2023) What makes it difficult for patients to ask for help in hospital? *Nursing Times* [online]; 119: 2.

Fundamental care in hospitals consists of helping patients with personal cleansing, eating, drinking, dressing, toileting, rest, sleep, mobility, comfort and safety (Feo et al, 2018). When this care is not provided, it can have serious consequences, including avoidable deaths and other poor health outcomes (Francis, 2010). However, when nursing workload exceeds staffing capacity, emotional support and some aspects of fundamental care can be missed while medical care is prioritised (Kalisch, 2014).

Patient involvement in healthcare can lead to better health outcomes (Hibbard and Greene, 2013) and means patients might be able to flag missed care, thereby avoiding adverse outcomes (Kalisch et al, 2014). Researchers have previously described the patient's role in their interactions with nursing staff, but these conceptualisations have not considered patients' efforts to avoid being seen as difficult – for example, by not asking for support when needed (Maben et al, 2012).

This article summarises a study that aimed to explore the patient's role in nursing staff–patient interactions around fundamental care omissions in acute hospital settings. This was part of a wider study that tested the feasibility of an intervention to increase patient involvement in fundamental care decisions. We interviewed 20 patients from four inpatient medical and/or surgical wards. To obtain a wide range of perspectives, the sample included varied ages, genders and lengths of hospital stay (Patton, 2015). We also met with six people who had been in hospital in the last two years and had registered their interest in participating in local healthcare research: we ran three focus groups with these former patients.

During the interviews and focus groups, we asked patients about their experiences of receiving and negotiating appropriate fundamental care in hospital. Data was recorded, transcribed and analysed using the thematic analysis method described by Lofland et al (2005).

What patients told us

Patients described trying to avoid being a nuisance and wanting to present as 'good' patients who were not disruptive. This is reminiscent of Goffman's (1961) work, in

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which inpatients and prisoners focused on "staying out of trouble". Our study found that patients scrutinised nurses' behaviour to assess whether they could ask for care without compromising their impression of being a 'good' patient.

Engaged nurses

When patients assessed staff members as being caring and available, they described being able to make care requests without fear of being seen as difficult. Such nursing staff took time to chat or joke with patients; nurses appeared interested in them as a person, not just a patient, and would personalise care:

"It sounds genuine, whereas sometimes it's sort of like, 'Are you OK?' and they walk off before [you've said,] 'Yes'. They don't seem to do that on [this ward] – they actually seem to listen." (Interviewee 17)

A participant with paraplegia discussed an engaged nurse who observed that the standard pressure ulcer-prevention technique of placing a pillow under the ankles did not work for her:

"One of the nurses has come up with a good solution now, which is much better: using [a rolled-up towel]." (Interviewee 7)

Distracted nurses

Patients assessed some nurses to be caring, but unavailable – for example, while carrying out a routine task such as vital-signs observations. Patients avoided asking these nurses for support, even if they needed physical assistance to carry out fundamental care:

"I wouldn't say [it's] easy [to talk to a nurse,] because [...] they're in and out, aren't they? 'Just coming to do your blood pressure.' 'Just coming to do that.'" (Interviewee 16)

Another patient, who was unable to leave her bed unassisted, gave this example of distracted nurses:

"Obviously, I've got a tongue in my mouth – I can ask, [...] 'Can I do my teeth?' and it's not a problem. But I think there were a few days at the beginning when I didn't get them done and I didn't ask." (Interviewee 7)

> *"Patients can find it difficult to ask for the care they need unless they believe staff are both caring and available"*

Dismissive nurses

Dismissive staff members were perceived to deliberately withhold their time and attention from patients or ignore their requests for help:

"Last night, I had some chocolate buttons [...] and I asked [a frail, confused patient] if she wanted one [in the morning]. And she was like, 'Yes, yes'. So I said to the staff member this morning, 'Can you give one to her? She wants it'. She went over and she went, 'Oh, don't worry, she'll have forgotten that she asked you for one'." (Interviewee 2)

"I described it to my surgeon as feeling like a piece of meat on the slab, and there were occasions when that was reinforced on the ward, because I ceased to be a person. I didn't have a name any more; I was just [...] a body in a bed that needed things doing to it." (Focus group member)

Care inequalities

Patients who had greater physical autonomy and were recognised by staff as possessing mental capacity were able to limit their concern about being seen as a nuisance by carrying out some aspects of their own fundamental care. However, they were sometimes unsure what they were 'allowed' to do for themselves. Patients who had difficulty communicating their needs or who required physical support to carry out fundamental care tasks were at greater risk of fundamental care omissions, such as failing to get enough nutrition or not being given the equipment to brush their teeth.

Conclusions

It can be hard for staff to present as available when they are under considerable workload pressures, but patients can find it difficult to ask for the care they need unless they believe staff are both caring and available. Although this is a complex situation with no simple solutions, we hope this research alerts nurses to how difficult it can be for patients to request care from those who do not appear to be both caring and available. Patients who are most in need of their support may be the most disadvantaged and experience poorer health outcomes. **NT**

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