

4Ps

Development programmes for people in healthcare

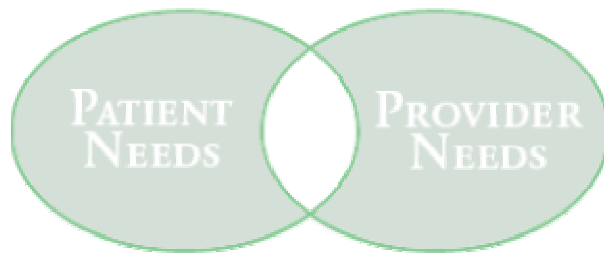
What happened in the session?

compiled from 4Ps experience to date at different locations

Why involve? why partnership?

Society: the world has changed and is changing.

Policy: the Government is pushing towards consumerism.



Partnership: is better for staff satisfaction and patient experience.

Involvement: means sharing decision making.

This **opening session** set the tone for the whole programme. It was the most difficult, but provided the keys to work with for all following sessions.

We started off with a general discussion on what the participants hoped to get out of the course, and what were their fears. We took a note of these for using again later in the programme.

Next, the participants thought about what is meant by patient involvement in the decision making process. They considered its advantages, and possible disadvantages, and what they felt it was likely to mean to them personally and to the workplace as a whole.

Their idea of patient participation was extraordinarily passive – not least because they, themselves, had had so little input into the running of their own workplace.

We encouraged debate on ways in which their working conditions could be improved if their voices were heard and ways in which listening to patients, and dealing with what they found difficult, could also make life easier for staff. In this way they began to see that their own needs were not so very different from those of their patients.

Then they concentrated on the changes they felt they could effect, and what they could do by modifying the ways in which they work.

The participants (in small groups to encourage free speech and overcome possible inhibitions and shyness) talked about their fears and what they felt would be hard, if not impossible, to put into practice. All sorts of reasons soon began to emerge, along with some negative attitudes towards patients and the public.

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We spent useful time exploring these negative attitudes. Participants examined exactly what they meant by 'difficult' or 'demanding' – which could mean simply uncooperative, or even questioning. What proportion of their patients did they think fell into their negative categories? What percentages were 'cooperative' 'frightened', 'appreciative', 'accepting'? The groups then explored the reasons why they thought patients (and, very often, their relatives too) were demanding and tiresome – or even actively threatening.

We asked the group what, in their own lives, they found particularly trying – and what made them really angry. How did they feel about waiting around all day for a builder who failed to turn up, or unexplained delays in holiday flights (not to mention the horror of lost luggage)? How did they react to such situations?

Could the demands from patients be reasonable? Had people perhaps been driven to such behaviour by sheer frustration, as well as pain and fear?

Key aspect to note

Getting participants to identify with themselves as users of services, consumers of goods, complainers about bad services, volunteers or campaigners for change, and then getting them to cross over that experience into their role as provider, can stimulate thinking and change.

Participants, given the opportunity, will tell their own stories and their reactions when the hairdresser didn't listen to what they wanted, or the plumber fails to call, or whatever. This helps when the scene is shifted to users of their services.

We then asked participants to suggest ways in which such situations might be worked around so they simply did not arise. They looked at waiting times, and possible ways of keeping patients informed. They considered ways of distracting children, who got bored and fractious – and the reasons why some children were so apprehensive. Had anyone actually asked them why? They looked for examples, from their own experience, of ways in which they had found practical solutions to problems that had helped both their patients and themselves, and made life easier all round.

This led to a consideration of the ways in which participants refer to patients. The habit of using negative collective nouns runs through the whole of the NHS – and talk of 'awkward' patients elicited some of the worst of these. Referring to users as 'Prats', 'Morons', 'Time-Wasters' eventually affects our perception. Patients who are referred to as 'the Idiots' are considerably less likely to have their views taken seriously, so language really is important, even with something apparently innocuous as 'the barium'.

Towards the end of the session the whole group was drawn together to exchange their ideas and sum up their findings. They thought again about the meaning of patient choice and ways in which involvement could bring benefits all round.

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We introduced them to the agenda for the following session, and gave them something to do between sessions.