Healthcare staff must properly introduce themselves to patients

After some staff didn’t introduce themselves to her, the doctor turned patient Kate Granger launched her #hellomynameis Twitter campaign, which has struck a chord. It’s so much more than just good manners.

Kate Granger elderly medicine registrar and cancer patient, Yorkshire

I am laid on a trolley in the emergency department feeling extremely unwell. My temperature is 39°C and my pulse 150 beats per minute. It is about 36 hours since I underwent a routine extra-anatomic stent exchange, and I have developed sepsis. A young surgical doctor clerked me in. He does not introduce himself by name, instead plumping for “I’m one of the doctors.” A nurse comes to administer my intravenous antibiotics. She does not introduce herself at all.

Over the five day admission I lost count of the number of times I have to ask staff members for their names. It feels awkward and wrong. Introducing yourself is the first basic step taught in any clinical interaction for any healthcare professional, but do we ever stop and think about how important this is? As the patient you are in an incredibly vulnerable position. The healthcare team know so much personal information about you, yet you know next to nothing about them. This results in a very one sided power imbalance.

One way to begin to redress this imbalance is a good introduction. I believe it is the first rung on the ladder to providing truly compassionate, patient centred care. It is also vital in developing that all important rapport and trust on which to build a therapeutic relationship. Of course we all wear name badges to identify ourselves on the shop floor, but their purpose must be to reinforce a verbal introduction rather than to replace it. And the writing on many NHS identity cards is often so small that it is unreadable from the hospital bed for many patients.

So given its importance, why are we sometimes failing to introduce ourselves properly? Do we blame time pressures? Compassion fatigue? Perhaps a failure to put ourselves in our patients’ shoes? This is all too real for me, and my experiences as a terminally ill patient with cancer have sharpened my focus on how I care for others, particularly when it comes to communication. I usually introduce myself as Dr Kate Granger and then ask how the patient would like to be addressed, always using their surname in the first instance. Personally, as a patient I like to be referred to as Kate, allowing me to be in patient rather than doctor role. However, everyone is different, and some people feel more comfortable with a formal approach. What is important is that we find out and put our patients at ease.

Given my observations about the lack of simple introductions, I wanted to make a positive change. The NHS complaints procedure seems rarely to lead to tangible improvements. Therefore, as a keen exponent of social media I started a campaign on the microblogging network Twitter, using the hashtag #hellomynameis (http://twitter.com/search?q=%23hellomynameis&src=hash). The idea was to reinforce the valuable nature of introductions and to ask people throughout the care sector to pledge their commitment to introducing themselves properly to each and every patient they meet.

The idea has been embraced by staff from all corners of the NHS, from chief executives and medical directors to healthcare assistants, student nurses, and laboratory staff. I have had nearly 200 pledges on my blog (http://drkategranger.wordpress.com/2013/09/04/hellomynameis) and too many tweets to count (see box).

Many trusts are backing the campaign at board level—for example, West Hertfordshire Hospitals NHS Trust discussed #hellomynameis at their daily meeting, and it was the central topic of the chief executive’s weekly blog (www.westhertshospitals.nhs.uk/newsandmedia/chiefexecutiveblog). The chief executive at Yeovil District Hospital discussed #hellomynameis with all his ward managers. At Ipswich Hospital’s emergency department they added the hashtag to the observation chart clipboards as a simple reminder to all staff.

The campaign has caught on in a short space of time, and the feedback has been amazingly positive, with many healthcare professionals admitting that they had slipped into bad habits but were now inspired to improve. This is a simple change. It costs nothing and takes only seconds, but it improves patients’ experience of healthcare. It is the first step to discovering what matters to that individual patient and to putting their concerns at heart.

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Some pledges on my blog

“Hello, I’m Dr David Little, one of the radiology doctors, and I’ll be doing your ultrasound today . . .”

“Hello, my name is Dawn and I am the midwife who will be caring for you today. Is there anything that you feel I should know about your hopes and plans for this birth experience?”

“Hello, my name is Rachel and I’m part of the nursing team who is looking after you today. Please may I take your blood pressure?”

“Hello, my name is Edwin. I work as a medical director, helping to make it possible for all the doctors, nurses, [and] healthcare professionals who look after you, do so in the best possible way.”

“Hello, I’m Ann, a community first responder—the ambulance is on its way. What would you like me to call you? So why have you called the ambulance today?”

“Hello my name is Ruth. I am one of the managers of this service; would you mind taking a bit of time after your appointment here today to let me know what has been helpful and if there is anything we can do better?”

See http://drkategranger.wordpress.com/2013/09/04/hellomynameis/

first. I am proud of the care I provide, and want my patients to know my name. I want their families to know they can ask for me. Hiding behind NHS anonymity does nothing to improve the human connection on which compassion and empathy are built. A proper introduction is more than a common courtesy—it is fundamental to providing excellent and safe care.

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