

In memory of Dr Kate Granger

The creator of the #hellomynameis campaign passed away in July 2016 following a battle with cancer. Sophie Windsor reflects on what we can learn from Dr Kate Granger's legacy.

On 23 July 2016, Dr Kate Granger—who campaigned tirelessly to improve communication in health care despite her own deteriorating health from an aggressive form of cancer—sadly passed away, aged just 34. During Kate's short life, she achieved so much. She had qualified as a consultant geriatrician and was the proud creator of the #hellomynameis campaign. At the time of her death she had raised £250 000 for charity. This would be an amazing achievement for anyone, let alone someone fighting a battle with terminal cancer.

It was during one of Kate's many hospital admissions back in 2013 that the idea of #hellomynameis was born. Kate noticed that many staff caring for her did not follow the basic steps in communication, with some failing even to introduce themselves. She became frustrated at the lack of basic human interaction and set up a campaign to encourage all staff to begin their interactions with patients with the simple phrase, 'Hello, my name is..'

Following Kate's death, I have been thinking about the barriers to effective communication that we may face in our everyday interactions with patients and service users. I could write a thesis on improving communication in the health-care setting, but I have chosen to focus on barriers to listening. It is reported that non-verbal communication accounts for two thirds of all communication (Hogan and Stubbs, 2003). Our facial expressions, posture, tone of voice and eye contact all tell a story, even if we are not actively speaking.

Cummings and Bennett (2012: 13) define the role communication has within our daily caring lives in the 6Cs:

'Communication is central to successful caring relationships'

Sophie Windsor

Senior midwife, Lewisham and Greenwich NHS Trust

and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me". Communication is the key to a good workplace with benefits for those in our care and staff alike.'

Imagine the following scenario: you are the midwife in charge of a busy maternity unit and have been called by a colleague to talk to a couple who have expressed concerns over the length of time their induction of labour has taken. Your colleague hands you the notes to read as you walk towards the bay where the couple are waiting. During the short walk to the bay, another colleague stops you to tell you there is a woman who has just arrived onto the unit with meconium-stained liquor. You ask the midwife to perform an initial assessment and bleep the on-call doctor to review. You then bump into the doctor, who informs you about a woman who needs to come to labour ward from triage. You finally make it to the couple you were coming to see, and attempt to listen to their concerns and expectations. During this time, you are interrupted by the health-care assistant diligently performing observations; the woman in the next bay is audibly distressed and then your bleeper goes off for an emergency caesarean section.

I am sure most labour ward coordinators face this type of scenario on a day-to-day basis. The common barriers to effective listening in this situation are distractions. The definition of 'distraction' is a thing that prevents someone from concentrating on something. Owing to time constraints, busy midwives are often multitasking, which increases the risk of distractions and interruptions. This does not create an optimum environment for women to express themselves, and may give the impression that we do not care. Meanwhile, the midwife is left feeling inadequate and consumed by all the other distractions that

must now be dealt with. Making time to listen is an important skill and often reduces complaints, improves care and boosts service users' satisfaction. Distractions may also increase human error.

When communicating with women in difficult scenarios, you can reduce the amount of distractions you encounter by:

- Handing your bleeper or phone to a colleague
- Identifying a quiet place where effective communication can take place
- Taking time out for 5 minutes to familiarise yourself with and prepare for the situation
- Seeking advice from colleagues if you are unsure of how to handle the task ahead
- Handing over other tasks to a colleague while you focus on one task
- Ensuring other team members are aware of your plans and expectations.

When listening to women, you can show that you are listening by:

- Making eye contact—although be mindful that in some cultures this may be viewed as disrespectful
- Reducing distractions—do not answer your bleeper/phone in front of her
- Being aware of your own body language—do not sit with closed body language
- Paying attention—do not think about your next task; focus and nod to acknowledge points the woman makes
- Not interrupting—let the woman express her views and wishes
- Summarising what the woman has said at the end of your conversation with her, and clarifying when you will next see her.

The very essence of being a midwife is about caring, and we do care. One of our current challenges is *showing* that we care—and that starts with #hellomynameis... **BJM**

Cummings J, Bennett V (2012) *Compassion in Practice. Nursing, Midwifery and Care Staff: Our Vision and Strategy*. DH, Leeds

Hogan K, Stubbs R (2003) *Can't Get Through: 8 barriers to communication*. Pelican Publishing Company, Gretna, LA, USA