

Acute Training Solutions

Induction for Adult Care Staff - Case study

Read the case study below and think about why it is important to know about an individual's preferences and background, and how you would find out about the preferences and backgrounds of individuals and what matters to them.

Mrs Desai

Towards the end of her life my mum was more or less bed-bound and unable

to walk. She had carers who came three times a day (morning, lunchtime and evening). The biggest problem was language, as none of her carers spoke Gujarati, which is the only language my mum spoke. So there was total lack of communication and she felt completely isolated and started feeling more and more depressed. Luckily, they sent female carers so at least she was spared the humiliation of being tended to by a man. Hindu women (particularly the elderly) are very shy - I had never seen my mum's legs as she always wore a sari and no part of her was ever exposed, even to us as children.

One day I visited her in hospital and the nurse (female) was giving her a bed bath so I waited outside her room. Then for some reason the nurse was called away and she left the room, leaving the door open and my mum half dressed and exposed to anyone walking into ward to see. I quickly went in and closed the door. Mum was very, very upset and kept saying to me - she was crying and saying please take me home. She found the whole hospital experience very disturbing - she was - the only word I have is traumatised - not only the bathing incident but being unable to understand a word the nurses and doctors said to her. She couldn't understand what they are saying, unable to ask for help or request for a bed pan or anything.

Modesty is such a big part of Hindu culture. The home carers had no idea about dignity and modesty. When I visited mum at home I often found them giving mum a bed bath and leaving her exposed and talking to someone on their mobile phones. They had no idea how to put a sari on mum - in the end we had to buy kaftans as mum would not wear short nighties. Also, mum always wore sacred tulsi beads around her neck since my father died. The carers did not understand the significance of this and removed it without her permission.

Mum had a small shrine in her bedroom where for years she lit a candle and incense each day and prayed. None of us ever wore our shoes in mum's bedroom because though it was her bedroom it was also her prayer room. The carers had no understanding of this and because the carers changed so often you would inform one of them and the following week there would another carer.

Mum was a pure vegetarian so she would not even eat eggs. Some carers/ nurses had very poor knowledge of what Hindu vegetarians can eat or not eat. Mum would not even eat something which was cooked in utensils used to cook meat therefore she never ate hospital food and the family would take her food from home.

Therefore, the key thing is high quality cultural awareness training is most essential for anyone who works with older Hindu patients. I felt really sorry for my mum because this dignified, proud lady who bore eight children and worked really hard to help my dad in his business and made many sacrifices to educate her children really well and had led an exemplary life, found her end of life so hard and undignified.

Learning activity one

- What would have helped in this situation?
- How could the health and social care workers have acted differently?

Learning activity two

The principle of dignity is at the centre of supporting and working with any individuals. It is important that health and social care workers understand what dignity means and how this can be built into practice.

1. What is meant by the term 'treating people with dignity and respect'?
2. Why is this central to the role of the health and social care sector?
 1. Give a minimum of three examples of how you can treat people with dignity and respect in your day-to-day work.
 2. Thinking about the case study for Mrs Desai, how could she have been treated with dignity and respect?
 3. What is meant by establishing consent with individuals when providing care and support, and why is this important?
 4. How could Mrs Desai have been helped to give her consent for the way her care and support was being provided?
3. Give a minimum of three examples of how you would establish consent from individuals for their care and support.