# A RESEARCH STUDY WITH IMPACT

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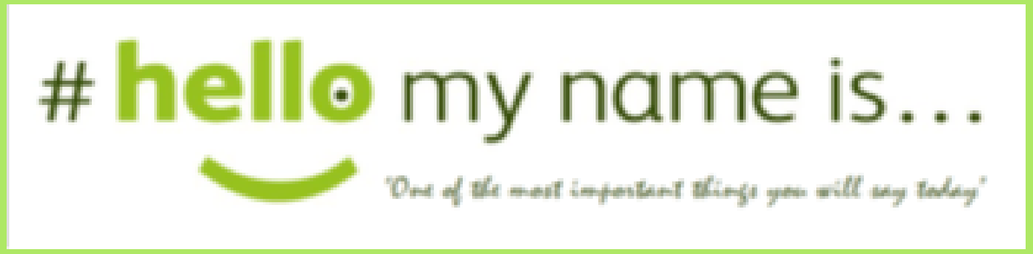
**A case study exploring health care students' experience of having the '#hello my name is...' logo and their 'name' imprinted on their uniforms in the practice setting**



# Introduction


The #hellomynameis campaign was introduced on social media by Kate Granger and her husband Chris Pointon following Kate's hospital admission where basic communication was flawed (Granger, 2015).

The campaign represents much more than a friendly introduction, it is an important driver in the delivery of person-centred, compassionate and safe care for all patients, focusing on health professionals introducing themselves to patients

Since its Launch in 2013 the campaign has gained momentum nationally with NHS Trusts adopting this initiative and in places funding agreed to have the logo on name badges.

# Background


From the outset of the campaign, the experiences of those involved in the initiative have not been studied, which provided the rationale for this study.

As part of a coaching project, feedback from students and patients showed support needed for #hello my name is... campaign in identifying student names more clearly on uniforms as they are not supplied with badges with the logo.

However there are limitations to the electronic badges so following discussions with the printing manufacturers they agreed to support us in this study to print the logo and names on a selected number of health care students uniforms

# Planning

A team of academics from different health care programmes were involved in the study and they liaised with the student progress team,  Heads of Departments and practice placement facilitators regularly who were all in support of the study.

Chris Pointon, the #hellomynameis... campaign lead was also involved in the initial discussions and was in support of this study.

The research proposal was submitted and ethical approval was gained in July 2019 (Ref: 17464).

# Study Design

- A case study research design was used, underpinned by a critical realist philosophy (Bhaskar 1978; Yin, 2014)

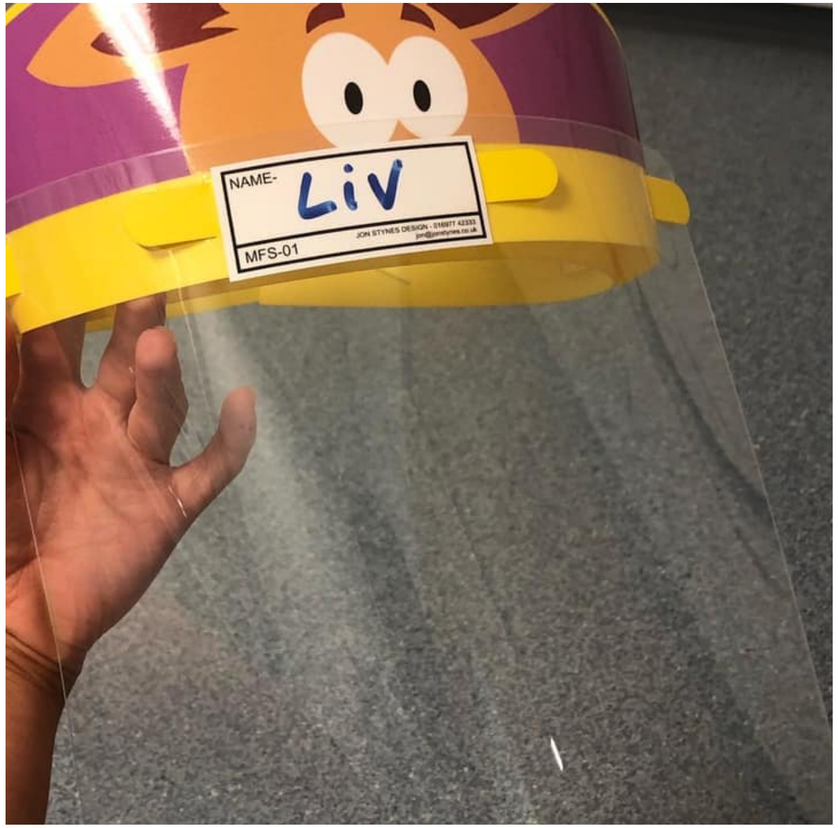
- Case studies can deal with complexity where there are many variables and support using multiple sources of evidence, and data collection over time, to contribute to a rich portrayal and understanding of the phenomenon to inform education and practice (Stake, 2000; Simons, 2012; Yin, 2014).

A purposive sample of 53 students from the September 2017 cohort representing adult nursing, child nursing, LD nursing, midwifery, physiotherapy and occupational therapy all attended the launch day and consented to being involved in the study.

Pre study questionnaires were completed at launch day by each participant and they were repeated at the end of the study.

Reflective diaries were completed by 40 students during placement to include feedback and reactions from staff, patients, carers and other students.

Four focus groups with 4-8 students were conducted at the end of their placement to explore the individual students' experiences and also share their perceptions as a group.




# Methods and Sampling

Thematic analysis was used to analyse the data (Miles and Huberman 1994).

Eight staff were involved in the data analysis and work was shared, with all staff involved in the review, they shared their codes and key themes.

Five themes were generated, the three main themes will be presented now in more detail with verbatim quotes: care and compassion; sense of belonging; patient safety.

# Findings

**Theme 1- Care and compassion**

‘I believed it made me more approachable to parents who are potentially stressed who did not have the extra job of remembering my name.’

RD, P6

‘I think it’s that human element. [Because] you can be a nurse and people expect you to give that kind of compassion but when you put a name to it, they see that “Oh, this is someone else who’s just like me only they have a job to do as well” and it’s just things like that human touch.’

FG1, P3

‘So, I think it’s speeding up the process of building rapport and trust.’

FG4, P3

‘Wearing the uniform with my name was a good conversation starter and ice breaker with staff and students, I asked patients and they thought it was reassuring to them…’

RD, P40

**Theme 2- Sense of Belonging**

‘Everyone called me by my name, not once was I called “the student.”’

RD, P4

‘I haven’t always felt like an integrated part of that team because I’m just in a white uniform…people do see you as just the student. But having that on, like, the doctors address you by name every time and I just think, for me personally, that does make you feel as if you’re like a valued part of their team because you are … There is that human element; it’s not just “Oh, can you get the student?’

FG1, P1

‘The uniform belongs to me and I feel like I have an identity because my name is on the uniform, next to [university name].’

FG4, P3

‘I noticed a difference immediately, people were using my name. Everyone in the clinic called me by my name and it was nice to feel part of the team rather than just the student’

## Theme 3- Patient Safety

‘If something happens, if you’re standing there and your name is visible people can see you and you can be there and help if needed. Or, they can just shout your name and tell you to go and do something, like without having to think, like: “Oh, what’s her name?” ’

FG2, P3

‘You do respond faster to your name, don’t you? So if they refer to you by your name, you’re more likely to pay attention’

FG2, P4

‘when you’re actually doing stuff in practice, with the doctors, in resus and they’re shout your name, there is no delay as they can see your name”

FG5, P3

‘I cared for a women during my shift and she continuously called me by my name when she needed anything or wanted me for support and I feel that this was most likely due to my name being on the uniform, it made me feel more involved and in control of her care.

RD, P25

## Additional Comments

Participants were overwhelmingly positive about being involved in the study with good reactions from staff who showed genuine interest in the study. However some staff did not seem as interested and there was not much difference seen in practice from wearing the new uniforms. It was noted that this may have been due to the client group and type of placement area.

Participants also reflected that a name logo should not directly alter the fundamental principles of verbal introductions or of providing high-quality care.

The main suggestion for improvement was a more appropriate place for the logo, rather than the chest area of the tunic.

# Summary and way forward

- Report completed and findings presented at meetings,with positive feedback from staff.
- Publication of article in July 2021.
- Business case submitted for expansion of the project which was agreed with funding agreed for all health care students in September 2021.
- Meetings with a new company with embroidered names and logo, placed higher up the tunic.
- Support agreed  from student progress team to assist with practicalities associated with ordering, collection and distribution.

# Thank you and any questions

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