The Relationship between Caregiver and Client

Getting the client’s cooperation is essential to safely carry out patient care. From the initial contact with the client the caregiver sets the standard for a pleasant relationship through the way he or she communicates.

Presence of the Caregiver

- The quantity and quality of contact (interactions) with the client determines the “presence” of the caregiver.
- Presence is defined as all of the various means of communication (verbal and non-verbal) of the caregiver towards the client.
  It confirms the client’s existence:
  > Through the stimulation of their senses
  > As the centre of the caregiver’s attention
- Presence encourages maintenance of the client’s autonomy and guards against a withdrawal into themselves.
Establish the relationship through a look, words, touch

The caregiver faces the client, says hello, uses their name, and while doing so, makes eye contact.

The caregiver offers his/her hand or places it on a non-sensitive part of the client (forearm, leg).

A handshake or a touching gestures becomes the “prise poulce”.

Instead of hoping for good days, we make them happen!

Whatever the kind of care, the caregiver uses it only after having established a contact and developed a relationship with the client. This is the relational approach to care.

The approach comes before the caregiving activity. Depending upon the caregiver’s knowledge of the client and the current state of their health, the caregiver can use different methods. A typical description follows:
The goal of this approach is to create a situation that the client and the caregiver can look upon as a pleasant exchange resulting from the harmonious relationship that has been established.

Obtaining Agreement

This contact is prolonged in order to establish a relationship of confidence that the caregiver senses through verbal cues or through the body language of the client. In some cases this agreement is hard to clearly identify; that “click” between client and caregiver, an intuitive feeling. In fact, this intuition results from the ability to recognize subtle feedback from the client.

In any case, the caregiver must not immediately interpret the lack of client reaction as agreement. If he doesn’t have clear consent, the caregiver begins the treatment with the greatest care and remains alert for any signs of assent.

If the client refuses care, the caregiver does not go further but stops. Otherwise he/she is not respecting the client and putting his/her own safety at risk.

Stopping leads to reflection, questioning and analysis.

- Is this care absolutely necessary?
- Is this the right time? If not, can the care be put off until later?
- Can the method of carrying out care be modified?
- Does the care put the caregiver’s safety at risk?
- Following analysis, which strategy is preferred?

The “prise-pouce” reassures the client.

Begin and continue the task while maintaining the relationship

The caregiver maintains visual and verbal contact with the client and lets them know why he/she is there. “I am here to help you. I am going to take care of you. We will have a nice time.” The words and the intonation used reassure the client, calm them down and help them to trust the caregiver.
Protection Tips

• When a client reacts badly (crying, spitting, scratching, hitting), the best protection is to step back, wait, and then try a new approach.

• The “prise pouce” reassures the client. It is also quite useful in that it occupies the client’s dominant hand (or both hands) and thus reduces the caregiver’s risk of being scratched, clawed or hit.

• Being grabbed on the wrist by a client is an aggressive move but what is the underlying purpose of this gesture? It may not be threatening. The caregiver must decode this feedback – Is the client afraid? Are they trying to ensure their safety? The caregiver asks the client to release his/her wrist. If the client doesn’t comply, the caregiver releases the grip by slowly prying loose the client’s thumb and fingers.

An invading gesture that’s not always aggressive!

REFERENCES

For More Information: asstsas.qc.ca/ars

CAUTION

Use of this guide is not a substitute for comprehensive training in ARS, and does not guarantee safety improvements in all situations. Adjustments are always necessary according to the particular details of an actual work situation.