References


Chaperoning: The role of the nurse and the rights of patients

Guidance for nursing staff
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Guidance for nursing staff

Background

At RCN Congress 2000 the RCN Outpatients Nurses Forum submitted a resolution to Congress to urge RCN Council to develop guidelines on chaperoning for all nurses working in the hospital and the community. This resolution was passed and as a result the RCN has produced the following guidance for nursing staff.

Context

The apparent intimate nature of many nursing, midwifery and medical interventions, if not practiced in a sensitive and respectful manner, can lead to misinterpretation and, occasionally, allegations of abuse. There are many forms of abuse such as neglect, physical injury, emotional and sexual abuse. Not understanding the cultural background of a patient can lead to confusion and misunderstanding, with some patients believing that they have been the subject of abuse. It is important that health care professionals are sensitive to these issues and alert to the potential for patients to be the victims of abuse.

The role of the nurse

The role of the nurse as a chaperone to patients undergoing consultations, examinations, procedures, treatments and care by medical and other health care professionals, has been eroded and devalued by managers faced with financial constraints and shortages of qualified nurses. All patients should have the right, if they wish, to have a chaperone present irrespective of organisational constraints.

When the chaperone is a nurse or another member of the health care team, they can act as advocate for the patient, helping to explain what will happen during the examination or procedure, and the reasons why. They can assess the patient’s understanding of what they have been told, and will also be a reassuring presence.
whilst the patient is having the examination or procedure, safeguarding against any unnecessary discomfort, pain, humiliation or intimidation.

Nurses and other health care professionals should also consider being accompanied by a chaperone when undertaking intimate examinations and procedures to avoid misunderstanding and, in rare cases, false accusations of abuse.

**Good practice**

All nurses and other health care staff should follow the following principles of good practice.

- All patients, regardless of age, gender, ethnic background, culture, sexual orientation, or mental status have the right to have their privacy and dignity respected.

- Patients should be offered a chaperone or be invited to have a relative or friend present with them during any examination or procedure. Their personal preference should be documented in their clinical record.

- In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient, followed by a check to ensure that the patient has understood the information.

- If the patient prefers to undergo an examination/procedure without the presence of a chaperone, this should be respected and their decision documented in the clinical record.

- The patient should be informed if a chaperone is unavailable (either due to unforeseen circumstances or an emergency situation) and they should be asked if they consent to the examination/procedure going ahead without a chaperone or would they prefer to postpone until one is available.

- Patients should be encouraged to maintain independence and self care as far as is practicable, for example, undressing themselves.

- A culture of openness between patients and health care professionals should be actively encouraged.

**Conclusion**

All patients should have the right, if they wish, to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational constraints or settings in which this is carried out.