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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Exploring how Small Acts of Friendship encourage human flourishing on medical wards for older people

Muna Al-Jawad*, Joanna Connor and Paola O'Sullivan

*Corresponding author: Brighton and Sussex University Hospitals NHS Trust, UK
Email: muna.aljawad@nhs.net

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Abstract

Background: Small Acts of Friendship is a project to help make the experiences of older people in an acute NHS hospital more humane.
Aim: This research aims to explore how the project encourages human flourishing on wards for older people, using Dewing and McCormack's (2017) model. We cover the barriers and emotions brought up by such a project, as well as looking for evidence of flourishing and a flourishing workplace.
Methods: The qualitative method of experience-based co-design was used to set up and evaluate the project. Data consisted of interviews and observations with staff, relatives and patients involved in the project, and were analysed using comics as a tool for an iterative, deep analysis.
Results: The results show how staff and patients responded to the project; the responses have been aligned to stages of Dewing and McCormack's model. In one area the Small Acts of Friendship project was found to have resulted in a change in culture towards person-centred care.
Implications for practice:

- Reflecting on the project brought out emotions that might ordinarily remain under the surface of practice for staff who look after older people, so they may need to be supported
- Hospital wards for older people can make changes towards a flourishing workplace through a project such as this

Keywords: Friendship, flourishing, culture change, experience based co-design, comics, graphic medicine, older persons

Introduction

Situating our research in the real world

Hospital wards for older people can be difficult places to stay. Despite the efforts of staff to offer hope and comfort, an inpatient stay can bring out negative emotions such as fear and loneliness. Organisational priorities mean hardworking, conscientious practitioners often lack the time for the small acts of care that can make a difference. Typically, patients on wards for older people are frail (Clegg et al., 2013) and have experienced so-called 'frailty syndromes' (Royal College of Physicians, 2012) such as reduced mobility, falls and delirium.

The four wards for older people referred to in this article are in a large, acute NHS teaching hospital. These wards are in one of the oldest buildings still in clinical use in the NHS, and are recognised to present significant challenges to delivering care (Care Quality Commission, 2014). During hospital admission, patients are often treated quickly for their acute medical problems but local data show some have longer-than-expected hospital stays while awaiting for appropriate and safe discharge plans. This has been noted across the NHS (NHS Improvement, 2018a). Before this project began there were anecdotal accounts of limited social interaction for these patients; family or friends might only visit for short periods, and staff were often tied up with essential work. We observed that general health and wellbeing could decline over a patient's stay, a phenomenon known as deconditioning (British Geriatrics Society, 2017), where functional abilities are lost due to relative inactivity in hospital. Many projects exist to reduce lengths of stay (NHS Improvement, 2018a) but fewer that address the experience of patients during their stay.

In 2017, an opportunity arose to secure funding from a charitable organisation to change our wards for the better. Members of the 'Friends of Brighton and Hove Hospitals' – the Friends charity – approached clinicians from the department of medicine for older people, wishing to start a new project on the wards for older people. They were clear the project should align with the charity's aims of improving patients' wellbeing. The clinicians looked to the literature for other projects with similar scope and learned that involving staff as well as patients, and using quality improvement methods were key parts of successful interventions (Cornwell, 2015). We also discovered that experience-based co-design (EBCD; Locock et al., 2014) was a recognised method of establishing such a project.

Our thoughts about a new project considered the issue of 'change fatigue' in the NHS (Ballatt and Campling, 2011) which leads to some new initiatives being treated with scepticism or even suspicion. We wanted to address this by focusing on staff engagement and involvement. The chosen intervention, which was named 'Small Acts of Friendship', aimed to promote flourishing among practitioners and patients. The next three parts of this article set out the principles of EBCD, outline the theoretical standpoint regarding flourishing and explain the components of the Small Acts of Friendship project.

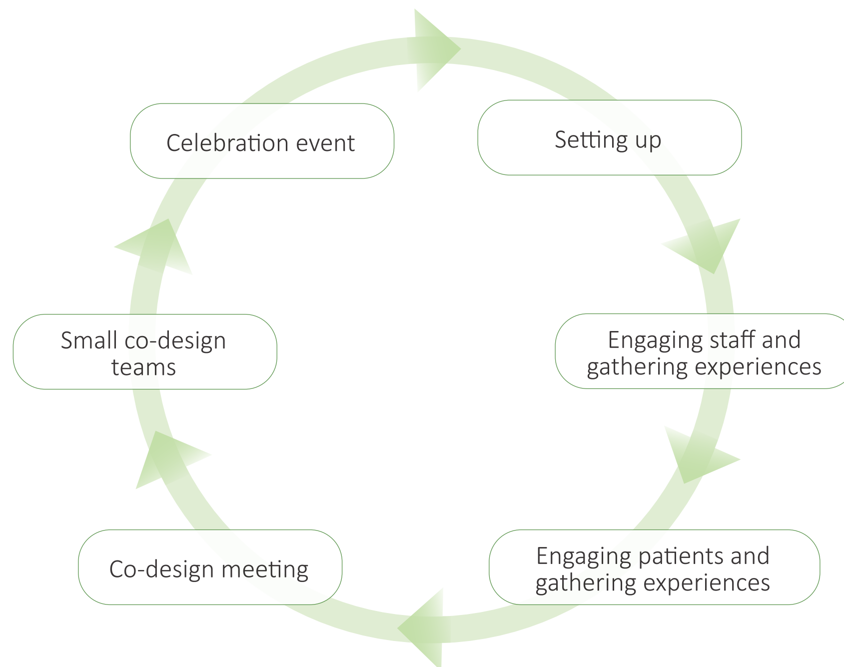
Experience-based co-design

We investigated various quality-improvement methods used in the NHS (NHS Improvement, 2018b). We looked for a method with the right scope, which involved the right balance of action and reflection and which was practical in terms of context and timeframes. EBCD (Donetto et al., 2015) was chosen as the most appropriate method for the development of this project because of the emphasis on the involvement of patients, relatives and ward staff. It was important to ensure that what was designed and implemented was needed, wanted and appropriate for these groups. EBCD, developed within the NHS, is a narrative-based participatory approach to research and service improvement (Point of Care Foundation, 2019). It has become widely used to develop and improve services across the UK and internationally, and has been successfully used in the hospital (Locock et al., 2014).

The Point of Care Foundation suggests EBCD results in sustainability. It has demonstrated not just improvements within the projects, but also greater patient participation in wider service development, better communication and collaborative working (Point of Care Foundation, 2019). Countering this, Clarke et al. (2017) undertook a rapid evidence synthesis of co-production including EBCD and

concluded there was a dearth of robust evaluation of the effectiveness of these methods in the acute care setting. Despite the uncertain evidence base, we chose this approach for the project. The structure of the EBCD approach is shown below, reproduced from Donetto et al. (2015).

Figure 1: The six stages of the EBCD approach (Donetto et al., 2015)



The whole EBCD journey can take up to a year, including a period of discovery before any interventions occur. The process involves interviews and observations, as well as encouraging creative processes such as films based on the interviews, which can be used later in the process to trigger discussions around particularly emotional times during a patient journey. These discussions can develop into further ideas for change (Point of Care Foundation, 2019). The methods we chose for this research were based on this process.

Situating our practice theoretically

The research team consists of two doctors and an occupational therapist, who practice within a wider team of doctors, nurses, therapists, administrative staff and volunteers, all working on the wards for older people. One of the team (PO'S) is the coordinator of the Small Acts of Friendship project. Inspired by the original brief from the Friends charity, the team considered ways to enhance wellbeing for older people on the wards. The theories set out below became the rationale for the project.

We turned to the work done in positive psychology by Seligman (2012) to improve understanding of the concept of wellbeing. Seligman conceptualises wellbeing as consisting of five elements: positive emotion, engagements, relationships, meaning and accomplishments, naming these as the elements that allow human beings to flourish.

The idea of human flourishing was appealing in the context of this project as it is an action, rather than an adjective or description. This fit with the agenda to actively change what was happening on the wards through EBCD. Transferring Seligman's concepts to a healthcare education context brought focus on Dewing and McCormack's (2017) model describing how practice developers might understand concepts around human flourishing, which they use to imagine creating a flourishing workplace. They build on the work of Seligman (2012) and Gaffney (2011) on the conditions for human flourishing, adding elements beyond the individual experience to encompass a culture (such as that of a hospital ward). In this way, they envisage flourishing as being grounded in the social world of life in hospitals.

Dewing and McCormack (2017, p 154) set out four assumptions required for movement towards a flourishing culture:

- Movement towards an inclination for flourishing
- Movement away from patient-centredness towards person-centredness as central to achieving flourishing for all individuals, teams and workplaces
- Movement away from external rewards to internal rewards for individuals and teams in being person-centred
- Movement away from a technical focus on efficiency and effectiveness and its measurement towards an integrated system of virtuous practices and evaluation

These assumptions are the underpinning rationale for the discussions around the components of the Small Acts of Friendship project.

Small Acts of Friendship: components

Small Acts of Friendship is an ongoing project to improve the experience of patients, relatives and staff during inpatient stays on wards for older people in the hospital. It has three main components: a coordinator, group activities and individual interventions. This section will explain the components and how they link to the theory set out in the previous section.

The first action was to appoint a coordinator. She is a key component of the project as she is able to:

- Undertake practical tasks to enable the project to work (such as buying and maintaining equipment, training volunteers and budget management)
- Establish relationships with staff, patients and relatives on the ward
- Liaise with the Friends charity and other outside agencies
- Evaluate the practices within the project (through EBCD)
- Research the impact of the project

The rationale for this role comes from the assumption that enabling human flourishing entails a move towards an integrated system of virtuous practices (Dewing and McCormack, 2017). The project coordinator is the one tasked with ensuring integration and evaluation.

The second component of the project is group activities. These are mainly run by trained volunteers and vary depending on who is available, what space is available, and feedback from patients, relatives and staff. Examples include discussion groups, poetry groups, arts and crafts groups and working with plants. Patients and staff are encouraged to gather to eat cake and drink tea together once a week. These activities have clear links to the rationale around the conditions for flourishing – for example, relationships are established and enhanced by group activity, and accomplishments might be present when a patient is able to show a relative a piece of artwork they have created or a seedling they have grown. Also, this is movement towards practices that encourage flourishing.

The third component of the project is individual interventions. These can be in the form of music, with musicians playing tunes selected by patients at their bedsides. We also have hand massage and hair washes, by trained practitioners. These interventions are intended to be person-centred and allow people to experience some positive emotions. Individual conversations and reminiscence might allow patients and relatives to make meaning from what is happening to them in hospital. The interventions and practices within these components have changed over the course of the project as we grow to understand what works well and what is less successful according to patients, relatives and staff.

Aims

The primary aim of this research is to explore how the Small Acts of Friendship project encourages human flourishing on the wards for older people. The questions underpinning this are:

- What underlying emotions and ways of thinking might represent barriers to flourishing within the project?

- Can we find evidence of flourishing related to the project?
- Can we find evidence on any of the wards of movement towards being a flourishing workplace?

Method

Research orientation and ethical issues

We position ourselves as practitioner researchers (Dadds, 2008), exploring practice to understand and improve it. Ontologically, we are relativists (Denzin and Lincoln, 2005), believing the world being studied (that of humans, relationships and flourishing) is subjective and made socially, and can be known through understanding how it is constructed and experienced by humans. Epistemologically, therefore, our approach is a constructionist one (Denzin and Lincoln, 2005).

This theoretical underpinning fits with the principles of experience-based co-design; the recorded experiences of people on the wards are used to construct narratives and images that represent these experiences, which are then linked to theory and used to inform change to the project.

Members of the hospital ethics committee reviewed an outline of the project and decided formal ethics approval was not needed. We found this problematic because interview and observational data can involve risks to the participants, including possible exposure of views or narratives that participants would not want in the public domain. This was addressed by fully explaining the research process and possible outcomes to participants. All ward managers and staff involved were made aware of the project via verbal communication and posters explaining the purpose, and the possibility of observational data being used for publication. All participants who were interviewed gave written consent to their words being used, via a consent form adapted from the standard form for research in the hospital. All data have been anonymised and the images shown are an amalgamation of the narratives and views expressed by a number of participants. Where there was any possibility of identification, the images and this article were shown to the person to ensure their consent to being represented in this way. Small Acts of Friendship – that is the coordinator role and capital expenditure – is funded by the Friends charity, so its board (consisting of lay people) was involved in approving the project itself and the associated research.

Data collection

From December 2017 to August 2018, the coordinator held 12 patient and 16 staff semi-structured interviews. Two authors (PO'S and JC) conducted approximately 570 minutes of observations across the four wards. Some of these interviews and observations occurred at the start of the project and others took place over the months following its launch to evaluate progress.

After each interview or observation, whoever had collected the data wrote reflectively about the experience and their feelings about it. This was done to capture the emotional and unsaid aspects of the data, and our reactions to these, as much as possible, and as part of the process of practitioner research (Dadds, 2008) to ensure we remained reflexive and examined our positions as researchers as well as part of the project itself.

Data analysis and comics-based research

The data and reflections were read several times by the authors, with the purpose of identifying narratives and themes that represented the participants, resonated with the research questions and seemed distinct from each other. The authors shared analyses over email and met every few months to compare and discuss interpretations, which led to themes being distilled and ideas being crystallised Notes were kept of all these interactions and meetings by one of the authors (MAJ).

One researcher (MAJ) is experienced in comics-based research (Al-Jawad, 2015; Idelji-Tehrani and Al-Jawad, 2019). Comics are sequences combining pictures and words (McCloud, 1994), and have been used in the health humanities at various stages of research. They can be used as a method of data

elicitation (Al-Jawad and Frost, 2014), to map research processes and to reconceptualise illness and health. This research used comics as a tool to aid data analysis, and a way to present this analysis to readers. Comics have properties that make them especially helpful in the analysis of qualitative research data (Kuttner et al., 2018). Drawing comics based on data can illuminate the links between multiple, and sometimes conflicting, stories, ideas and theories (Al-Jawad and Czerwiec, 2019). Comics are also thought to tap into unconscious or deep-seated emotions (McCloud, 1994), which can be useful when working reflexively in qualitative research. Comics were included in this article as we feel they provide readers with an accessible insight into the analysis.

The first author used the analysis notes collected through meetings about the data to construct draft ideas for comics to represent the key themes and important narratives identified. These drafts were discussed by all three authors and altered, with layers of narrative and imagery added through an iterative process until they were felt to be a representative combination of participants' stories and the authors' reactions, with theoretical ideas woven through. These comics were then further analysed by the authors to look for any deeper meanings unconsciously included. We hope the comics below (Figures 2–5) reconstruct the narratives and views of the participants into coherent works of art that explore their experiences of the project.

Use of theory in data analysis

Data were analysed inductively; theories were chosen that worked to explore the data, rather than beginning with theory. As practitioner researchers and constructionists, we drew on theory from a range of sources, using the folklore of flowers as the basis for some images (Lehner and Lehner, 2003), but mainly relating the data to psychosocial theories around healthcare. Particular use was made of those theories that might help understand the barriers to flourishing, such as those of Menzies Lyth (1988). To track and evaluate the extent of movement towards a flourishing workplace culture, threefold concepts from Dewing and McCormack (2017, p 154) were used:

- Compliance/person-centred moments/performing
- Improvement/person-centred patterns/thriving
- Innovation/person-centred cultures/flourishing

This article purposefully uses the terms 'patient' (denoting a person who is on a ward because they are unwell) and 'staff' (denoting persons who are on a ward because they work there). We recognise these terms might be seen as 'othering' (Spivak, 1995) or dehumanising people in some way but the reason for someone being on a ward was an important distinction and these are the most commonly understood words in our current community of practice. The results have been set out around four themes, each shown by a comic. We constructed these themes by analysing and reflecting on interviews and observational data, and each represents a different perspective on the project, showing degrees of human flourishing and the movement towards a flourishing workplace. These themes are based on the input of the participants, but the data have been reconstructed with amalgamated themed quotations and observations of several staff and patients, and our own views, to come up with the final analysis. The process of making comics, even those based on research data, is creative, involving much that is unconscious. Therefore, despite efforts to be reflexive, it is difficult to explain fully how the comics were made in a way that could inform others' work.

Flowers were used as they are potent symbols of many aspects of human life, especially growth and flourishing (Lehner and Lehner, 2003). Some explanation has been included of the images and words in the comics where these might not be clear to the reader, as well as some data not included in the comic if significant to the theme. The first theme is represented by the orchid.

Figure 2: Orchid

The strip at the top of the image shows a common scenario where a patient has to 'board' on a ward. The lack of bed spaces means people can be moved from the emergency department on a trolley to the ward before their bed is actually free. In interviews, staff talked of how this can be very difficult as they feel unable to care for the person as they want to. Staff also highlighted their anxiety at not having time to do their job. They felt especially guilty that they didn't have time to connect with patients and their relatives as much as they wanted to, due to competing demands of unwell patients, paperwork and constant interruptions from phone calls or colleagues. These factors were also noted during our observations of the wards. Reflecting on the benefits of the project in interview, staff admitted that being able to hand over the load of 'being with' patients to volunteers gave them time to them to deal with other aspects of the job.

Quite a few people signed up for a staff-focused hand massage and pampering session but fewer than half those listed managed to attend. When asked about this as part of interview, one staff member suggested they were probably too busy. There was some negative feeling expressed towards the project in interviews. One participant said 'It's an acute ward not a nursing home', meaning that activities might distract from what they saw as the functions of a ward. She explained that it was yet another thing for ward staff to do, on top of all that was already expected of them. Another staff member mentioned jealousy towards patients, that they were getting 'pampering' while staff worked.

The next comic explores the project using a flower that grows more easily than an orchid, but whose period of flourishing is limited to the spring: the daffodil. It includes poetry by T.S.Eliot (2014).

Figure 3: Daffodil

One of the people who seemed most engaged with the Small Acts of Friendship projects was a ward clerk; this comic is about her. A senior nurse told us this ward clerk is considered an extremely important team member, not just for the smooth day-to-day running of the ward but also to facilitate the connections between staff, patients and relatives. The ward clerk is not clinically trained but on observation we noted that she appeared comfortable with the clinical environment, and she witnesses the same potentially distressing experiences as clinical staff and patients.

One comment included in the comic refers to the age of the patient group and shows that ageism is present and recognised on the wards. The next theme, represented by the rose, continues to explore how we might see each other as people, outside of illness and professional roles. It differs from the first two comics as it is seen more from the perspective of the patient participants.

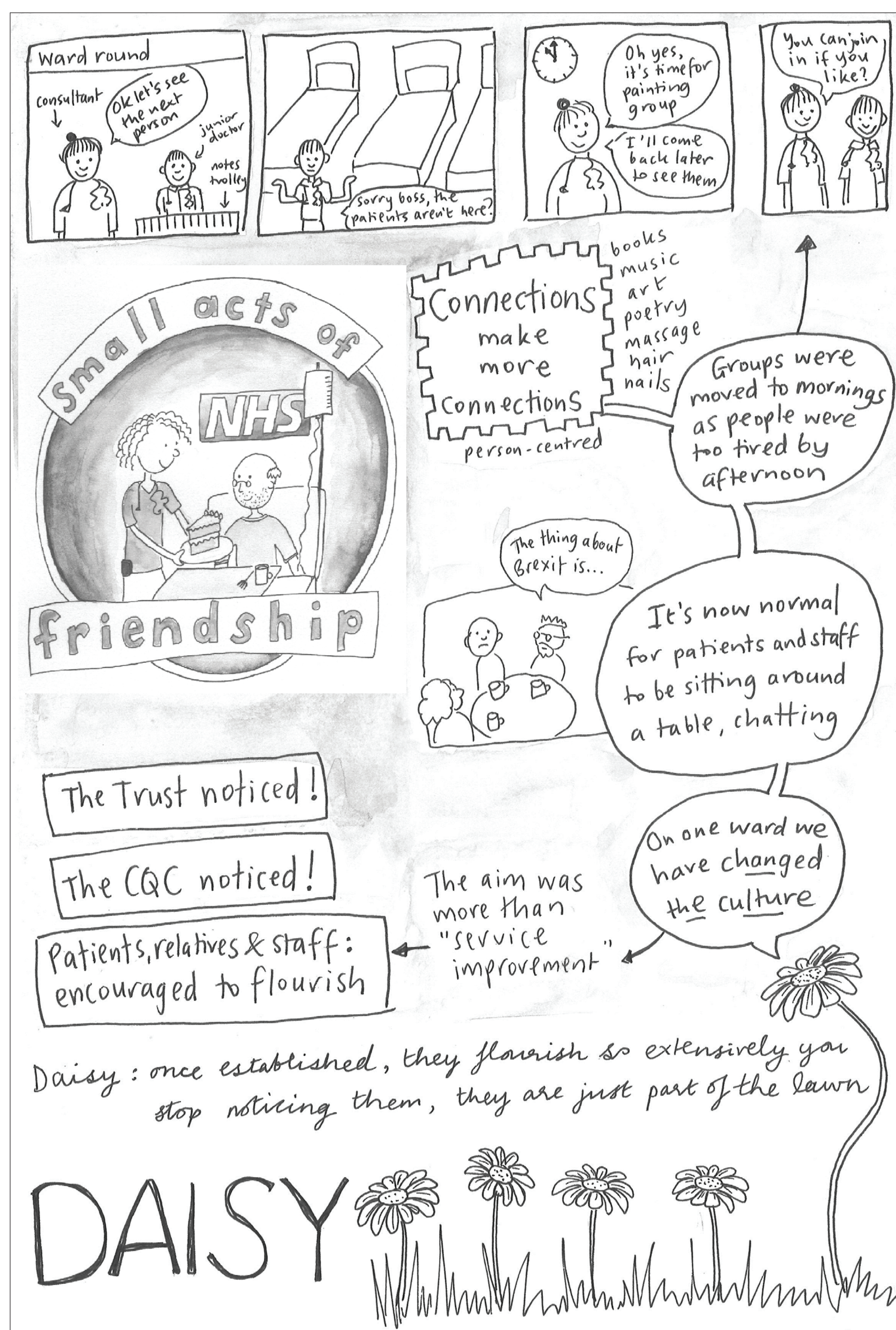
Figure 4: Rose

At least two of the patient participants said it was important to them to be seen as social beings by staff, relatives and other patients on the ward – as people who had a past and a future outside their illness and hospital stay. In observations we noticed that although staff were the main instigators and coordinators of the groups, patients would often help set up or tidy up after tasks. One particular patient, who was generally very quiet and withdrawn when on the ward, became animated in a group setting and particularly when helping in this way. The patients also said it was important that the groups and activities did not feel too much 'like school'. Once this feedback was received, although there was some structure to groups, this was kept to a minimum.

Some people said in interview that some interventions were successful in making people feel they were being taken out of hospital and into another realm where their 'mind was stretched' and they were 'distracted from illness'. We observed the reduction in levels of distress from hand massage, hairdressing and music for some patients living with dementia or experiencing delirium. Staff also benefit as they sometimes struggled to know how to reduce distress in patients. In interviews at the start of the project some staff expressed concern that only patients who were relatively well would benefit from this extra care. Our observations have shown that person-centred interventions are entirely possible and successful with even the most unwell patients.

The last comic uses what might be called a strategic theme. The daisy comic in Figure 5 aims to reflect how the Small Acts of Friendship project has encouraged flourishing on the wards as a whole.

Figure 5: Daisy



For this comic, we started from a point of thinking about what has changed about the ways the wards work and what outsiders might now see when they look at the wards.

In one particular ward the changes brought in by Small Acts of Friendship have really taken hold. This was particularly noticeable with the change to doctors' rounds. We observed that at first the doctors continued with their rounds as usual, but in interview they said it felt increasingly uncomfortable to disrupt groups by taking patients out to talk to them about their medical issues. In fact, it was recognised by one of the doctors interviewed that people's social and emotional needs might be more important at that time than the doctor's usual clinical agenda.

The most significant change we observed was when doctors and healthcare assistants, often overstretched and short of time, managed to join in with groups for a short period. Medical students were also observed taking part in groups, and one of our consultant colleagues started to visit the Small Acts of Friendship area on one of the wards regularly to chat and swap houseplants.

Our observations showed an increase in patients talking to each other, with communal spaces being used to sit and share food and drink, and talk about the day's politics or other topics of interest. Based on feedback from patients, the term 'group' is no longer used for the activities on offer as we did not want people to feel a sense of having to participate in a particular way. Relatives helped decide to move activity times to mornings as some people were too tired to participate by afternoon.

From their comments at interview, most of the patients were pleased to be looked after by people who seemed interested and committed to their jobs.

The Small Acts of Friendship logo has been important to the project as it tells everyone on the ward why the volunteers are there (it is on their t-shirts), adding visibility and legitimacy to the project. This has also been noted by the trust's executive team and the Care Quality Commission (2019). The chief executive mentioned the project when interviewed about the trust's CQC rating of 'outstanding' for care (Brighton and Sussex University Hospitals NHS Trust, 2019).

Discussion

The discussion is structured according to the themed comics. Keeping in mind the primary aim to explore how Small Acts of Friendship encourages flourishing, the themed comics have been linked to literature around flourishing and the barriers to this. Some of the links are already evident from the comics themselves but this is expanded on and explained further in this section. The discussion is also linked to the theory set out in the background section, as well as evaluating our progress towards a flourishing workplace according to the concepts suggested by Dewing and McCormack (2017): Performing →Thriving→ Flourishing.

Orchid: negative emotions and defence against them

The orchid theme contains most of the negative feelings and emotions brought up when discussing and observing the project in action. Some of these might be seen as barriers to the project's success. Strong feelings of guilt and shame were particularly evident, especially when staff felt unable to act in accordance with assumptions around person-centredness and virtuous practices (Dewing and McCormack, 2017). These feelings could also be understood as moral distress (Jameton, 2013), which can occur when staff have clear values and expectations about how people in hospital should be treated and are unable to meet these due to the systems of care in place. It can contribute to a loss of empathy and to burnout among healthcare professionals (Berger, 2014). The participants spoke about these feelings; talking about the project and reflecting on aspirations are likely to have brought them to the fore.

Perhaps one way to counter the guilt and moral distress is to be able to offer some person-centred care, akin to the idea of virtuous circles where good practice begets good feelings, which encourage more good practice (Ballatt and Campling, 2011). As such, Small Acts of Friendship was seen by some staff as a 'ray of hope' that allowed them to act in a way more in keeping with their professional values. It allowed person-centred moments to occur.

There was some evidence that aspects of care that encouraged wellbeing, such as establishing meaningful relationships and connections, were handed over from staff to volunteers. This might provide some relief to staff in terms of demands on their time, and even be good for patients in the short term. However, we felt this did not contribute to a flourishing workplace as staff risked becoming disconnected from the people they were looking after. In this sense, the project was at risk of discouraging flourishing for staff.

Menzies Lyth (1988) suggests a preoccupation with paperwork and administrative aspects of the job might be a defence mechanism to avoid confronting suffering or empathising too strongly with patients. We hoped that Small Acts of Friendship might offer staff an antidote to administrative and mechanistic bodily practices and allow them to connect with other people and flourish. We recognise, however, that this was not the case for some staff members.

Psychological defence could also have been a reason why many staff did not attend the hand massage and pampering session they were offered. Some voiced concerns about lacking time to go to the session and it was clear the culture is for staff to prioritise what they perceive as 'patient care' over their own wellbeing and flourishing. The other potential problem with doing something relaxing for staff at work is that it might be difficult for them to 'let their guard down' in the work environment. It might be too painful for staff to allow emotion when they are already at the limits of being able to psychologically defend themselves (Firth-Cozens and Cornwell, 2009). Higher empathy can lead to lower stress levels for staff, but only with support from colleagues and the organisation (Latif et al., 2008). Perhaps Small Acts of Friendship did not go far enough in offering a supportive environment for staff.

It was interesting that the staff perceived themselves as 'lucky' to have the Small Acts of Friendship project. This suggests they feel that rather than being essential, these aspects of care are offering something extra for patients. There is also a suggestion that the project did not come about through strategy or planning, but merely through good luck. This is a common view of feminine work done by feminine leaders (Fletcher, 2004). This could be an unhelpful viewpoint as it ignores the work involved in person-centred care and the leadership required to move towards a flourishing environment.

The orchid comic theme combines the fears, doubts and negative emotions about the project. If measured according to Dewing and McCormack's (2017) concepts, this comic would demonstrate that some people in the NHS are surviving and performing at times, with a few moments of person-centred care and flourishing.

Daffodil: touching and moving as connecting
This comic focused on the ward clerk, whom we saw as embodying the tension between what can be seen as clinical and non-clinical ways of being. The utterance (from an interview with a nurse) that 'it's touching people, but not in a clinical way' felt very meaningful. The act of touching is extremely powerful and how, and why we touch people is laden with psychosocial significance and has been recognised as therapeutic within nursing (Krieger, 1975). Touching 'not in a clinical way' suggests a human connection, outside of a professional role. This will also have a parallel with the word 'touching' in emotional terms.

In the act of becoming part of the poetry group, the ward clerk allies herself with older patients, who might be seen as a marginalised and disempowered group in the hospital (Fraher and Limpinnian, 1999). She performs for them and listens to them perform. She suspends her professional activities to connect with people – she sees the patients as people. She gets no external reward for doing this, and in relying on internal rewards shows that she is moving towards flourishing at work (Dewing and McCormack, 2017). This positive view of older people was countered by some of the ageist views expressed in interviews. While we do not agree with the inference that older people might be less inclined to boredom than younger people, the recognition that patients are people who might be understimulated and oppressed by the hospital environment felt like a breakthrough in understanding for some staff.

Part of seeing patients as people is allowing and giving opportunities for normal movement with purpose. A possible problem on wards for older people is that, because there is little reason to get up and move, people spend long periods of time sitting or lying in bed. This can mean falling further into a role of helplessness, which worsens the problem. The 'End PJ paralysis' (Dolan, 2017) initiative across the NHS encourages staff to get patients out of bed and dressed, but can only be truly effective

if patients have a reason to do so. This project offers reasons to get up, thereby offering movement towards an inclination for flourishing (Dewing and McCormack, 2017).

Doing activity together is a way of reaffirming selfhood, which can be threatened in the institutional setting of a hospital (Ballatt and Campling, 2011). Nyman and Szymczynska (2016) discuss that communal activities go beyond mere pleasure, meeting fundamental psychological needs. Hearing stories and being heard creates positive connections, which are part of human flourishing (Seligman, 2012). Some of the activities promoted as part of Small Acts of Friendship allowed people to use art and creativity as a way to communicate with each other. This is one of the purposes of art (Tolstoy, 1930) and in this project various art forms were used to strengthen relationships on the ward and in families who visit, as well as provided a sense of accomplishment, part of Seligman's (2012) conditions for wellbeing.

Our analysis shows that for some staff, person-centred patterns of thinking and behaving persisted. In terms of Dewing and McCormack's (2017) concepts, the daffodil comic shows a workplace that is improving and thriving, using the project to overcome some of the difficulties of practice but recognising there is much work to do before person-centred practice becomes the norm.

Rose: person-centred not patient-centred

The group activity components of the project were designed to allow interaction and give space for talking, listening and demonstrations of skills and knowledge (such as Morse code). These were observed and appeared to us to represent elements of wellbeing (Seligman, 2012), making them important in encouraging flourishing.

Our observations of patients expressing their individuality were also seen as positive; for example, those people who liked tidying up were encouraged to do so. It was as though some people were given a role where they could assert their personality, despite having been unwell and in a relatively powerless position in hospital (Fraher and Limpinnian, 1999). The visible impact of individualised components of the project encouraged the view that anyone can be part of human flourishing, whatever their level of need.

It was recognised that activities that felt too classroom-like could be onerous to some people and this might be a barrier to connection, enjoyment and flourishing. Therefore activities were changed. This constant evaluation and flexibility of the project, mainly as part of the coordinator role, meant changes could be made quickly, and their impact evaluated.

This way of evaluating success, through asking about the experience of patients and reflecting on our observations, was a move away from a focus on quantitative data and efficiency. This was part of the EBCD process but also a positive choice in line with Dewing and McCormack's (2017) assumptions for a flourishing culture.

There is no doubt that, like a rose, the project needs attentive and knowledgeable people to tend to it. We suggest that, through such attention, some patients and staff experienced person-centred patterns of work that meant they were able to thrive, according to the concept of thriving set out by Dewing and McCormack (2017).

Daisy: people not staff

The previous three themes demonstrate variable success in the research goal to help the people on the wards flourish via this project. The daisy represents the best of the project – instances where what we had hoped for was achieved.

The changes to doctors' rounds and increasing staff participation in groups on one of the wards were signs of a person-centred culture developing, where staff felt valued as people, not just as staff members.

The changes in the set-up of the group activities brought a move away from the language and culture of institutions, towards the more informal and communal ways of interaction between families and friends. Connection and kinship are essential parts of a culture that values flourishing (Ballatt and Campling, 2011).

Given the frustrations and disillusionment sometimes expressed by staff, it may be surprising that patients' interviews suggest they are generally grateful for the care they receive and don't complain much about what staff might perceive as poor conditions. This affirmed some of the literature around wellbeing, which stresses the value of relationships and engagement over environment and systems (Seligman, 2012).

This article does not suggest the culture observed was perfect. There is still some frustration among senior staff that despite the emphasis on person-centred care, mistakes are sometimes made with simple clinical issues, and communication within teams can be difficult. Small Acts of Friendship has shown the leadership team that a flourishing culture entails continual change and evaluation (Dewing and McCormack, 2017), meaning that while good practice can be celebrated, there is no place for complacency.

On reflection, we noted that the ubiquitous daisy might be particularly representative of the project coordinator, who has been the personification of the culture change seen. To the senior and permanent staff, the coordinator role is the key to the project's success and allows a quiet, persistent, positive voice to be present in the workplace. She integrates the practices and evaluation of the project and uses connections to make more connections through art, music, poetry, conversation and other pursuits. She is someone to whom struggling participants can turn to help them get back to an inclination for flourishing.

Having explored how the project encouraged flourishing and evaluating to what level this has been achieved from different perspectives, the article will now summarise the answers to the research questions in the next section, implications for practice.

Implications for practice

The data and analysis have explored how movement was made towards a flourishing workplace through the project.

In exploring this three main questions were considered, which are answered in summary below. We hope these answers will help practitioners to realise how they might change their own practice to move towards a flourishing workplace.

What underlying emotions and ways of thinking might represent barriers to flourishing within the project?

Emotions expressed by staff included guilt and shame, as well as notions of moral distress when they reflected on their inability to provide person-centred care all the time. Practitioners should bear in mind that a project such as this, with a focus on wellbeing for all on the wards, can bring up defence mechanisms that staff employ to protect themselves from the stresses of ward work. There should be adequate support for staff built in to such projects; in retrospect this is something that could have been improved at the start of this project.

Is there evidence of flourishing related to the project?
We are convinced that the data show evidence of flourishing directly related to the project. Its three components worked together to provide many moments of flourishing and persistent person-centred care on some wards. The implication for practitioners is that it is possible to enhance patient and staff wellbeing and flourishing on wards for older people.
Is there evidence of movement towards a flourishing workplace on any of the wards?
On one ward we noted changes that were particularly striking. Changes to the ward routines as well as staff behaviours and reports from patients all point towards an area that might be considered a flourishing workplace. Again, the implication is that such change is possible, but it is important to stress the work that has gone in to creating this and the work that will be needed to maintain it. Of particular concern is the sustainability of funding for the Small Acts of Friendship coordinator when the two years of funding from the Friends' charity finished. Persuading the hospital executive team the project was worthwhile required persistence to a point of discomfort but their agreement is a positive sign of organisational commitment to flourishing.

In the last line of their chapter about creating flourishing workplaces, Dewing and McCormack (2017) remind us that:

> *'For a workplace… to claim person-centredness, it must… have a commitment to creating flourishing organisational characteristics, whilst at the same time recognising that this is not achieved through one-off projects, but instead is embedded in the DNA of the organisation'* (p 159).

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Muna Al-Jawad (MBBS, MA, FRCP), Senior Lecturer in Medical Education and Consultant Geriatrician, Brighton and Sussex Medical School, Brighton, England.

Joanna Connor (MBBS, BSc, MRCP), Consultant Geriatrician, Brighton and Sussex University Hospitals NHS Trust, Brighton, England.

Paola O'Sullivan (ACMA, BSc Occupational Therapy), Small Acts of Friendship Coordinator, Brighton and Sussex University Hospitals NHS Trust, Brighton, England.