



The “Being With Patients” Project – Developing Nurses’ Caring Behaviour and Attitudes: An Experiential Approach to Learn from Patients’ Experiences of Care

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Summary of project

This project captured patients’ experiences of care and used these to inform development material for use with nurses. Dramatisation was used as a vehicle to share and explore experiences of care in a safe learning environment. The development material was piloted in two ways; through awareness days and an interpersonal skills course. Both parts of the pilot were evaluated very positively by all participating nurses. Further funding has now been secured to undertake formal evaluation of the material’s ability to improve patients’ experiences of care.

Background

The idea for this project came about because the project leader wanted to reach the hearts and minds of nurses to ensure that their behaviour matched the aims of being ‘caring’ and ‘patient centred’, all of the time. A review of the evidence base illustrated much concern about attitudes and behaviours but little about tried and tested interventions. It was clear that traditional ‘teaching’ approaches were inadequate and ineffective, however, it seemed that one way to reach hearts and minds was to learn directly from people’s experiences of being patients. Such an approach, however, could place both patients and nurses in vulnerable positions which would not help learning. Using actors to convey those experiences is a method used by other disciplines and industries to deliver such work creatively and sensitively.

Aims of the project

The project aimed to promote the development of what are often mistakenly called ‘soft skills’, the nuances of interpersonal behaviour that evidence has shown make all the difference between care merely ‘mending a body’ or ‘healing a person’ (Binnie and Titchen, 1999). This involves learning about the person who is the patient.

In order to avoid any misperceptions we also defined what the project was not about:

- Customer care (patients are much more vulnerable than retail customers)
- Consultation (interviewing patients to diagnose) or counselling skills
- Remedial or punitive action for practitioners assessed as impolite or inappropriate in their approach. It is the role of Ward Sisters and Matrons to uphold such standards of professional conduct

The project was informed from the outset by the following underlying assumptions:

- Being with, that is how we are with patients, as much as what we do contributes to whether patients feel cared for and how they experience the care we offer
- Patients are experts about themselves
- We should learn from and build on what we do well
- We can’t teach people but can facilitate their learning

Processes

From the outset, a steering group assisted the management of the project. The membership of the steering group consisted of:

- Project leader (Consultant Nurse)
- Project manager (CragRats employee)
- Trust’s Research and Development Co-ordinator
- Trust’s Patient and Public Involvement Manager
- Trust’s Deputy Director of Nursing
- Pilot Patient Forum Representative
- External Academic Advisor (Professor of Practice Development)
- Trust’s Clinical Leadership Facilitator
- 3 Practice Representatives (2 Ward Sisters and 1 Consultant Midwife)

The project was divided up into three Phases (see Box 1).

Box 1. Phases of Project

Phase 0. April – May 2003

The selection of a partner company to develop and deliver experiential material

Phase 1. June – October 2003

- (a) Conducting the initial research
- (b) Developing and delivering Phase 1 – Awareness day

Phase 2. January – March 2004

Developing and delivering a three month 'interpersonal skills course' (informed by Phase 1)

Phase 0

Following tendering, CragRats, a training and development company based in Holmfirth, West Yorkshire, were appointed to:

- Conduct the initial research; and
- Develop and deliver material for Phase 1 and Phase 2

They were selected as one of their key strategies is to facilitate the use of drama as a means to promote learning.

Phase 1

Conducting the initial research

Several strategies were used to recruit people who had been patients in Blackburn within the last two years who were willing to share their experiences. These included:

- Placing posters around the hospital and in some GP surgeries
- Doing a radio interview about the project
- Doing a newspaper feature about the project

People who were interested were asked to make contact with the patient advice and liaison service (PALS).

Recruitment proved to be harder than the steering group had anticipated. In total, nine people responded to the request. Initially, the steering group was disappointed with the response, as those who had come forward did not fully represent the diverse local population (all nine were white, over 50 years old and mostly female). In reality, however, the group recognised that the timescale for recruitment was fairly limited (a six week period in June and July 2003) and more than nine interviews with the subsequent transcribing and analysing would have stretched the capacity of the project.

The Project Manager from CragRats interviewed all nine volunteers. The interviews were transcribed to create anonymous transcripts. These were analysed by the Project Manager and Project Leader to identify emerging themes (see Box 2).

Box 2. Themes to emerge from interviews

- You can tell a good nurse e.g. "you're feeling very vulnerable, very sort of under the weather and you're exposed and they just took it in, they just did it and I thought they were brilliant" (Patient 4, page 11)
- Offering explanations (or not)
- Hiding upset
- Patients as an audience
- Being busy – making time e.g. "they give you the impression they were very busy, but when you look they were around the desk talking and laughing" (Patient 1, page 4)
"I mean there were some very sick people in and they had compassion, although very busy they would stop to speak to the very sick person" (Patient 2, page 9)
- Patients as experts about themselves
- Being treated as a human being e.g. "one of the nice things some nurses did was they would come in and say, good morning have you had a nice night or we're off duty now – good night and it was nice they just come to say they were off... Not all did it" (Patient 2, page 9)

The themes were used to devise the programme and scripts for the Awareness Days.

The Awareness Days

Two Awareness Days were arranged for September and October 2003. As the steering group was particularly keen to ensure that all participants attended because they wanted to rather than being 'sent' and they recognised that such a new approach might be difficult to sell, several strategies were utilised to reach nurses. The days were advertised by posters, the in-house magazine and through e-mailing Matrons. An information point was also set up outside the hospital restaurant (two occasions, one on each site) over the lunchtime period. Attention was attracted by:

- The project leader dressed in her uniform and lay in a hospital bed
- 'Assistants' who had their uniforms covered by patient gowns (the metaphor being the nurse as patient)

Staff passing by offered mixed responses which ranged from delight/interest to curt dismissiveness. In retrospect it would have been interesting to video the process. Nonetheless, whatever the reaction (in the main positive), the strategy achieved what the group had aimed in that people noticed and told others about it. Classically though, the best form of recruitment was by personal recommendation. So whilst the day in September struggled to attract 30 participants, some applicants for the day in October had to be disappointed (a ceiling of 50 participants had been set which proved to be a manageable estimate).

The aim of these days was for participants to understand what it means to be a patient. The day was structured using scenes/performances developed using the themes identified from the interviews with patients. These promoted discussion about patients' experiences and the role of healthcare professionals in enhancing it. Considerable attention was given to the process of the day to ensure that participants:

- Felt safe and cared for
- Experienced a variety of learning strategies
- Were prompted to look beyond their own experiences and not assume those of others

A key strategy to achieve this was the role of "companions". Whilst undertaking analysis of the data in phase 1, it was noted how the descriptions of skilled nursing were resonant with the concept of nursing as "skilled companionship" (Campbell, 1984). That is "being with" a patient on their journey (whatever the destination), using skills of mapping what was ahead and practical know how to promote comfort. In desiring the participants to feel safe and cared for, the concept of them being "nursed" was voiced and so we created the role of companion.

Each companion had five to six participants whose needs they were asked to look out for during the day and assist them to navigate a new experience. Prior to the day we had asked participants to provide information about their preferences of colour, flowers, chocolate and music. By careful juggling we managed to reflect at least one of their preferences during the day e.g. flowers with a label indicating they were chosen to please X, and subsequently given to another participant at the end of the day by their companion. In addition, the companions gave participants a 'goodie bag' to go home with containing a chocolate and a handwritten postcard which said *"if you have found today special in some way, how can you create that for those you work with (patients and colleagues alike) today, tomorrow, the next day etc...? Take care of yourself because you are your best asset as a Nurse/Midwife"*. We also arranged that each companion would send a personalised thank you card to the participants approximately a week after the awareness day with the aim of keeping the spirit of the day alive.

Phase 2 Interpersonal Skills Development

A programme is being piloted with six nurses. Material includes:

- Simulated experience of being a patient themselves
- Receiving feedback from a simulated patient about how they are as nurses
- Developing skills of celebrating and challenging others practice

This work is supported by Action Learning and skills of observing practice.

One of the aims of this phase, although a notoriously difficult process, is to consider and trial various ways in which behaviour can be assessed.

Outcomes

Material Delivered

90 participants experienced the Awareness Days. Attempts were made to measure attitudes pre and post the day. Predictably participants' responses revealed positive attitudes though little insight into how they might assess their own performance etc. Perhaps most encouraging were the unsolicited thank-you cards and e-mails received from some of the participants:

- "I have attended few (if any) study days which have left me continuing to ponder days later... I found it both enjoyable and inspirational"
- "A dynamic learning experience It should be mandatory"
- "I felt my spirits lifted by the experience – the late shift was a breeze"
- "I'm still smiling a week later – it's given me legitimacy to do things differently to meet patients needs"

Participants in Phase 1 were asked to register their interest in Phase 2 and from 20 expressions of interest, seven actually completed the application process and were accepted onto the interpersonal skills course.

Achieving Further Funding

In December 2003 the project leader was successful in securing funding from a Health Foundation 'Leading Practice through Research' Award. This award is for health care workers to undertake research as a means of enhancing their ability to make a direct difference to the quality of patient care.

The main aim of the research will be to identify the impact of using the interpersonal skills development programme on patients' experiences of care. The key objectives of the research will therefore be to:

- survey a sample of NHS Trust Chief Executives to identify the evidence required for such a development approach to be supported and engaged by NHS Trusts
- utilise appropriate evaluation measures to provide the evidence required
- identify contextual factors influencing the use of such a development approach
- produce the findings and analysis in accessible formats that are meaningful for key stakeholders

This research will be undertaken over a two year period.

Challenges

This project has presented many challenges. These included:

- Securing a partner company as this was new territory for all members of the steering group. The task was managed by drawing up assessment criteria which included not just the product companies would offer but how they would handle the process. The selection process we used proved very discerning and our achievements with CragRats have more than justified our decisions.
- Ensuring that there was sufficient project

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leadership time available for the project.

- Recruiting people to share experiences. However, from this we have a good model for patient and public involvement e.g. skill up Matrons to distribute information about the Trust's desire to approach randomly selected patients to learn of their experiences. Additionally we plan work with colleagues who promote diversity and equality to reflect the needs of all the local population we serve.
- Recruiting people to the first awareness day.
- Identifying the best way of giving feedback to those who had shared their stories; only three out of nine came to a sharing the learning event we put on in December 2003, however their response was very positive and one applied to join the local patient and public involvement forum as a result.
- Identifying how to share the spirit of the work without access to the physical experience; using actors is not financially feasible to illustrate the work to others but without them the essence is harder to convey.
- Erroneous assumptions of others that:
 - This work had been undertaken during pre-registration education.
 - These were innate skills and ones you can't promote/facilitate.
 - This was 'soft' easy work already available elsewhere.
- Measuring outcomes in terms of behaviour observed and experienced.
- Demonstrating the impact on culture within a Trust.
- Keeping it high on the agenda of a Trust facing significant financial and activity challenges in the first year post merger.
- Sharing work whilst protecting copyright.

These are all challenges that the further work aims to address.

Recommendations

The following recommendations from this project are offered to inform other practice development pilots (process) and the future of this project.

Informing Other Practice Development Projects

- From the outset carefully log the amount of time utilised by both the project leader and associated staff e.g. steering group. This can inform more realistic estimates for other project leaders and indicate what future investment in a particular project requires.
- Work with the organisation's communications department from the outset to maximise opportunities for planned exposure of the project.
- Project leaders should have access to an experienced professional mentor who can signpost local and national networking opportunities.

The Future of the "Being with Patients" Work

- The project will continue, expand and be fully evaluated as outlined above.

- A model for patient involvement is developed using experiences of this project.
- The project will be marketed to other health care organisations in a way that ensures it is not an 'add on'/quick fix but integral to an organisations ethos and approach to delivery of care.

Conclusion

The concept of this work originated from personal experience of the project leader (of being a relative) in the mid 1990's. As this project report identifies innovative and meaningful developments are possible with the following combination of variables:

- Vision
- Tenacity
- Networking for ideas and solutions
- Steering group for support
- Seeking funding opportunities
- Keeping practice and patients central

This project has enabled the development of a process to learn from patients' experiences of care. The approach used tackles fundamental issues that have thus far remained elusive; positively influences nurses understanding of what it means to be a patient and promotes acquisition of practical strategies to enhance patients' experiences of care.

References

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