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“Being With Patients” – Evaluating the Impact on Patients’ Experiences of Care

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Patient experience, caring, experiential learning, simulated practice, clinical coaching

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Summary of evaluation

Following the development of the “Being with Patients” programme, support was obtained to undertake an evaluation of its impact on patients’ experiences of care. This multi method evaluation demonstrated that enabling an entire ward team to undertake relevant elements of the “Being with Patients” programme is feasible and does positively shift the caring attitudes and behaviours of nursing staff. In addition, there is evidence that some patients stated experiences of care can be enhanced though the evidence in relation to patient satisfaction is equivocal. What this limited evaluation also identifies are factors that can hinder or help the utilisation of such an approach. These factors include the prevalence of work place mentorship/coaching of staff, workload and wider organisational systems and support. As the “Being with Patients” approach is adopted on a wider scale in, and beyond, East Lancashire Hospitals NHS Trust these findings need to be used when implementing the approach and require further testing.

Background

“Being with Patients” (initially a project funded in 2003/4 by Cumbria and Lancashire Workforce Development Confederation) was developed by considering what being a patient is like and how nurses can aid or worsen that experience. People willing to share their experiences of being a patient were recruited and interviewed by an independent interviewer. The analysis of the anonymised interview transcripts was used to develop learning material which became the “Being with Patients” programme.

The programme uses patient’s experiences of care to:

- Positively influence staffs’ understanding of what it means to be a patient
- Enable staff to reconnect with why they joined the NHS and promote acquisition of practical strategies to enhance patients’ experiences of care

This is delivered in two related packages:

- An Enhanced Skills Course for clinical leaders (5 days over 2 months)
- An Awareness Day for the staff of the clinical leaders

When staff have been on an Awareness Day their learning will be followed up and coached in practice by their clinical leader.

The approach uses dramatisation as a vehicle for staff to share and explore how patients have experienced care in a safe supported learning environment (see www.beingwithpatients.nhs.uk and Dissemination Series 2004, Vol. 2. No. 9.). The approach is much more about learning in and from practice than traditional ‘training’ has been. Staff who participated in the programme in East Lancashire Hospitals NHS Trust evaluated the work very positively (Reid, 2004).

Aims of the evaluation

This evaluation aimed to measure how effective the “Being with Patients” programme is in actually improving the caring attitudes and behaviours of nurses and whether this in turn improves patients’ experiences of care.

Although relevant to other healthcare professionals, in order to build on themes originally used to develop the intervention approach the evaluation focused on the impact on nurses and of nursing on patients.

Methods

Aware of the need to consider an experimental approach (Kruijver et al., 2000), it was clear that this evaluation should not involve the ‘testing’ of nurses and should place the perspective of people who are patients as central. Combined with a desire to produce evidence which would be meaningful to service providers (not sit growing dusty on a shelf), the principles of Fourth Generation Evaluation (Guba and Lincoln, 1989) offered the best fit for these requirements. The main premise of Fourth Generation Evaluation is that for research to be meaningful (both process as well as outcome) its design should be influenced by the views of key stakeholders. Therefore the evaluation was conducted in two

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phases to take this into account. The evaluation was approved by the Research and Development Committee of East Lancashire Hospitals NHS Trust and both phases received ethical approval from Northern and Yorkshire Main Research Ethics Committee.

Phase 1 – Stakeholder survey

Phase 1 involved interviewing a sample of NHS Trust Board members within a Strategic Health Authority (SHA) to:

- Ascertain their views of the “Being with Patients” programme and how accessible they found the information provided about it
- Identify what evidence they would require for such a programme to be adopted by an NHS Trust

16 Trusts across one SHA were approached by first presenting to the SHA Trust Board followed by a discussion with the Chair of the SHA and then a presentation to the Chairs of all the NHS Trusts in that SHA. At the time of the latter event (December 2004), letters were sent to the Chief Executives of each of the 16 NHS Trusts (copied to the relevant Directors of Nursing, Chair and PPI Lead) asking for those interested in being participants to contact the researcher.

In terms of response, one Trust indicated they were not interested in participating, one Trust was excluded as it was the researcher’s employer and 9 expressions of interest in participating were made all of which resulted in an interview (all but two face to face) being undertaken. This represents a 60% response rate. The interviews were undertaken using guidelines which were offered to participants in advance as well as a request to view the website prior to the interviews. The interviews ranged in length from 20 – 90 minutes (average 50 minutes). These interviews were transcribed and anonymised and offered to the relevant participants for validation.

Using the anonymised transcripts the data were analysed for the following:

- Clarity of the way the “Being with Patients” learning approach had been shared
- The way participants responded to the “Being with Patients” programme
- Examples of ‘evidence’ of the effectiveness of the “Being with Patients” learning approach that would be valid within the participants organisation
- Other themes emerging from the discussions between the researcher and the participants

Phase 2 – Pre and post implementation study

Phase 1 identified that multiple methods should be used to attempt to capture any impact that the “Being with Patients” programme might have on patient care. Therefore a pre and post intervention (running the programme with one ward team) evaluation study was set up using the following measures:

- Patients’ experiences of care
 - Newcastle Satisfaction with Nursing Scale
 - National In Patient Survey
 - Interviews with patients and relatives
- Observations of care delivered
- Number and type of complaints about care

- Research field notes to identify any contextual factors that might influence the use of such a development approach (from staff reaction to staff available)

The following process of data collection took place:

August 2005	Baseline data collection
September – December 2005	Enhanced Skills Course for clinical leaders
End October – Mid November	All staff attended one of 3 Awareness Days
January 2006	Baseline feedback to staff
February 2006	Repeat data collection

The **observations of care** were undertaken by the researcher and the ward sister (3 separate days both pre and post intervention at different times in different locations within the ward).

The **patient interviews** were undertaken by an experienced independent researcher who used a random sample of 5 from a convenience sample of 10. Due to the infirmity or death of some patients, relatives had offered to participate and the pre intervention sample included 3 relatives and the post intervention sample included 1 relative. Following transcription the researcher undertook a thematic analysis.

The **Newcastle Satisfaction with Nursing Scale** was left with patients who were present at the time of the observation week. These were returned to the researchers using external post marked private and confidential (so it could be completed after discharge) and analysed by the University of Ulster. Given the limitations (ward size and sample period) we knew from the outset that our sample sizes would be small and therefore reliability could be affected. In addition, the poor clinical condition of some of the patients during each week of data collection meant that it was not appropriate to approach all of the patients. In total pre intervention, 15 questionnaires were distributed and 10 returned (66% response); post intervention 14 questionnaires were distributed and 8 returned (57% response). It was somewhat reassuring to read that similar recruitment difficulties were experienced by Walsh and Walsh (1999) and in the light of this the response rate was good.

The **National Inpatient Survey** (2005) was conducted by the Picker Institute. The pre intervention sample included all patients who were discharged between June 1st and September 14th 2005. The post intervention sample included all patients who were discharged between November 14th 2005 and March 14th 2006. Questionnaires were sent out by post in March 2006 and the final cut off date for inclusion of returned questionnaires was 21st April 2006. The response rates were 61% pre intervention sample (n= 80) and 49% post intervention sample (n= 118).

Throughout phase 2 the researcher kept confidential **field notes** and sought feedback from the enhanced skills course participants about the perceived impact on their own practice and those of the other members of the team.

Findings and discussion

Phase 1

The findings from Phase 1 illustrated that the “Being with Patients” programme was perceived positively based on available information on the website. Participants spoke of why they felt such work was important and how powerful it felt though some acknowledged that some staff might be resistant.

The work was felt to have core transferable principles but what was also clear was that ‘one size does not fit all’ both in terms of sharing the work with others and in actually using it in other organisations. Several participants raised the importance of the existing culture and whether all organisations would be ready for such an approach. Clear links to the (then) forthcoming choice agenda were also made.

All participants felt it was important to have ‘evidence’ of the impact of such work but varied in their views as to what would be regarded as valid in their organisations. Whilst patient experience was viewed as important it was acknowledged that there are very few agreed mechanisms to capture this beyond the National Inpatient Survey. It was from this analysis that Phase 2 was designed using 3 different approaches to capture patient experience. The researcher acknowledged that evidence of impact would need to offer a combination of factors (quantifiable, qualitative and presented in a variety of ways) to both promote reliability and validity of the evidence and to reach a range of individuals and their preferred information requirements.

Insight was gained into how participants felt that Trust Boards made decisions and the overwhelming influence of meeting National Targets was apparent. This stimulated consideration as to how “Being with Patients” linked to National Targets (e.g. reduced length of stay in hospitals) and how shifts in care (e.g. choice) can and should be made. It also highlighted the importance of having a Trust Board ‘champion’ to support the “Being with Patients” programme. Such a person could do important one to one work with other Board members, in ways which meet their individual needs and promotes their understanding of the approach rather than relying on one presentation to a meeting in which other difficult agendas may be faced.

Phase 2

The data collected and analysed was triangulated across methods and compared pre and post the intervention to offer any indication of change that might be attributable to the “Being with Patients” programme. Whilst none of the questionnaire data were regarded as statistically significant there were some interesting trends to note and those identified below are ones present in more than one method of data collection:

Aspects which had not altered

- Largely positive accounts of care
- No formal complaints about care
- Systems of care e.g. drug administration (a trolley rather than bedside cabinets is still used)
- High rating of cleanliness and food

- Examples of referring to patients as if not present e.g. has ‘she’... though these were less frequent

Aspects which had altered

- Staff spent more time with patients
- More examples of positive interactions promoting dignity
- More evidence of increased patience shown by staff and decreased ‘labelling’ by staff
- Physical capacity to care reduced due to increased workload (sicker patients)
- Slight decrease in measures of patient ‘satisfaction’ with care but not at a statistically significant level

Given the context of the evaluation i.e. there was a limited timescale before data collection had to be repeated; several members of staff in key support roles were absent for some of study period; baseline data showed that patients had largely positive experiences of care and there was an increased workload on the ward during the post implementation period of data collection; it is unsurprising that the results were subtle rather than statistically significant. Arguably the data indicates that the intervention enabled one ward to maintain standards in difficult circumstances. Had the research relied on the In Patient Satisfaction Survey alone the findings would have been disappointing and in no way endorsing of the programme. Interestingly though, the ability to compare the survey findings with the other data in this evaluation reflects previous concerns about the limitations of patient satisfaction measures (Hyrkas et al., 2000; Peck et al., 2001).

Using a multi method approach in this evaluation enabled the findings to be placed in context. For example, despite there being no increase in nurses available in the post intervention period (though there was an increase in the requirements of them), patients perceived that more were on duty. This finding correlates with the observations of care and patient stories which identified that the nurses were more likely to be based with patients in the bays than at the nurses’ station. Significantly such a finding is a key tenant of the “Being with Patients” approach i.e. exploring how staff can make themselves more physically available for patients.

What is clear from all the data (including field notes and steering group discussions) is that there was a palpable shift in terms of staff attitudes and behaviours. However, whilst it appears that the “Being with Patients” programme can positively influence the attitudes and behaviours of staff, it seems that translating that to improved experiences (indeed satisfaction) of patients’ either requires further coaching of staff (than available in this study) and/or is reliant on other factors beyond the influence of this study. Thus in utilising the programme the following are identified as key:

- Practice mentorship of staff by clinical leaders in the practice setting as they work
- Organisational understanding of the being with patients ethos translated into practical support beyond the ward particularly in relation to valuing staff’s contributions (in their terms) and patient movement between areas

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It is clear from the data that there is no evidence that use of the intervention caused any harm. The evaluation has also captured that:

- The approach is transferable to other areas (though there are limitations if the facilitator is not an employee of the NHS Trust using the programme as was the case on this site)
- Adopting a whole team approach to uptake was achievable and whilst this required planning it was felt to be key to the positive shifts observed

When the findings were presented, to both the steering groups and a feedback event for key stakeholders held in East Lancashire Hospitals NHS Trust, a point of discussion each time was that although the quantifiable data might not be statistically significant (either way) the combination of findings were felt to be positively clinically significant.

Conclusion

The evaluation has shown that enabling an entire ward team to undertake relevant elements of the “Being with Patients” programme is possible and does improve the observed caring attitudes and behaviours of nursing staff. In addition, there is evidence that some patients stated experiences of care were enhanced though ‘patient satisfaction’ scores did not change enough to be considered statistically significant. This finding reflects other research that has questioned how realistic and useful ‘satisfaction’ measures really are.

The evaluation also identified factors that can help or hinder the “Being with Patients” programme. These included:

- Senior nurses need to coach nurses as they work in the work place
- Sicker patients require more care which can limit the ability of staff to meet patients’ needs even if they alter the manner in which they work
- The wider organisation needs to understand the approach and demonstrate this by providing practical support to teams particularly in relation to valuing the staff’s caring contributions in a way that matters to staff

As the “Being with Patients” approach is adopted on a wider scale, in and beyond, East Lancashire Hospitals NHS Trust, these findings will be used to plan the use of the programme to the best effect not only for nurses but all health care staff. In addition, further research is recommended to fully test the impact of the programme on patients’ experiences of care.

References

Guba, E.G. and Lincoln, Y.S. (1989) *Fourth Generation Evaluation*. London: Sage Publications.

Hyrkas, K., Paunonen, M. and Laippala, P. (2000) Patient satisfaction and research related problems (part 1): problems while using a questionnaire and the possibility to solve them by using different methods of analysis. *Journal of Nursing Management*. Vol. 8. No. 4. pp 227-36.

Kruijver, I.M., Kerkstra, A., Francke, A., Bensing, J.M. and Van de Wiel, H.B.M. (2000) Evaluation of communication training programs in nursing care: a review of the literature. *Patient Education and Counselling*. Vol. 39. No. 1. pp 129-145.

Peck, B.M., Asch, D.A., Gould, S.D., Roter, D.L., Ubel, P.A., McIntyre, L.M., Abbott, K.H., Hoff, J.A., Koropchak, C.M. and Tulsy, J.A. (2001) Measuring patient expectations: does the instrument affect satisfaction of expectations? *Medical Care*. Vol. 39. No. 1. pp 100-108.

Reid, B. (2004) The ‘Being with Patients’ project – Developing Nurses’ Caring Behaviour and Attitudes: An Experiential Approach to Learn from Patient’s Experiences of Care. In Shaw, T. and Sanders, K. (Eds) *Foundation of Nursing Studies Dissemination Series*. Vol. 2. No. 9.

Walsh, M. and Walsh, A. (1999) Measuring patient satisfaction with nursing care; experience of using the Newcastle Satisfaction with Nursing Scale. *Journal of Advanced Nursing*. Vol. 29. No. 2. pp 307 -315.

Further Information

The initial project to develop the “Being with Patients” programme received a special recognition in the Foundation of Nursing Studies Awards 2002. FoNS has therefore committed to supporting the ongoing development of this work.

The research was supported by East Lancashire Hospitals NHS Trust but took place on a hospital ward elsewhere, the location of which is **not** identified in the reports.

More information about this work can be found on the Being with Patients website: www.beingwithpatients.nhs.uk

The full report is obtainable upon request from Brigid Reid

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