



Maintaining Privacy and Dignity of Patients Admitted to a District General Hospital NHS Trust

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Summary

Concerns about the lack of privacy and dignity that older people with dementia in an acute orthopaedic unit were receiving led to a project that has enabled staff to increase their understanding and knowledge of patients with dementia and how to meet their needs. The project involved workshop days to raise staff awareness and understanding of how to maintain dignity when caring for patients with dementia; the development of a designated six bedded bay for female trauma patients with dementia and the creation of a working group to facilitate ongoing developments in care. Evaluation feedback from both staff and relatives has been positive. Staff report that their knowledge and understanding of dementia has improved and as a result, the care they are giving has changed with more emphasis on taking time and listening to the patients' needs and wants. Relatives feel that the atmosphere created by the designated bay has a positive impact on patients' experience of care.

Background

Over recent years, privacy and dignity has gained increased prominence. Standard 13a of the National Core Standards that have been devised by the Department of Health and which are assessed by the Healthcare Commission addresses the issue of dignity. The standard states that it is expected that: 'The healthcare organisation has taken steps to ensure that all staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment...'; Department of Health (2004/2006,14).

Although much national attention has continued to bring the dignity agenda to the fore (Department of Health, 2006, 2008; Healthcare Commission 2007), it is acknowledged that achieving dignity in care remains challenging (Webster, 2007; Royal College of Nursing, 2008).

The Dignity in Care Campaign (2008) state that: 'While dignity may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect.' Similarly, The Future of Hospital Care for Older People 11 (Help the Aged, 2001) illustrates some of the concepts of dignity older people have. These include: 'being treated like I was somebody', 'honour and self respect'. Additionally, older people were asked what they thought prevented hospitals from achieving optimal care. Respondents believed that staff insensitivity and attitudes, poor communication, not attempting to understand and poor standards of care contributed to a lack of dignity in care.

On a series of occasions, senior nursing staff on one clinical unit witnessed some of their nursing teams interact

with older people with dementia in a way that caused distress to the patients and their families. Staff were observed delivering care that disregarded the person involved as they were focusing on achieving a task rather than the needs, desires or wants of the patient. Through discussion with the staff involved and more general discussions with the clinical teams, it became apparent that an initiative to enhance awareness and understanding of the concept of dignity would be beneficial.

Similar findings are reported in the literature. Woogara (2004), in a study exploring patients' rights to privacy and dignity in the NHS, found that clinical staff had little awareness of the Human Rights Act 1998 and that the privacy and dignity of patients was being compromised when measured against the measures outlined in the Essence of Care document (Department of Health, 2001).

Aim of the project

The aim of the project was to enhance the privacy and dignity of patients with dementia who are cared for in two wards in an acute District General Hospital in Surrey. It was felt that by raising awareness and providing opportunities to develop knowledge and skills in dementia care, the needs of these patients would be better met. As noted by Dewing (2001) at the Gerontological Nursing Programme of the RCN (The Future of Hospital Care for Older People 11), 'If you ignore dementia in an acute hospital environment, it will become a problem.'

Project outline

There have been three key elements to this project:

- Three workshop days held in the Hospital Education Centre facilitated by a Clinical Specialist in Dementia care
- The development of a designated bay allocated for trauma patients with dementia called the 'Forget Me Not Bay'
- The creation of a working group of Forget Me Not champions to facilitate the exchange of ideas and implementation of actions to improve the hospital experience for this group of patients

Each of these elements will be outlined below.

Staff awareness workshops

To raise awareness and understanding of how to maintain dignity when caring for patients with dementia, an expert in the field of dementia care and practice development (Jan Dewing, Independent Consultant Nurse) was approached and asked to facilitate workshops for clinical staff on person centred care with the needs of the patient with dementia explored and explained. A workshop programme was developed (see box 1) and it was agreed that the workshop would be repeated three times to enable night and day staff to attend.

In total, 40 nurses (28 trained staff and 12 health care assistants; 30 day nurses, 10 night nurses), 6 physiotherapists and 5 occupational therapists attended the workshops.

Box 1. Outline of workshop programme

Aims	
To explore how people with dementia experience the world and how nurses and health care workers can work towards providing more person-centred care.	
Intended learning outcomes	
<ul style="list-style-type: none"> To explore different explanations of dementia, its causes and consequences To explore how people with dementia experience the world and how nurses and health care workers can work towards providing more person-centred care To use evidence based guidance to provide more person-centred care To enhance our understanding of what causes behaviours we don't appreciate and challenge us to look at alternative ways of responding that help the person with dementia and ourselves 	
Times	Key learning activity
09.30 – 09.50	Introductions Purpose of the day
09.50 – 10.45	What happens in dementia? Different ideas explaining dementia and how the person with dementia experiences the world and 'us'
10.45 – 11.00	Break
11.00 – 12.45	Some fundamentals of care and the person with dementia Bathing, mobility and sleeping
12.45 – 1.30	Lunch break
1.30 – 3.00	Behaviours we don't appreciate and that challenge us and how we can resist creating conflict
3.00 – 4.00	Working on our practice to make a difference
4.00 – 4.30	Discussion Evaluation Close

All staff were given a personal invitation to the workshops. Initially, engaging members of staff proved to be difficult as it seemed that motivation was poor and excuses for not being able to attend were made. However, flexibility with the dates was helpful, especially for the night staff who found it more difficult to attend. Gradually a knock-on effect occurred. Once a few nurses signed up other members of staff followed. Shifts were covered by regular bank staff and the duty rota was formed.

The time leading up to the workshops proved to be exciting. There was general discussion on a daily basis about the workshop day and what it might involve. Discussion on issues of consent, human rights, task orientated care and restraint were being openly talked about amongst the team. The very idea of training had aroused interest and awareness as it is almost unheard of for a large proportion of a team to spend the day together off the ward in a workshop.

The workshops created a lot of energy. People were interested, excited and eager and it was a novelty for day and night staff to be together, night and day staff combined. There was a feeling of togetherness and sharing of experience. Aveyard (2001) talks about the complexities of education in dementia care and how the learning experience is more productive when the group members all have a common focus, and can share their experiences and difficulties.

Jan Dewing, as external facilitator, commanded respect by demonstrating an obvious in depth knowledge and

understanding of dementia. The learning programme was based on practical issues surrounding dementia care with the emphasis on person centred care. Kitwood (1998) demonstrates that education in dementia needs to encompass the principles of person-centred care, seeing the individual as a whole and focusing on what the patient can do rather than the skills that have been lost.

The facilitator spoke from the view point of the person with dementia and gave an insight into the world that a person with dementia might experience. There was an atmosphere of free discussion, expression of ideas, and practice was challenged. Task orientated care was talked about and new ways of working processed.

Practical ideas on how to deliver personal care to someone who is resistant or non compliant were explored. In these situations, the patient may be perceived as being disruptive or aggressive. This involved trying to understand the emotions behind the behaviour and what the person is trying to communicate and imagining how it must feel and gain insight into the perceptions the patient may be experiencing. The issues raised were relevant to everyone as they occurred on a daily basis on the ward and affected the care given by all of us.

Feedback was collected from all three workshops with the use of a flip chart and group reflection after each session. Comments and feedback were positive with motivation and inspiration to improve the experience for the patients. Many staff felt enlightened and excited for the future.

'The whole day was an enlightening experience.'

'My whole perspective on dementia has changed.'

'I am excited about how we can make things better for our patients.'

'I am going to try and "slow down!"'

'I now realise how frightening it must be, also very lonely.'

'I feel every one should receive this training.'

'Practical, useful and very helpful.'

Staff attending the workshops found the sessions relevant to their practice and felt their understanding and knowledge of dementia had been improved dramatically. The practical and informal style of the sessions was enjoyed, and people felt able to express ideas and concerns about care delivery in challenging situations. The groups enjoyed the team feeling of being together as a unit which helped to channel innovative ideas and new ways of working.

Personal reflections following the workshops demonstrate a greater understanding of dementia.

'The day focused on the importance of taking time to gain insight into the person with dementia's reality to improve communication and trust that is so important in the nurse/patient relationship.' Staff nurse

'I am now able to approach patients with an altogether new awareness of how they may perceive the environment around them.' Sister

'I will no longer think of the job that has to be done. I will now look at the patient and wonder what they would like. I will listen more.' Health care assistant

The development of practice following the workshops has been supported by a working group and the creation of a designated six bedded bay for female trauma patients with dementia. Information about each of these is provided below.

FORGET ME NOT

Forget Me Not Bay

Certain measures can be taken to help support patients with dementia in the acute setting (Archibald, 2002). To achieve this, a six bedded bay has been designated for female trauma patients with dementia. The room has been decorated and furnished to provide a homely atmosphere with a sense of calm and noise from the clinical unit reduced.

Money raised from the annual Forget Me Not Dinner Dance has been used to create this. A local art student has painted a beautiful wall mural along one side of the room. Art work is displayed and home style lighting, low level signage and pine furniture is used for the storage of clinical items. Games, craft materials and books are also available. A fridge for favourite snacks and dietary supplements is well utilised. A dining table is set up to encourage social interaction and a sense of normality. A cosy snug has been made where DVDs and music can be played (Frank Sinatra is a firm favourite!).

Personal care plans are used to communicate any likes and dislikes that the patient may have. Relatives are encouraged to be involved and an open visiting policy is used to promote this. They are asked for any relevant information that may help to 'paint a picture' of the patient's life history and desires and are encouraged to bring in personal belongings for the patient e.g. photos, blankets, a clock etc. to promote a sense of self. Archibald (2003) points out that orientation may be improved by having familiar objects within the hospital setting.

Nurses on the unit enjoy working in this area as the room has a special and unique atmosphere. Music is often played and a sense of fun, intimacy and caring is felt. Feedback from a questionnaire given to the staff (see box 2) asking their thoughts on the Forget Me Not Room demonstrates this.

Box 2. Questionnaire to gain staff feedback about the impact of the workshop day on practice and working in the Forget Me Not Room

Do you feel that the dementia training day:

- Met your expectations?
- Increased your knowledge about dementia?
- Changed the way you give personal care?
- Altered your perceptions and attitude about dementia?
- Improved the experience for our patients with dementia?
- Has given you a better understanding of the care needs for this group of patients?

What are your thoughts about the Forget Me Not Room?

- Do you enjoy working in this room?
- Do you think it is improving the hospital experience for these patients?
- Have you any ideas on how to improve this area?
- What are your feelings about flexible visiting in this area?

Twenty staff responded to the questionnaire. 95% felt the room was a good idea and 90% claimed they enjoyed working in the bay.

This is very positive as the initial response to the idea was negative with a general feeling within the team that the work load would be increased with the special care needs this group of patients would need.

This feedback included comments such as:

'I love the atmosphere in the room. It feels cosy, relaxed and different to the rest of the ward.'

'I think this is a very special area. It has a unique feel to it.'

'I enjoy working in the Forget Me Not Bay. The focus of care is different. I can really relate to the patients and concentrate on what they need and what is

going on. There is more focus at meal times and it is good to be shut away from the frantic atmosphere of the rest of the ward. Sometimes it is difficult when one of the patients becomes upset, as this can alter the mood in the room and affect the other patients. Music seems to be very calming and helps a lot.'

'I think the Forget Me Not Bay is a good idea. I like the way we can rotate and choose to work in there. It is good to have the variety of care. It is a shame we can't have a bay for our male patients.'

Feed back from relatives has also been positive. Thirty questionnaires were given to relatives and carers of patients in the Forget Me Not Bay over a period of three months. Staff gave the questionnaires out by hand to any relatives or carers involved with a patient in the room. The questionnaire invited relatives to answer five questions (see box 3) and return their responses by posting them into a secure box which was left in the room. In total, twenty questionnaires were completed and returned.

Box 3. Questionnaire to gain feedback from relatives and carers about the Forget Me Not Bay

1. Do you think the Forget Me Not room is a good idea?
2. Do you feel your relative/friend is having care that meets their needs?
3. Do you feel supported by the ward team?
4. Have you any ideas on how we can improve our care?
5. Do you think the staff have the skills, understanding and training to meet the needs of your friend/relative?

90% of respondents felt that the Forget Me Not Bay was a good idea. 80% felt that the care their relative was receiving was above expectation and believed that the environment they were in helped to meet the needs of their relative. 95% felt very supported by the multidisciplinary team.

Comments received included:

'I feel you understand what my mother needs. I like the friendly atmosphere. It feels welcoming in here. I like the lights, pictures and music. I feel you are all trying very hard. It is a shame you don't have more nurses. You seem very busy.'

'Thank you for letting me be involved in the care of my Mum. I like to be included and I always feel welcome. I like to help, and I know how busy you all are. This room has a special feel, and am pleased you make meal times and feeding an important issue.'

Forget Me Not Champions

Staff were invited to form a working group to support the ongoing development of practice relating to dignity in care for patients with dementia. A list was placed in the staff room for volunteers to sign up and the group now involves eight nurses, two physiotherapists, one occupational therapist and one social care worker. The group meets to discuss issues, exchange ideas and reflect on new ways of working and promote best practice. This is done on an informal basis but allows group members to reflect on care and to identify how to move forward. Meetings are held every two months with date and times notified by a personal invitation. Flap Jacks are served which have now become synonymous with the Forget Me Not idea. Attendance is good with every attempt to ensure the date is viable by mutual agreement. The demands of the unit are such that nursing time is precious, and so these meetings are short, but remain vital to maintain motivation and enthusiasm. Brief minutes of meetings are taken which

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include action points with identified members of staff taking responsibility for these. To promote the group, badges have been created and are purchased by staff for a nominal sum. The proceeds go to the Forget Me Not Fund which supports the ongoing resources for the room.

Evaluation

To evaluate this initiative overall, a questionnaire (see box 4) was given to all the staff who attended the workshops (51 in total) to try to establish any changes in attitudes and clinical practice in dementia care and the maintenance of patients' privacy and dignity. 80% of the questionnaires were completed and returned.

Box 4. Evaluation questionnaire

1. Did the workshop meet your expectations?
2. Do you feel your knowledge and understanding of dementia has improved?
3. Has your delivery of care changed? If so, in what way?
4. Has your attitude and perception of dementia changed?
5. Do you feel you are more able to meet the needs of these patients following the workshop?
6. Would you like to receive further training in dementia care?

All of the respondents stated that they felt the workshops met their expectations and improved their knowledge and understanding of dementia.

92% felt that the care they gave had changed, with more emphasis on relating to the patient rather than a job to be done. Taking time and listening to the patients' needs and wants when giving personal care proved to be a valuable insight and many commented that care delivery often ended up faster as patients were more relaxed and less resistant to care. Gaining insight into the perceptions of patients with dementia has proved to be invaluable. One nurse stated that 'going with the patient's flow' has enabled her to become the patient's friend, confidant and part of their world.

90% felt their attitude and perception of dementia had changed. They felt more able to understand what it must feel like and how frightening an acute busy ward could be for them. One respondent commented:

'When a patient is upset, angry and aggressive, I now try and see it from their point of view, be on their side and try and help them sort out the problem, or leave them alone if that's what they want. I used to ignore these emotions and carry on regardless as I wanted to get the care delivery done. Now I wait until the patient is ready and in a state of well being.'

95% of the respondents felt they would like to receive further workshops in this area of care.

Conclusion

Increasing awareness and understanding of the needs of patients with dementia appears to promote a more person centred care delivery. A cultural shift has occurred on the unit and staff now openly discuss issues relating to care delivery and any difficulties they may be having. As Archibald (2006) points out, services need to adapt and respond to the needs of patients with dementia. To achieve this, staff need training and support to enable them to develop the knowledge and skills that they need to provide care that meets the needs of this growing group of patients.

The Forget Me Not Bay encompasses the essence of what the unit is aiming to do, by attempting to make the hospital experience for these patients as positive and stress free as possible. To continue with improvements the Forget Me Not Champion working group needs to be sustained, so that innovation, energy and promotion of best practice can be maintained. Further workshops are planned so new members of staff are included and continue to promote motivation and awareness.

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