



# Enhancing the Patient Care Environment

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Essence of Care, benchmarking, practice development, patient experience, care environments

## Duration of project:

April 2008 – October 2009

## Contact details:

jayne.wright@fons.org

## Summary

FoNS offered a programme of support to nurse-led teams working in diverse healthcare settings to enable them to work in partnership with patients and other stakeholders to improve the patient care environment and ultimately the patients' experience of healthcare. Following consultation with patients and the public to gain their views and preferences, tangible improvements to all the care environments were achieved. All the project teams used practice development methods to ensure that connections were made between the care environment and experiences of giving and receiving care to enable transformations in people and practice.

Feedback from the project teams regarding the programme illustrates the value of FoNS to developing the practitioners' knowledge and skills in practice development which lead to improved patient care. Aspects of the programme that could be strengthened were also identified.

## Background

Everyone agrees it is essential that people experience hospital care that is safe and of high quality. Good healthcare environments can have a positive impact on the well being of both patients and staff and are therefore a key influence on the patient experience (King's Fund, 2006). Whilst the responsibility for continuously improving the quality of care lies with all healthcare professionals, nurses as direct care givers have a key role in identifying potential problems and leading change.

FoNS, however recognises that identifying and understanding practice problems can be challenging and implementing change and/or getting evidence into practice can be a complex process. Therefore, with reference to the Essence of Care Benchmark for the Care Environment which was launched by the Department of Health (England) on 1<sup>st</sup> November 2007, over an eighteen month period, FoNS provided a programme of support for nurse-led teams, working in partnership with patients and other key stakeholders, to improve the patient care environment and ultimately the patients' experience of healthcare.

## Summary of the programme

It could be argued that improvements in the care environment alone may not enhance patients' experiences of care; therefore, a central feature of this practice development programme was enabling the project teams to explore and understand how practitioners work with patients to identify the ways in which healthcare practice can be improved.

Facilitation has a key role in the effective implementation of evidence into practice (Rycroft-Malone et al., 2002), enabling the development of practice towards an increased effectiveness in patient-centred care (Garbett and McCormack, 2002) and enabling practice development to achieve its purpose and goals (Shaw et al., 2008). To this end, the nurse-led teams involved in the Developing Practice to Enhance the Care Environment Programme were supported by a FoNS practice development facilitator to:

- Explore the patient environment from the perspective of patients and all key stakeholders using a variety of approaches, for example, the Essence of Care Benchmark for the Care Environment: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080058](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080058)
- Use this evidence to identify practice problems related to the patient environment
- Develop a proposal for a practice development project that will enhance an aspect of the patient environment
- Implement a strategy for developing, changing and evaluating practice and environmental improvements based on the proposal
- Demonstrate how the patient experience has improved

In the context of this programme, a flexible approach to facilitation was offered by the FoNS practice development facilitator depending on the stage of the project and the needs of the project teams. These approaches varied from providing help and support to achieve a specific goal to enabling individuals and teams to analyse, reflect and change their own attitudes, behaviours and ways of working. This support took place during site visits and telephone and email discussions.

Additionally, four steering group meetings involving the key project team members and representatives from FoNS and the Department of Health were scheduled over the period of the programme. The purposes of the steering group were initially identified to be:

1. To offer expertise and support to each other
2. To provide an opportunity to feedback the progress of the projects from each site
3. To help resolve any difficulties that may emerge in the projects
4. To ensure that the project keeps to the remit set out within the project plans
5. To share good practice

Following the first steering group meeting, two further purposes were added:

6. To connect the project with the wider Essence of Care agenda
7. To feed the project's work into other Essence of Care groups

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## Projects involved in the programme

Four nurse-led project teams from diverse healthcare settings were initially recruited to the programme in March 2008 but due to significant staffing changes, one project team had to withdraw from the programme in April 2009. A summary of the three remaining projects is provided below.

### Enhancing the care environment to improve the experience of personal care for residents in a continuing care nursing home

**Project leader:** Duncan Blunt, Lead Nurse Essence of Care (at outset of project)

**Location:** Westminster Primary Care Trust

## Background

Garside House is a 38 bedded continuing care nursing home, run and managed by the NHS. It is a purpose built home and as the project began part of the nursing home had been refurbished and there was a programme of works to enhance other parts. Many of the residents have complex health needs and are dependant on staff to assist in all areas of daily living. The project team acknowledged that a lot of personal care was delivered in residents' rooms and because the bathrooms were being underused, they had become a store for large pieces of equipment such as hoists and chairs. The team therefore wanted to improve the delivery and experience of personal care for residents.

## Project aims

The aims of the project were to:

- Enhance the two old bathrooms to make them more homely and less institutional
- Encourage staff to use them more by offering residents choice of personal care

## Developing the environment and practice

A number of interrelated approaches were used to enable staff to consider the personal care environment and the related practice issues. These approaches are outlined below.

### Involving residents and staff to enhance the environment

The project prompted a bid to refurbish the bathrooms using capital estates money and so it was proposed that the grant money be used to make the bathrooms more inviting environments. The staff and residents had chosen a mural for the gardens which had proved to be very popular and therefore following informal discussion with staff and residents the team decided to continue the mural theme into the bathrooms. A number of companies were invited to submit designs and costings for consideration. The designs were then displayed at the Garside summer barbeque in July 2008, to which all residents, relatives, friends and local volunteers were invited. Those attending were invited to vote on their preferences and a mosaic design was selected for installation. Following some delays, in spring 2009, the mosaic designs were put in place in the bathrooms along with some new fixtures and fittings. Staff responded well to these improvements, and anecdotally, staff were promoting use of the bathrooms.

### Task analysis

This involved looking at the practice of personal care. Staff acknowledged that the complex nature of the moving and handling of residents to enable them to use the bathroom facilities sometimes prevented them from offering baths or showers, relying instead on bedside washes; it also had a negative impact on privacy and dignity during personal hygiene. To this end, the senior specialist occupational therapist invested in equipment to help with moving and handling and a series of training sessions were held for staff to introduce the new equipment and assess staff as safe to use it.

## Benchmarking

To inform the project and to begin to understand the practice issues, the team took relevant benchmark areas from several of the Essence of Care benchmarks including environment, privacy and dignity and personal hygiene, (Department of Health, 2003, 2007). This formed a supportive benchmarking document which included 89 statements against which staff could benchmark themselves. A copy of this document can be seen in the full project report (see [www.fons.org](http://www.fons.org)). The benchmarking process was repeated on four occasions (April 08 – September 09) and overall showed small improvements, with staff achieving better results in some individual areas such as privacy and dignity and patient involvement, than in others such as needs assessment and continence promotion.

## Exploring values and beliefs

The way in which we work is influenced by our values and beliefs (Manley, 2004). Therefore, to enable practitioners to move beyond the fabric of the bathrooms and to consider practice issues relating to personal care, the staff were invited to a values and beliefs workshop session which was facilitated by the FoNS facilitator and the project leader. Nineteen staff attended the workshop session and came up with a shared vision of their purpose, placing privacy, dignity and respect at the heart of their care. They also discussed the importance of teamwork, of communication (particularly listening), of embracing change, and they spoke honestly about fear of failure when engaging in change.

## Resident stories

Stories can be a potentially powerful means of capturing and sharing patients' experiences of care to inform service improvement (Wilcock et al, 2003). The project involved enabling staff to make changes to practice, therefore initially; it was felt prudent to give them space to allow exploration and reflection on current practice. Five staff agreed to gain the views of residents using a series of questions/prompts. However despite initial enthusiasm there was limited engagement from staff in the process. The project leader realised that staff undertaking the process needed more help and so the team shared and reviewed nursing research that has used patient stories with staff, developed a new set of prompts, to help staff clarify and explore issues with residents and then used role play to practice questioning and prompting. As a result, several staff invited residents to share their views and consequently gained a better understanding of residents' perspectives.

## Workplace culture analysis

The context and culture of care has a significant influence on the successful implementation of evidence into practice (Rycroft-Malone et. al 2002). In spring 2009, a small team of staff used the Workplace Culture Critical Assessment Tool (McCormack et al., 2009) with the support of the FoNS facilitator. Using the tool, staff identified some areas of practice that needed improvement and these were consequently discussed at unit meetings and fed into action planning for change. The areas included staff shouting down long corridors rather than walking the corridor to ask a question and staff talking over residents.

The tool also highlighted some clinical areas were getting very cluttered, with equipment, or paper work etc. The bathrooms were highlighted as a place where a lot of equipment is left. The 'Releasing Time to Care' project helped to identify some protected space where large equipment items can be stored, away from clinical areas, including bathrooms.

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## Outcomes of the project

Obvious improvements have been made in the bathrooms and new moving and handling equipment is available to facilitate access to the bathrooms for all residents. The multi-disciplinary team have for some time been working toward highlighting residents' preferences and as a direct outcome of this project, residents are offered the choice of a wash, shower or bath, and personal care in an environment more recognisable as home, rather than an institution.

The residents and staff of Garside House have seen benefits from the project. The concepts of ensuring privacy, dignity and respect have really permeated day to day practice, and have become meaningful for staff. This is reflected in the following feedback from a resident which was collected by a member of staff:

*'RH said that she felt she was given choices in her care, was well looked after by staff that asked her what she wanted and needed. RH definitely feels she is involved in her care, as staff ask her and talk to her all the time. Every morning she has a lovely wash.'*

When considering the nature of personal care, staff reflected that:

*'Giving personal care means you're giving the resident the care they need, for example personal hygiene, giving them a bath, washing and dressing them smartly, giving oral hygiene, like brushing their teeth.'*

*'To support, assist or help those who could not help themselves to improve their day to day activities, e.g., cleaning, washing, dressing and feeding. In fact to improve wellbeing.'*

These insights represent development in the way that staff view and deliver care and show that residents are feeling the benefit of staff focus on privacy and dignity.

The benchmarking process and workplace culture analysis also supported the improvements in privacy, dignity and resident involvement; however, they suggested that some aspects of assessment, continence promotion and enabling choice were not yet being achieved.

### Improving the relatives room in an accident and emergency department

**Project leader:** Rebecca Hoskins, Consultant Nurse and Senior Lecturer Emergency Care

**Location:** Bristol Royal Infirmary, University Hospital Bristol NHS Foundation Trust

## Background

The RCN and BAEM (1995) developed guidelines for bereavement care in emergency departments based on a review of the available evidence around death, dying and bereavement in accident and emergency departments in England and Wales. They found that while there were examples of good policy and practice, considerable shortfalls were found in the environment in which relatives had to wait for news of their relative. The project team in Bristol also found that the environment of the relatives room scored poorly when benchmarked against the Department of Health (2007) Essence of Care benchmarks for the care environment.

## Aims of the project

- To redevelop the existing relatives room with staff and patient/public involvement
- To explore the values and beliefs of nursing staff around breaking bad news and caring for bereaved relatives

- To address identified learning needs and knowledge and skills deficits by developing and implementing a learning package for staff

## Project outline

The project began in May 2008, when a project group involving staff from the emergency department was established. Two key areas of activity informed the redevelopment of the environment and the learning for staff; firstly, undertaking a values and beliefs exercise with nursing staff within the department and secondly, designing a patient and public questionnaire which was sent out to eighty people and the collation of the replies informed the redevelopment of the relatives room within the department.

## Values and beliefs exercise

A values clarification exercise was undertaken using a recognised tool (Warfield and Manley, 1990; Manley, 1992). The project team were taken through the exercise by the FoNS facilitator and then each team member facilitated small groups of staff through the exercise at lunchtime teaching sessions. Key themes were identified from the staff responses. The conclusions from this exercise were that nursing staff wanted to look after relatives and felt strongly that facilities needed to be improved. It also revealed that junior members of staff felt under confident when caring for relatives and being part of the team who would break the bad news that a relative had died. While it is widely recognised how stressful this task of breaking bad news is (BAEM and RCN, 1995), the concerns raised by staff meant that the scope of the project expanded early on to include the development of bereavement workshops in breaking bad news as well as the development of a workbook for staff.

## Public and patient involvement

The project team were keen to seek public and patient opinion in redeveloping the relatives room but wanted to find an appropriate and sensitive way of obtaining feedback. The hospital had recently become a foundation trust and has over 11,000 public and patient members. Working with the trust quality assurance group, the project team devised a questionnaire which was emailed to eighty public and patient members who had expressed an interest in emergency care. The team received thirty six responses which were collated. Twelve of the respondents had had previous experience of using a relatives room in an emergency department. The following are examples of responses:

*'...the room must be clean and not cluttered with equipment. Must be comfortable with facilities to access information. The décor must be of an acceptable standard, with refreshments available.'*

*'...a welcoming room for possibly distressed relatives is a good idea, but there needs to be appropriate attitudes shown by staff. I once had experience as a patient in an emergency department and found that staff attitudes and attention varied considerably!'*

*'Any questions must be answered as accurately as possible.'*

A patient governor was invited to attend the project group development meetings. Her input was particularly helpful because she had cause to be a regular user of the relatives room at the BRI. All staff were also consulted as to what they felt the room should be called.

The information collected from the patient and public feedback and the findings from a literature review were then used to devise a project plan to redevelop the room.

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## Staff education and workshop development

Having to break bad news of unexpected death is acknowledged to be one of the most stressful situations faced by nurses and other healthcare staff (Buckman, 1992). It can cause high levels of anxiety in staff who can be distressed at the life changing news they impart as well as being concerned that they will not be able to cope with the consequences of distressed relatives. It is also known that ineffective or insensitive handling of this situation can have long term adverse affects on relatives grief reaction (Fallowfield, 1993). With this and staff feedback in mind, the project team devised a two-part interactive and evidenced based workshop which could be run over several lunchtime teaching sessions for nursing staff with the aims and objectives of identifying and exploring:

- Participants concerns, anxieties and previous experience in this area of practice
- What bereaved relatives find helpful
- Principles of good practice in breaking bad news
- Relatives/friends who may be at risk of severe grief reactions
- Difficult situations such as breaking bad news over the phone
- Further help and support for participants

At the time of reporting, approximately a third of staff have attended and evaluated the workshops thus far. The evaluation has been very positive with all participants agreeing or agreeing strongly that the content of the workshops:

- Met their needs and experience
- Addressed their learning needs in this area
- Enabled discussion of issues and previous experiences with others
- Made staff feel more equipped to be involved in breaking news in the department

With over seventy nursing staff working various shifts in the team, it has been challenging to accommodate everyone in the team on these workshops, so an accompanying workbook has been developed in order to reinforce learning and give all staff the opportunity to access learning.

## Conclusion

While this has been a challenging project at times, it is positive to discover that practice development can successfully take place in even the busiest of environments. The redeveloped relatives and friends room now scores highly when benchmarked against the Essence of Care indicators for the care environment and the team feel confident that the changes have been influenced by staff, patients and the public who use the BRI emergency services.

### Enhancing the care environment on an acute care ward

**Project leader:** Jane McSharry, Senior Nurse Practice Development  
**Location:** Airedale NHS Trust

## Background

The opportunity to apply for the FoNS programme was timely as it arose at the same time that Ward 7 had started benchmarking the care environment as the Essence of Care pilot ward. A project team was formed including the senior nurses. In August 2008, the ward changed from a respiratory/elderly care ward to a cardio-respiratory speciality which accommodates thirty patients in four bedded bays and six single side rooms. The ward had recently been upgraded and was in a good state of repair.

The ward benchmarked itself against the Essence of Care – care environment benchmark (Department of Health, 2007) involving both ward nurses and a patient user who used a questionnaire to gain patients' views about the care environment. A common theme that emerged from the

discussions with patients was that those who were being nursed in side rooms found being confined to a single room with no television or radio very isolating and made the time pass more slowly. A common theme that emerged from ward staff was the difficulty of not having a private area to speak to patients and relatives quietly and confidentially especially when breaking bad news.

## Aim of the project

Following on from the initial benchmarking, the aim of the project was to view the ward environment from the patients' perspective and then use the findings to develop and change practice to improve the care environment.

## Methods, tools and processes used within the project

A number of approaches were used during the project to further engage with patients and staff and to use their perspectives to inform the development of practice. These approaches will be outlined below.

### Benchmarking

The Essence of Care benchmark for the care environment was adapted to create a clinical practice focused assessment tool. Two complimentary forms were created: a 'pointers' form which summarised the main themes from the benchmark as a guide for completion of an 'action' form (see [www.fons.org](http://www.fons.org)) which provided a focus on actions. The project team used this approach as a scoping exercise, designed to encapsulate the main issues and determine themes. From this the team went on to clarify the perspectives of patients and staff.

### Patient survey

The volunteer patient representative on the group surveyed the patient population, collecting views and experiences about the ward environment. Several themes emerged, which generally reinforced the issues arising from the scoping exercise described above. Isolation was a common theme:

*'Sometimes I feel quite lonely and depressed stuck away in here. I haven't the concentration to read but a TV on the wall would help to pass the time.'*  
(Patient in a side room)

Others felt that they would like more personal space:

*'I have everything brought to me here by the bedside, which isn't the most private place to have a conversation or do something personal. It would feel more normal if I could get to the bathroom for a wash instead of having a bowl by the bed.'*

### Observation of the care environment

Seventeen members of the ward staff were involved in observing their own environment using the Workplace Culture Critical Assessment Tool (McCormack et al., 2009). The tool enabled ward staff to objectively appraise their ward environment and involved looking at the culture of the ward from a staff and patient perspective. The themes that emerged from the study were both positive and negative and the team have made changes to practice as a result of this and further changes are planned. The key themes that emerged related to:

- The noise levels of the ward
  - Noise created by high numbers of visitors
  - Phones left ringing
  - Conversations can be over heard
- The environment
  - Clutter especially in corridors and staff at desk
  - Not enough chairs for visitors
  - Ward and bed areas tidy
- Teamwork and communication with patients



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- Protected mealtimes observed
- Privacy and dignity maintained
- Examples of good communication
- Staff attitudes could sometimes be improved

## Patient satisfaction survey

The ward staff have engaged with patients to understand the ward environment from their perspective by piloting and supporting a daily Real Time Patient Satisfaction Survey (see [www.patientimpact.com](http://www.patientimpact.com)). This is now conducted by volunteers on weekdays and feedback from this is routinely reviewed by the ward staff and appropriate action is taken to improve upon any issues identified. For example, improvements have been made to noise at night and patients now have somewhere to dispose of their tissues within their bed space.

## Outcomes

This work has benefitted the trust as a whole because a framework to implement Essence of Care benchmarking has been developed that can be rolled out across the trust.

A number of improvements have been made to the ward environment which has benefited patients. These include:

- The provision of wall mounted televisions in side rooms
- Oxygen cylinders being provided in patient wash areas to enable more patients to use the bathrooms for personal hygiene
- Only wheelchairs are used for transporting patients around the ward
- Disposable bags are available at the bed side for soiled patient tissues
- Daily monitoring and reporting of noise at night as highlighted by the Patient Real-Time Feedback Survey
- Less clutter on the ward
- A weekly deep clean of the ward environment in addition to the daily domestic service

There have also been positive outcomes for staff as they have had the opportunity to learn how to benchmark their practice against standards and share and compare with other ward areas; and to review the environment using the Workplace Culture Critical Analysis Tool (McCormack et al., 2009) and to make changes where they otherwise would not have had the opportunity during the busy working day.

## Challenges

Early in the project the ward changed speciality and therefore a number of changes related to this occurred whilst the project was underway. In addition, many of the original project team members moved on to new posts so there has been a lack of continuity with team members. Competing priorities and busy workloads have at times hindered the support the ward staff have received and therefore the progress they have made. Consequently, it has sometimes been difficult to maintain the momentum and enthusiasm of staff.

## Conclusion

This project has demonstrated that nurses working in partnership with patients can make changes and improve the patient care environment. Leadership is essential to maintain the focus of projects as there are many competing demands on staff time and slippage can occur. As staff move on to new posts it has been important that new post holders are encouraged to continue work they may not have originally started.

## Evaluating the programme

There were two levels of evaluation for the programme; the first level relates to the direct outcomes for patients and practice resulting from the individual projects; the second level focuses on the experiences and outcomes of the programme overall. The key outcomes from both these levels of evaluation will be outlined and discussed below.

## Outcomes for patients and practice

All of the project teams engaged with patients and the public on a consultative basis to gain their views and perspectives about the care environment. As a result, obvious improvements were made to benefit patients including:

- Improved bathrooms taking account of patient preferences to make the environment more homely and less institutional
- Refurbishment of a relatives room following public consultation which now scores highly against Essence of Care indicators
- The provision of televisions in side rooms to reduce patient isolation

The active participation of public volunteers in surveying patients and patient governors in project meetings along with staff involvement in benchmarking and observation of the environment enabled a number of other environmental improvements including:

- New equipment to enable moving and handling with dignity
- De-cluttering of areas of the environment through improved storage
- Reducing noise levels especially at night
- Placing oxygen cylinders in bathrooms to enable more patients to access these areas for personal care
- The introduction of weekly ward deep cleaning

More significantly, by taking a more person-centred practice development approach, the teams became aware that creating a pleasant environment alone would not significantly enhance patients' experience. Rather, they recognised a need to address practice issues and ways of working, some of which included further professional development. For example, for the team focusing on the provision of facilities for personal care undertaking a values and beliefs exercise enabled staff to consider how personal care should be delivered and experienced. Furthermore, opportunities to observe care and the environment and to ask patients about their experiences has enabled staff to identify aspects of care that needed to be improved, and consequently to be involved in identifying and implementing appropriate actions and/or practice changes. Anecdotal evidence from staff and feedback from patients suggests that staff were now promoting the use of the bathrooms and over time, improvements in privacy and dignity and patient involvement have been experienced.

Similarly, by using practice development methods to clarify values and beliefs within the emergency department, staff were able to articulate concerns and anxiety regarding breaking bad news. Here again the team were able to facilitate not only the creation of more suitable and comfortable environment but also enable the development of staff knowledge, skills and confidence in breaking bad news in an empathetic and supportive manner.

Shaw (2009) argues that much of the success of practice development can be attributed to the way it is approached and the connection between this and its outcomes for practice. The outcomes from the projects outlined above demonstrate the ways in which practice development methods have been used to make it possible for staff to work collaboratively with patients, residents and other stakeholders. Connections have also been made between the care environment and experiences of giving and receiving care resulting in transformation of people and practice.

Some wider outcomes from these projects can also be identified. For example, some project teams had the opportunity to present their work at national Essence of Care conferences. This enabled the sharing of knowledge and experiences with a greater audience. Similarly, all the project

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teams have produced final reports which have contributed to the development of this report and that are available to download in full from the FoNS website. Free access to these reports will enable other healthcare teams to learn more about the ways in which they can achieve positive changes to patient care. For example, the project teams adapted the Essence of Care benchmark to meet the needs of their specific healthcare settings which demonstrates the diverse ways in which such tools can be used.

## Experiences and outcomes of the programme

The direct impact of FoNS and the programme was evaluated using a semi-structured questionnaire. Nine project team members from the three project teams were invited to give feedback to FoNS about the external facilitation that had been provided and the programme overall. Seven responses were received. The feedback was themed to provide data that reflected the participant's experiences of and outcomes from the programme (see Box 1). These themes will be discussed below using direct quotes from the participants to illustrate the key findings.

### Box 1. Key evaluation themes emerging from participant feedback

<p>Key themes relating to the programme:</p> <ul style="list-style-type: none"> <li>• Improving patient care</li> <li>• Increasing knowledge and skills in practice development</li> <li>• Enhancing user involvement</li> <li>• Sharing and learning</li> <li>• Improvements to the programme</li> <li>• Hindrances to practice development</li> <li>• Seeing the bigger picture</li> </ul>	<p>Key themes relating to the external facilitation provided by FoNS:</p> <ul style="list-style-type: none"> <li>• Expectations               <ul style="list-style-type: none"> <li>• Clear/not clear</li> <li>• Met/not met</li> </ul> </li> <li>• Valued experience and knowledge about practice development</li> <li>• Maintained focus and motivation</li> <li>• External view</li> <li>• Added value</li> </ul>
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Overall the feedback from the participants suggests that being part of the programme was a **positive experience** which had led to **improved patient care**.

*'It has been a very valuable experience and has made magnificent change to the care of relatives.'*

*'Benefited both staff and patients.'*

*'The improvements to the patients experience.'*

*'Improvements to patient hospital environment being evident.'*

*'Overall the benefit to the patients has/will be considerable and there are definite areas that will continue to improve due to the project.'*

Whilst the participants at times found the process of **practice development challenging**, they were able to identify how they had developed and **applied** new **practice development skills** and knowledge:

*'To be able to try different approaches.'*

*'How to work with staff to clarify values and beliefs.'*

*'Different types of practice development studies.'*

*'Managing and addressing how we can impact of patient care through practice development.'*

*'Considering ways in which we learn.'*

*'Clearer about what practice development is through its affect on us.'*

*'To encourage staff ownership.'*

The feedback suggests that participants had developed increased confidence in and awareness of their own ability to develop practice and the scope of what can be achieved.

*'That this has challenged my values and beliefs.'*

*'It has changed my approach. For instance, when I leave I won't 'end' the work, but handover in an ongoing state.'*

*'A good positive experience for me both professionally and personally... People and goals are reachable and achievable and not to underestimate ourselves.'*

*'I can facilitate change in practice.'*

It also suggests that with FoNS involvement, service users had a greater input into the development of practice.

*'Helpful ...being supported to explore user involvement within the project.'*

*'The project has always put them first (service user) and you (the facilitator) always ensured that.'*

The steering group meetings appeared to be of value in enabling the participants to **learn and share** from each other.

*'Coming together and sharing ideas common problems.'*

*'Sharing of knowledge and experience.'*

This suggests that several of the purposes of this group as identified by the terms of reference were met; however, there was also a general feeling that this time could have been used more effectively. There was some confusion about the **purpose of the steering group** as the meeting was a mix of reflection and learning about practice development and a formal meeting.

*'Terms of reference from the outset including ground rules.'*

*'I have enjoyed the experience, and as an organisation FoNS have given deal of support, but as I have highlighted our time could be better spent.'*

**Hindrances to practice development** were also identified. Time was a consistent theme as the teams seemed to have difficulty finding the time to dedicate to the project even though they saw its value to improving patient care.

*'The lack of time available to run the project in clinical environment.'*

*'Not having enough time to dedicate to the project.'*

The difficulty in finding time for the project was felt in part to be due to projects growing and evolving beyond what they had originally planned.

*'The facilitator expanded the project and this had a knock on effect to the amount of time needed.'*

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*'For me, the programme has grown far bigger than our initial ideas and we could have captured and developed this better. Future work will need to include scope for projects to grow, evolve and develop.'*

Participants did however also see some benefits in looking beyond the boundaries of their clinical area and the programme appeared to enable the practitioners to develop a greater understanding of the **'bigger picture'** as they were able to identify how the project had impacted within their own organisation and beyond.

*'Presentation at two national conferences.'*

*'Moving forward with Essence of Care at Airedale.'*

The external facilitation provided by FoNS appears to have played an important role in enabling the scope of the project to develop wider.

*'The FoNS facilitator encouraged the project team to put in place methods that would include the whole department.'*

*'Many changes for the Trust and patients have been a direct result of the FoNS work, definite benefit in improving patient environment.'*

Purposes 6 and 7 of the steering group meetings relate to connecting the projects and project teams to the wider Essence of Care agenda and groups and the feedback would suggest that this had been achieved. Additionally, the involvement of representatives from the Department of Health in these meetings was viewed positively.

*'Demonstrable Department of Health support.'*

*'Has also made me feel the link between the Department of Health and 'real' clinical practice.'*

The participants were asked what they expected from the FoNS practice development facilitator. They appear to have seen the role mainly as leading and supporting the project team.

*'To lead and support us in developing practice and help publish the work.'*

Alongside this they felt that the external facilitator gave direction and they expected the facilitator:

*'To give advice, to help me problem solve and provide a prod to me in the right direction.'*

Many of the participants felt that their expectations were met; however, some of the participants stated why they felt their expectations were not met. One participant felt that the patient-focus was lost; another felt that the facilitator did not take into consideration the work pressures and lastly, one person felt that they had done all the work themselves:

*'Almost completely achieved although there was odd occasion when I felt we were losing the patient focus.'*

*'I feel we did most of the work ourselves with the exception of the workplace cultural tool given to us.'*

The participants were asked if there was anything different they would like if they had the opportunity to work with a FoNS facilitator again. Some commented that they would have benefited from a better understanding of the role from

the beginning. This could have established a more collaborative relationship between the projects and the FoNS facilitator rather than seeing the facilitator as 'leading' the projects. The participants also felt that a clearer explanation of the time commitment and **expectations** of the project would have been beneficial.

*'To have a clear understanding of their role (external facilitator) before the start of the project.'*

*'More support and expectations being outlined from the beginning.'*

The participants were able to say what they liked best about the facilitation. Many valued the **expertise of the external facilitator** as they appeared to appreciate the ongoing support and access to expertise in practice development.

*'The facilitator had experience that was good to draw on to make the project better.'*

*'Someone to bounce ideas off and show us new ideas and to consider new approaches to practice development.'*

*'The project benefited from having someone experienced leading projects and PD.'*

The participants also expressed that they would have had difficulty **maintaining motivation and focus** for the project without the input of FoNS.

*'The continued support over 18 months was great, as it kept us on track and stopped the project from falling off our radar when things got busy etc.'*

*'It maintained focus to drive the work forward.'*

*'Motivation to progress with the work.'*

Additionally, the fact that the facilitator was **external** was seen to be beneficial on two levels; it provided someone from outside who could see the clinical area with fresh eyes:

*'It was good to have someone with no ED (emergency department) background to challenge our thinking.'*

*'New eyes to the ward environment.'*

*'None biased opinion and new ways of evaluating practice.'*

and participants felt that it **validated the work** that they were doing and had a positive impact on the way in which the project was viewed within the organisation:

*'To have external person helps the team to see this as more than 'just a gimmick.'*

These views resonate with those of other practitioners who have been supported by FoNS (see evaluation reports on [www.fons.org](http://www.fons.org)).

In summary, the participants' feedback illustrates the value of FoNS to developing the practitioners' knowledge and skills in practice development which lead to improved patient care.

*'Helpful to be challenged, also to hear about others projects and think of the bigger picture and be introduced to a different style of practice development and facilitation, as well as being supported to explore user involvement within the project.'*

# FoNS

*'It was interesting to meet others who had a passion for what they do. It is encouraging that they remain a patient focused profession despite national and local pressures. The FoNS facilitators had a wealth of knowledge they shared.'*

However, the feedback also offers FoNS an opportunity to reflect upon the experiences of participants to inform and improve future programmes of support.

## Key points for FoNS to reflect on

There are several points in particular that FoNS needs to consider with regard to similar developing practice programmes.

### Understanding the scope of practice development

Participants and potential participants need to be aware of the possible time commitment for practice development projects of this kind. FoNS should raise awareness during the application process and as a consequence of these findings; some frequently asked questions have already been developed to provide such information for future programmes. It could also be discussed at the initial meeting with the project team as this would offer the project teams the opportunity to decide if they have the time to commit to the project. During these discussions, the FoNS practice development facilitators need to consider the ways in which they can help project teams to understand the possible scale and breadth of development work that will be needed to support the implementation and evaluation of effective and sustainable changes in practice. For example, discussing the importance of exploring and understanding workplace culture and working collaboratively a wide range of people.

### Additional support opportunities

The formal steering group meetings did not appear to be the best use of time and means of supporting the teams and enabling development. The feedback suggests that a workshop structure could have been more of more value. This could have enabled the participants to have more time to develop a greater depth of knowledge and more time to reflect and share. Unfortunately funding did not allow for the provision of workshops within this programme, but evaluations from previous programmes that have done so, suggest that workshops create a valuable opportunity for practitioners to learn from and with each other, with personal gains such as enhanced knowledge and skills and increased confidence being identified. These outcomes are similar to those identified as a result of the use of models of reflective learning (McCormack et al., 2006).

### Role of the external facilitator

Some of the participants did not appear to have had a clear understanding of the role of the FoNS practice development facilitator. This appeared to relate to both the nature of the facilitation in terms of 'enabling' rather than 'doing' as well as knowing how and when to seek help and support. FoNS needs to consider how this role is explained to projects teams from the outset to support the establishment of a collaborative relationship.

### Overall conclusion

The three nurse-led teams who took part in this practice development programme provide three context specific case studies of the ways in which the Essence of Care benchmark can be used to enhance patients' experience of care. Whilst the use of the benchmark uncovered areas for improvement, the outcomes of the programme show how adopting a more patient-centred practice development approach which embraces collaboration, inclusion and participation, enabled improvement in the 'fabric' of the environment; practitioners understanding of the patients' experience; knowledge and skills and the delivery of care.

## References

- British Association of Emergency Medicine and the Royal College of Nursing (1995) *Bereavement Care in Accident and Emergency Departments. Report of the Working Group*. London: BAEM.
- Buckman, R. (1992) *How to break bad news: A guide for healthcare professionals*. Toronto: University of Toronto Press.
- Department of Health (2003) *Essence of Care: patient focused benchmarks for clinical governance (2<sup>nd</sup> Edition)*. London: Department of Health.
- Department of Health (2007) *Essence of Care: benchmarks for the patient environment*. London: Department of Health.
- Fallowfield, L, Saul, J., and Gillingham, B. (2001) Teaching senior nurses how to teach communication skills in oncology. *Cancer Nursing*. Vol. 24. pp185-191.
- Garbett, R. and McCormack, B. (2002) A concept analysis of practice development. *Nursing Times Research*. Vol.7. No.2. pp 87-100.
- Kings Fund (2006) *Improving the patient experience: Celebrating achievement: Enhancing the Healing Environment Programme*. London: King's Fund.
- Manley, K (2004) Transformational culture: a culture of effectiveness. Chp 4 in McCormack, B., Manley, K. and Garbett, R. (2004) *Practice Development in Nursing*. Oxford: Blackwell Publishing.
- McCormack, B., Dewar, B., Wright, J., Garbett, R., Harvey, G. and Ballantine, K. (2006) *A Realist Synthesis of Evidence Relating to Practice Development: Final Reports to NHS Education for Scotland and NHS Quality Improvement Scotland*. NHS Quality Scotland.
- McCormack, B., Henderson, E., Wilson, V. and Wright, J. (2009) Making practice visible: the workplace culture critical analysis tool (WCCAT). *Practice Development in Health Care*. Vol. 8. No. 1. pp 28-43.
- Rycroft-Malone, J., Kitson, A., Harvey, G., McCormack, B., Seers, K., Titchen, A. and Estabrooks, C. (2002) Ingredients for change: revisiting a conceptual framework. *Quality and Safety in Health Care*. Vol. 11. pp 174-180.
- Shaw, T., Dewing, J., Young, R., Devlin, M., Boomer, C. and Legius, M. (2008) Enabling practice development: delving into the concept of facilitation from the practitioner perspective. Chp. 8 in Manley, K., McCormack, B. and Wilson, V. (Eds.) *International Practice Development in Nursing and Healthcare*. pp 1-16. Oxford: Blackwell Publishing.
- Shaw, T. (2009) *A Qualitative Descriptive Exploration of the Experiences of Healthcare Practitioners Involved in Practice Development*. Unpublished NursD Thesis. University of Nottingham.
- Warfield, C. and Manley, K. (1990) Developing a new philosophy in the NDU. *Nursing Standard*. Vol. 4. No. 41. pp 27-30.
- Wilcock, P., Brown, G., Bateson, J., Carver, J. and Machin, S. (2002) Using patient stories to inspire quality improvement within the NHS Modernization Agency collaborative programmes. *Journal of Clinical Nursing*. Vol. 12. pp 422-430.

## Further reading

The full project reports can be downloaded from [www.fons.org](http://www.fons.org).

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Editors: Kate Sanders and Theresa Shaw

32 Buckingham Palace Road

London SW1W 0RE

Tel: 020 7233 5750

Fax: 020 7233 5759

<http://www.fons.org>

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