



Piloting Discovery Interview Technique to Explore its Utility in Improving Dignity in Acute Care for Older People

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Project background

Dignity in care is a complex phenomenon that requires a multi-faceted approach to achieve it. National and local work in the UK highlights the difficulties of delivering care to older people who are acutely ill, in ways that promotes their dignity. There is emerging evidence that the use of patient narratives (stories), as part of practice development programmes can prompt practitioners to reflect on and improve the way they deliver care. The technique of Discovery Interviews (DIs) has been used with a variety of patient groups and early evaluations suggest this method could be a useful tool for service improvement. The use of DIs to focus on dignity in care for this patient group had not been previously documented.

Aim and objectives of the project

The aim of the project was to explore the value of DIs in two NHS Trusts in stimulating service improvements that promote dignity in the acute care for older people. To achieve this aim the key objectives of the project were to:

- Enable both Trusts to implement the DI process through to service improvements
- Support positive outcomes for patients e.g. that dignity is maintained and promoted
- Use DIs and the 'stories' of older people as a means of feedback on patient experience to deepen understanding of issues faced by older people
- Identify and share learning about the DI process
- Identify new ways of working/thinking and practice change to maintain dignity
- Examine whether individual patient narratives resonated with staff experiences

Key activities and outcomes from the project

A number of approaches were used to achieve the project objectives. These included staff training in both NHS Trusts in DI techniques, active learning sets to support practice development, staff privacy and dignity awareness workshops, the collection of service user DIs (n=9) and evaluative staff focus groups and interviews. There was general agreement that the intended outcomes were significantly different from what had been anticipated and produced the following themes:

- Demonstrable practice changes through involvement with the DI process
- Differences in DI implementation approaches
- The significance of cultural and leadership factors in enabling practice improvements with dignity for the older person
- How the organisational context (work priorities) can constrain practice improvements

While the two Trusts varied in their adoption of the DI process, both had remarkably similar journeys and can each claim successful local, if not wider organisational change. Change appeared to be of a personal and professional nature for those who had participated in the initial training and had stayed involved in the project. Tangible service user outcomes related to the ward environment and enhancing communication e.g. a review of how meals were served, ensuring bed curtains stayed closed during intimate procedures, and staff reflection on their own dignity at work. The training involving people with dementia in DIs triggered a number of practice development initiatives. Similarly, staff workshops on dignity yielded rewards by offering staff opportunities for reflection on dignity and ways of improving practice.

Implications for practice:

- The DI process did not develop as anticipated, and findings reflect the importance of good leadership, skilled facilitation and a culture that welcomes patient feedback
- DIs are a valuable way of finding out about patient experiences and of promoting staff learning and service developments
- The DI process is best targeted at stable ward teams with the support of a practice development approach
- Active learning sets for project teams are a useful support and create the reflective space needed to explore complex concepts such as dignity
- A lack of confidence in dealing with people with dementia meant that no one with dementia was included in DIs despite training aimed at addressing this need

A full project report including references can be accessed from: <http://www.fons.org/library/report-details.aspx?nstdid=13769>

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