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An Anxiety Self-management Programme for Women with Gynaecological Malignancies

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Duration of project: December 2011 – December 2012

Keywords: Anxiety management, pre-operative care, practice development, experience based design

Project background

The Northern Gynaecological Oncology Centre is a specialist centre which provides care for women with suspected and/or confirmed gynaecological malignancies. Following tests/diagnosis, patients are referred from eight different hospitals across the north of England. Geographically patients often travel long distances for review and treatment in the centre and frequently express feelings of anxiety whilst waiting to undergo surgery. Existing methods of managing patient anxiety have not always been successful and this sparked the project team's initial interest in the development of an anxiety self-management programme.

Aim and objectives of the project

The project aimed to understand the lived experience of anxiety in women with gynaecological cancers and to use this to change practice within the service. To achieve this aim, the following objectives were identified. To:

- · Identify and engage stakeholders in the project
- Explore the lived experience of patients by using diaries and questionnaires. This was later extended to include interviews using emotional touchpoints
- Explore staff perspectives of caring for a patient who is anxious
- · Host a staff feedback event
- Utilise a practice development framework to implement changes in practice
- Evaluate the changes in practice and their impact on patient experiences and redesign where necessary

Key activities and outcomes of the project

A number of methods and approaches were used to facilitate the project in practice.

 Using emotional touchpoints to understand the patient experience Initially, the project team decided to utilise questionnaires and patient experience diaries as a means of accessing patient experiences of anxiety. Six questionnaires and diaries were distributed to patients and two of each were completed. Information gained helped to provide some insight into how the patient felt at home waiting to have surgery; however due to the low response rate, the project team wanted to find an alternative method. With support from the FoNS practice development facilitator, the use of emotional touchpoint interviews was explored. This approach allows the person being interviewed to select touchpoints they would like to discuss e.g. arriving on the ward and then emotion words which portray what they were experiencing at that time e.g. 'on edge', 'supported'. Four interviews were conducted by the project team with patients on admission to the ward; these were audiotaped for transcription. The value of patients telling their own stories became apparent when the interviewers heard patients describing issues relating to their anxiety which would never have occurred to them had they not heard it directly from the patient.

Interviews with staff

The project team felt it was important to find out what approaches nursing staff were using whilst caring for patients who are anxious. To do this, five semi-structured staff interviews were undertaken by the project team (two qualified nurses, two healthcare assistants, one housekeeper). The transcripts of these interviews produced interesting and useful findings which highlighted the strategies used.

Staff feedback event

The project team wanted to work with the ward staff to share and discuss the information they had gained; a staff feedback workshop was organised. During the workshop a claims, concerns and issues exercise (Guba and Lincoln, 1989) was used to encourage the ward staff to consider what was good and bad about what they heard in the staff and patient interviews. This approach enabled any concerns to be turned into issues and then formatted into questions that could be answered. By the end of the workshop, these questions had been used to create a list of actions and nominated leads were identified to take these actions forward in practice e.g. staggering admission times to avoid long waits for patients, introducing distraction activities.

This process has been successful in enabling ward staff to identify areas for improvement to the patient experience and with their involvement and leadership, the service is currently being redesigned to incorporate these changes.

Implications for practice:

- Emotional touchpoint interviews can yield rich narratives about experiences that are expressed in the words of the patient
- Engagement of key stakeholders may require patience, persistence and the use of creative exercises
- Feedback events can create the opportunity to actively involve staff in listening and theming patient and staff stories
- A claims, concerns and issues exercise can help staff to use their concerns to initiate action to change practice for patients

A full project report including references can be accessed from: http://fons.org/library/report-details.aspx?nstid=46812

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing.