International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)

COMMENTARY

Piloting discovery interview technique to explore its utility in improving dignity in acute care for older people

Shaun Cardiff

As any practice developer knows, implementing change and service improvement is often a long and slow journey, full of unexpected obstacles. So why do we do it? Is it a fundamental belief that collective journeying enables the flourishing of self and others, be they service users or staff? In times of economic crisis we are often faced with the difficult question of whether or not relatively 'small' outcomes justify the use of scarce time, resources and energy. After reading this paper about the implementation of a new data-gathering technique, as part of a service improvement strategy, some may think: 'No, it's not justified.' However, the more reflective reader will stop and think further on what this story is telling us about *continuous* service improvement and change implementation. Papers such as this should, and do, stimulate reflection on the complexity of implementation, broadening our horizons to the possibilities and limitations that we ourselves may not have contemplated or encountered. So it was with great interest I read the paper, sympathising with the authors' struggles and admiring their achievements.

One of the first issues that struck me was the size of the project. I found it admirable that discovery interviews were to be implemented across several organisations in different locations. However, as I read on, I was surprised by the disappointment that wider organisational changes were not achieved. A common, but dangerous assumption is that identical implementation plans executed in various settings will result in similar outcomes. As more of us are now experiencing, the amalgamation of individual hospitals into larger trusts are financially driven and a cultural minefield. Each hospital/organisation has its own tradition and organisational culture, and each ward/department has its own workplace culture. Implementation research is continuously highlighting the need for contextual awareness. Implementation strategies need to be aimed at both the context in which the change is to be implemented, as well as the product/structure/process to be implemented, in order to reach a match between the two. This was clearly demonstrated by the different approaches the two sites took for the gathering and utilisation of patient experiences. However, I was struck by some participant evaluations about the 'over prescriptive' nature of the discover interview process implementation. Although I respect the need for rigorous data gathering, I was left wondering whether the tool for instigating service improvement had not become the goal. Although I am not familiar with discovery interviews, the name, combined with the interview 'spine', suggested to me that it was a data-gathering method (*tool*) for surfacing patient experiences of the care received on a ward which, when shared with local teams, would hopefully make an impact and stimulate service improvement at ward level (*goal*). Service changes aimed at improving the patient experience were achieved at ward level, so I was surprised by the disappointment that wider organisational changes were not achieved. What kind of wider organisational changes did the project group hope to achieve?

A lot of time, thought and energy was put into training interviewers and preparing 'clinical teams before sharing the stories'. This left me with questions about nurse education and staff participation in service improvement programmes. As an educationalist in The Netherlands, I am delighted to see a growing movement towards more person-centred approaches to nursing care, albeit slow. However, with this come discussions and tensions around nursing assessments. Momentarily nursing assessments are taught, and practiced, as (semi)structured interviews, a task to be completed as efficiently as possible. However, if we are to become more person-centred, working with patients' values and needs, should we not be placing more focus on narrative interviewing skills during nurse education? Such skills would also be of benefit to conducting discovery interviews in practice. I applaud the authors for sharing patient stories with staff, and have also witnessed the difference in impact when stories are presented, compared to when the results of a patient satisfaction questionnaire are presented. However, I was puzzled by the need for 'intense preparation'. Or was the preparation aimed at preparing staff to conduct a systematic data analysis of the stories shared? My own experience has taught me that whilst staff may not be able to theorise an analysis process, when creativity is utilised they are very willing and capable of analysing narratives and formulating plans which have meaning to them and stimulate action. A critical and creative hermeneutic analysis process (Lieshout and Cardiff, 2011) uses more than listening and discussion skills. The use of creative expression enables participants to 'feel' as well as 'hear' what patients were saying, and whilst staff preparation may be minimal, skilled facilitation is essential.

The role of 'good' management and leadership also set me thinking. I often hear managers discussing how healthcare needs to become more 'businesslike', but does this mean 'directing from the back-office'? This discovery interview project demonstrates the need for managers and leaders who constantly think and plan far ahead, so that sudden changes in the context only result in short, temporary lulls in continuous service improvement activities. The description of the valued ward manager also demonstrates the need for person-centred leaders, who see their role as enabling staff on the front-line of care provision to flourish, working collaboratively to create critical and creative spaces for active learning and improving patient experiences. However, is this enough? Do they need to be more 'hands-on' and lead from the front?

And so my conclusion after reading this paper, is that as practice developers in highly complex organisations, we may need to be realistic in our expectations, remaining flexible, context and person-centred in our approaches. Thank you for sharing this experience and I wish you well on your *continued* journey of finding effective and efficient ways of gaining insight into patient experiences so that they become the driving force behind workplace culture and service improvement.

References

Lieshout van, F., Cardiff, S. (2011) Dancing outside the ballroom: innovative ways of analysing data with practitioners as co-researchers. *In*: Higgs, J., Titchen, A., Horsfall, D., Bridge, D. (2001) *Creative Spaces for Qualitative Researching: Living Research*. Rotterdam: Sense Publishers.

Shaun Cardiff (MScN, BEd, RN), Senior Lecturer Fontys University of Applied Sciences, The Netherlands; Doctural Student, University of Ulster, Northern Ireland.