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### RESPONSE TO COMMENTARY

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

**Jackie Bridges and Maria Tziggili**

We'd like to thank the commentator for their thoughtful and perceptive commentary on our account of a project aimed at exploring the use of discovery interviews to improve dignity in care for older people in two English hospitals. All of the individuals involved were passionate about the need for older people's dignity to be promoted in acute hospital settings, and we wanted to see if discovery interviews could help to create a space in which patient stories could be heard and staff could reflect on their practice. From the start, all involved wanted the project to be more than a 'data-gathering technique', however, realised as the project progressed that the more tangible aspects of the project, such as interviewer training and carrying out the interviews, had taken precedence over the more complex work needed to ensure that the project was aligned with other organisational objectives and that teams worked with the patient stories to their maximum effect. The primacy given to the more tangible aspects is perhaps reflective of a wider culture in which the visible and the measurable take precedence over more important but less tangible aspects of organisational life.

The commentator expresses surprise at our disappointment that the influence of the project was not wider than the ward team. Patterson et al. (2011) emphasise that cultural change at ward level is achievable, albeit constrained by the wider pace-driven organisation at odds with the complexity of the work needed to effect change. Our findings echo those of Patterson and his colleagues and perhaps, we were too ambitious in hoping that the project might shine a light in the wider organisation on the complexity involved in meeting older people's needs well. However, we would argue that degree of change at a local ward level is dependent on how well the wider organisation can support that local change. Issues of dignity cannot be adequately addressed by the ward team alone but this is not widely understood. So we wanted to use the project as an opportunity to educate and influence more widely, but in this we did not succeed. There is potential for others in the organisation, such as senior managers, to use discovery interviews to reflect on their own role and influence on patient care, and we hope that in environments that are increasingly finance-driven, organisations are able to find ways to nurture and draw on the other resources available, including practitioner and patient expertise and creativity. We take the commentator's point that these things take time and hope that the two organisations involved continue to develop and learn on the path they have started on.

We are proud of the differences that the project made to patient care, and hope that this account of our journey is useful to others seeking to ensure high quality health care.

### References

Patterson, M., Nolan, M., Rick, J., Brown, J., Adams, R. and Musson, G. (2011) *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People*. SDO Project 08/1501/93. Retrieved from: <http://www.sdo.nihr.ac.uk/files/project/93-final-report.pdf>. (Accessed 1st November 2011).

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