

Dignity in Care



Jackie Bridges
NIHR ARC Wessex
University of Southampton

@JackieLearning @arc_wessex





My Home Life



Quality of life in care homes

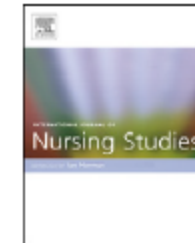
- Managing the transition into a care home
- Maintaining identity
- Creating community
- Sharing decision-making
- Health and healthcare
- Good end of life care
- Keeping the workforce fit for purpose
- Promoting positive culture



Contents lists available at ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns



Review

Older people's and relatives' experiences in acute care settings: Systematic review and synthesis of qualitative studies

Jackie Bridges^{a,*}, Mary Flatley^b, Julienne Meyer^a

^a City University London, School of Community and Health Sciences, Philpot Street, Whitechapel London E1 2EA, UK

^b City University London/Royal Free Hampstead NHS Trust, School of Community and Health Sciences, Philpot Street, Whitechapel London E1 2EA, UK

ARTICLE INFO

Article history:

Received 5 August 2009

Received in revised form 11 September 2009

Accepted 20 September 2009

Keywords:

Aged

Aged 80 and over

Hospitals

Human dignity

Professional–patient relations

Qualitative research

ABSTRACT

Objective: To explore older people's and their relatives' views on and experiences of acute health care.

Design: Systematic procedures were used for study selection and data extraction and analysis. A comparative thematic approach to synthesis was taken with a number of features adopted from the literature on meta-ethnography.

Data sources: Worldwide grey and published literature written in English between January 1999 and June 2008 identified from databases: CINAHL, Medline, British Nursing Index, EMBASE Psychiatry, International Bibliography of the Social Sciences, PsychINFO, and AgeInfo.

Review methods: We conducted a systematic review and synthesis of qualitative studies describing older patients' and/or their relatives' experiences of care in acute hospital settings. 42 primary studies and 1 systematic review met the inclusion criteria.

Maintaining identity:
“see who I am”

Creating communities:
“connect with me”

Sharing decision-
making:
“include me”



My Home Life



Quality of life in care homes

- Managing the transition into a care home
- Maintaining identity [see who I am]
- Creating community [connect with me]
- Sharing decision-making [involve me]
- Health and healthcare
- Good end of life care
- Keeping the workforce fit for purpose
- Promoting positive culture

REVIEW PAPER

Capacity for care: meta-ethnography of acute care nurses' experiences of the nurse-patient relationship

Jackie Bridges, Caroline Nicholson, Jill Maben, Catherine Pope, Mary Flatley, Charlotte Wilkinson, Julienne Meyer & Maria Tziggili

Accepted for publication 13 October 2012

Correspondence to Dr J. Bridges:
e-mail: jackie.bridges@soton.ac.uk

Jackie Bridges PhD MSN RN
Senior Lecturer
Faculty of Health Sciences, University of
Southampton, UK

Caroline Nicholson MSc PhD RGN
Post Doctoral Research Fellow
National Nursing Research Unit, King's
College London, UK

Jill Maben MSc PhD RN
Director
National Nursing Research Unit, King's
College London, UK

Catherine Pope BA PhD
Professor of Medical Sociology
Faculty of Health Sciences, University of
Southampton, UK

BRIDGES J., NICHOLSON C., MABEN J., POPE C., FLATLEY M., WILKINSON C., MEYER J. & TZIGGILI M. (2012) Capacity for care: meta-ethnography of acute care nurses' experiences of the nurse-patient relationship. *Journal of Advanced Nursing* 00(0), 000–000. doi: 10.1111/jan.12050

Abstract

Aims. To synthesize evidence and knowledge from published research about nurses' experiences of nurse-patient relationships with adult patients in general, acute inpatient hospital settings.

Background. While primary research on nurses' experiences has been reported, it has not been previously synthesized.

Design. Meta-ethnography.

Data sources. Published literature from Australia, Europe, and North America, written in English between January 1999–October 2009 was identified from databases: CINAHL, Medline, British Nursing Index and PsycINFO.

Review methods. Qualitative studies describing nurses' experiences of the nurse-patient relationship in acute hospital settings were reviewed and synthesized using the meta-ethnographic method.

What's it like for nurses?

- Nurses aspire to the same thing as patients
- Ability to meet aspirations significantly affects how nurses feel about their work
- Nurses are not in control of key organisational factors
- Nurses on general wards are particularly likely to feel blocked from delivering the type of care they'd like to, and more likely to burnout and withdraw

Creating Learning Environments for Compassionate Care:

**A programme to support leaders and
teams to deliver compassionate care**



Value of CLECC

- Staff keen to participate
- Able to implement many of the planned activities
- Benefits to staff wellbeing and patient care

Limits of CLECC

- Impact and sustainability were uneven between teams
- Limitation of acute care setting/nursing status: constrained time for meeting and learning together
- Limitation of CLECC: focus on the team not the wider system
- Differences between teams in leadership style, in support from matrons, in top-down vs. bottom-up, in predominance of organisational focus on tasks and targets

Relational capacity is a property of systems

High relational capacity:

- Attention is paid to staff-to-staff relationships: see who I am, connect with me, involve me
- Staff are empowered to speak out, and to innovate
- Expertise is seen as distributed
- Leaders understand and shape conditions in which people can act
- Workforce has skills, knowledge and time to engage in relational work
- Work teams are supported to meet and learn together



Funded by NIHR Health Services & Delivery Research, NIHR ARC Wessex, NHS England and The Burdett Trust for Nursing. The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the funders, NHS or the Department of Health and Social Care

Future work and priorities

How closely aligned is the research commissioned by main funders to the research that is needed to adequately capture and address the complexities of what works to improve and sustain quality in care?

References and resources

Dignity in Care resources

My Home Life resources

Creating Learning Environments for Compassionate Care resources – please email acrwessex@soton.ac.uk for link

Chochinov, H.M. (2007) Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care. *BMJ* 2007;335:184
<https://doi.org/10.1136/bmj.39244.650926.47>

Bridges, J Flatley, M & Meyer, J (2010). Older people's and relatives' experiences in acute care settings: systematic review and synthesis of qualitative studies. *International Journal of Nursing Studies* 47(1):89-107.

Bridges, J. May, C.R., Griffiths, P. Fuller, A. Wigley, W. Gould, L. Barker, H. & Libberton, P. (2017) Optimising impact and sustainability: a qualitative process evaluation of a complex intervention targeted at compassionate care. *BMJ Quality & Safety*, 26(12), 970-977.

Bridges, J Nicholson, C Maben, J Pope, C Flatley, M Wilkinson, C Meyer, J & Tziggili, M (2012) Capacity for care: meta-ethnography of acute care nurses' experiences of the nurse-patient relationship *Journal of Advanced Nursing* 69(4): 760-772.

Bridges, J Collins, P Flatley, M Hope, J & Young, A (2020) Older people's experiences in acute care settings: systematic review and synthesis of qualitative studies. *International Journal of Nursing Studies* 102, 103469. <https://doi.org/10.1016/j.ijnurstu.2019.103469>

National Care Homes Research and Development Forum (2007) *My Home Life: quality of life in care homes*. London: Help the Aged.
<https://myhomelife.org.uk/resources/>