Everybody Matters: Sustaining Dignity in Care

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The Study

The Dignity in Care Project (DCP) combined action learning and appreciative enquiry to explore how to support and sustain dignity in acute hospitals. The project recognised the experiences of staff, relatives and patients as central to Dignity in Care embedded in the project slogan, "Everybody matters."

Project Underpinnings

Whilst the DCP did not solely concentrate on the Care for Older People, it recognised that older people are the largest users of acute care services and believes that if dignity in acute care is "right" for older people, it will be "right" for everybody.
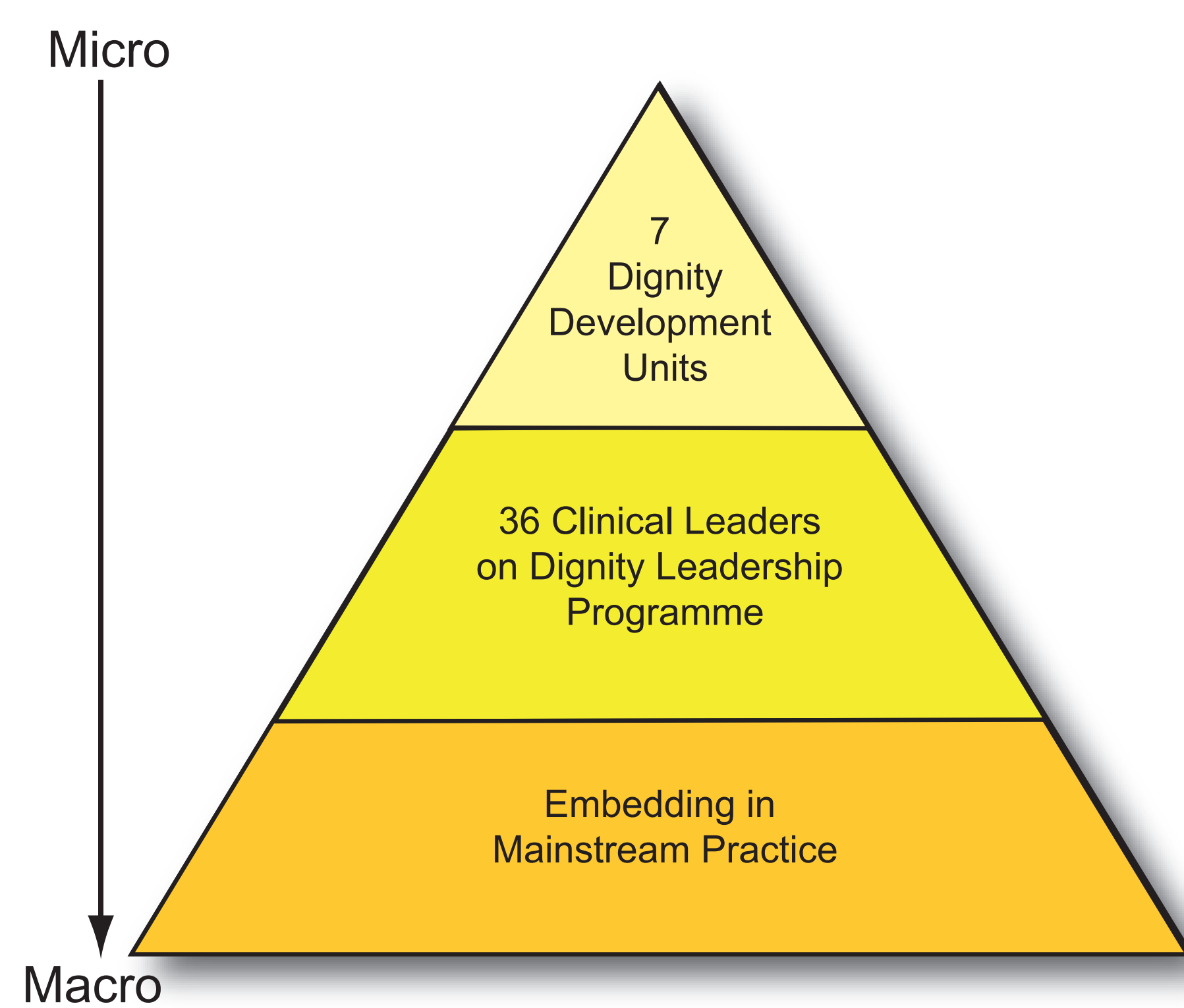
- Evidence drawn from both acute and care home settings which crucially brought together best practice in health and social care.

- Best Practice in Care for Older people : Relationship centred care [1], Dignity on the ward[2], BPOP[3] guidelines.

Project Processes : Stop, Look, Listen and Appreciate

A whole system approach:

- **DDU's:** worked with rather than on the nurses at ward level through., role modelling, experiential learning, attitudinal and behavioural development .

- **Dignity Leadership Programme:** Action learning supported clinical leaders to promote and sustain dignified care which was sensitive to local need and context. e.g., creating a protected quiet period for patients post lunch, the instigation of a room for conversations between health professionals and family.

- **Embedding in Mainstream:** by developing network, supporting trust wide change and maintaining momentum,

Micro

7 Dignity Development Units

36 Clinical Leaders on Dignity Leadership Programme

Embedding in Mainstream Practice

Macro

Project Outputs

To promote awareness and behavioural change

- Educational DVD

- Dignity Weeks' and red peg days to promote awareness and behavioural change

- A national conference and local conversations between and across professions about the place of dignity in acute care.

- Improvements in patient survey problem scores at RFH
- Range of dignity promoting interventions in clinical areas published in theNursing Times [refs 4,5,&6]

Findings and Recommendations

Integration

1. Dignity as central to delivering both quality and efficiency within hospitals
2. Link with other initiatives e.g. Releasing Time to Care/Patient Safety Initiatives/ Leadership development
3. The need for integration between educational and service providers

Appreciation

1. The strengths of working in appreciative ways to support dignity development
2. The need for much greater value to be placed on relational aspects of care and giving staff time to reflect and learn about this aspect of their practise
3. The imperative to create a culture of appreciation and pride instead of punishment when measuring staff performance and output.

Conversation

1. The need to critically reflect on our current models of leadership particularly at ward/ department level and whether they are fit for purpose in the Modern NHS
2. An increased recognition and meaningful conversation around political and organisational factors that mitigate against dignified care particularly for older people who often have a high level of complex needs.

The Dignity in Care Project DCP was a joint venture between Royal Free Hampstead NHS Trust and Barnet and Chase Farm Hospitals NHS Trust London, in collaboration with City University and Age UK.

References

1. Nolan M et al (2006) The Senses Framework: Improving Care For Older People Through a Relationship-Centred Approach. Sheffield: School of Nursing and Midwifery, University of Sheffield.
2. Bridges J et al (2009) Best Practice for Older People in Acute Care Settings (BPOP): Guidance for Nurses. London: RCN Publishing/City Universityt inyurl.com/best-practice-older.
3. Davies S et al (2007) Dignity on the Ward. Promoting Dignity in Hospital: A Guide for Hospital Staff. London: Help the Aged, in association with RCN.
4. Nicholson C et al (2010) Everybody matters 1: how getting to know your patients helps to promote dignified care. Nursing Times; 106: 20,
5. Nicholson et al (2010)) Everybody matters 2: promoting dignity in acute care through effective communication <http://www.nursingtimes.net/nursing-practice-clinical-research/everybody-matters-2-promoting-dignity-in-acute-care-through-effective-communication/5015287.article>. Nursing Times; 106: 21,
6. Nicholson C et al (2010) Everybody matters 3: engaging patients and relatives in decision making to promote dignity. Nursing Times; 106: 22,.

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