

Nursing's contribution to patient centred care: never mind the rhetoric, look at the reality.

Alison Kitson

Dean of Nursing, University of Adelaide

**Associate Research Fellow, Green Templeton College,
University of Oxford**

Executive Director Nursing Central Adelaide LHN



Outline of paper

What is patient centred care?

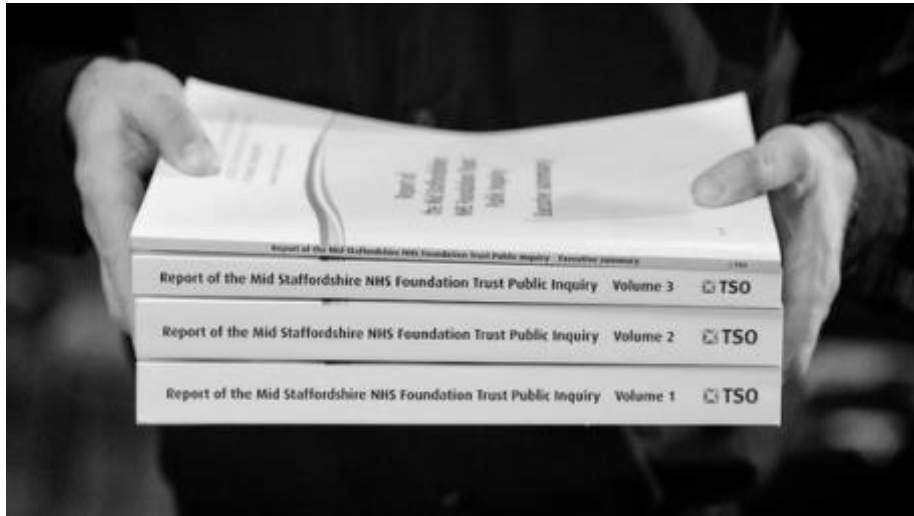
What is nursing's contribution?

How can we embrace these aspirations?

What would patient care look like if we did?

What do we need to change?

Crisis? What crisis?



Francis Report

5 Key Improvements

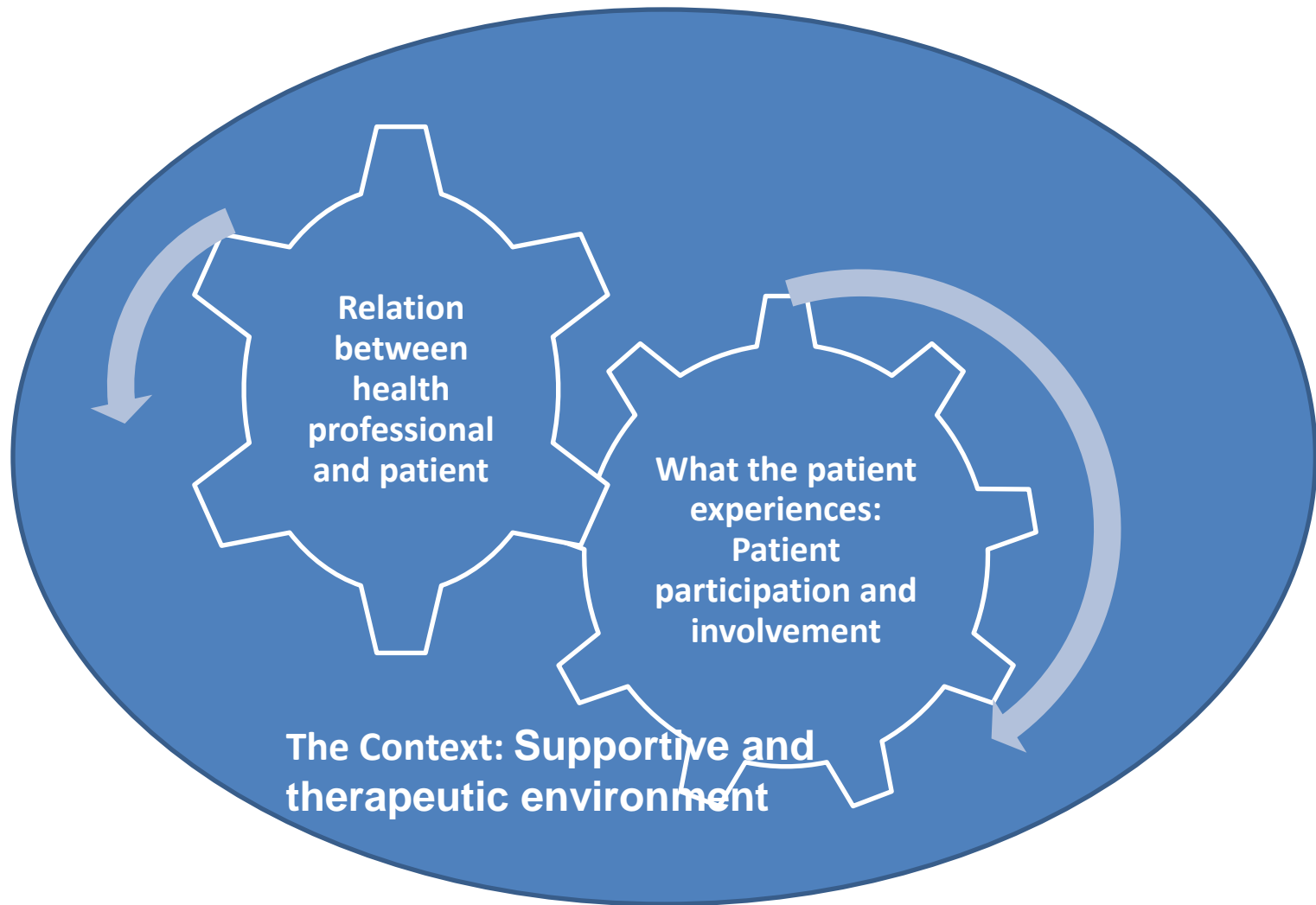
- Fundamental Standards
- Duty of Candour
- Compassionate, Caring & Committed Nursing
- Healthcare Leadership
- Accurate Information

Francis Report Recommendations

- *“What patient centred care is - first it’s care which does not harm me”* Don Berwick



Core Elements of PCC



Summary

- *Some consistency of themes between the literature and the patients' perspectives*

Literature	Patients
Participation/involvement	I'm involved
Relationship	Connectedness
Context	Being attentive

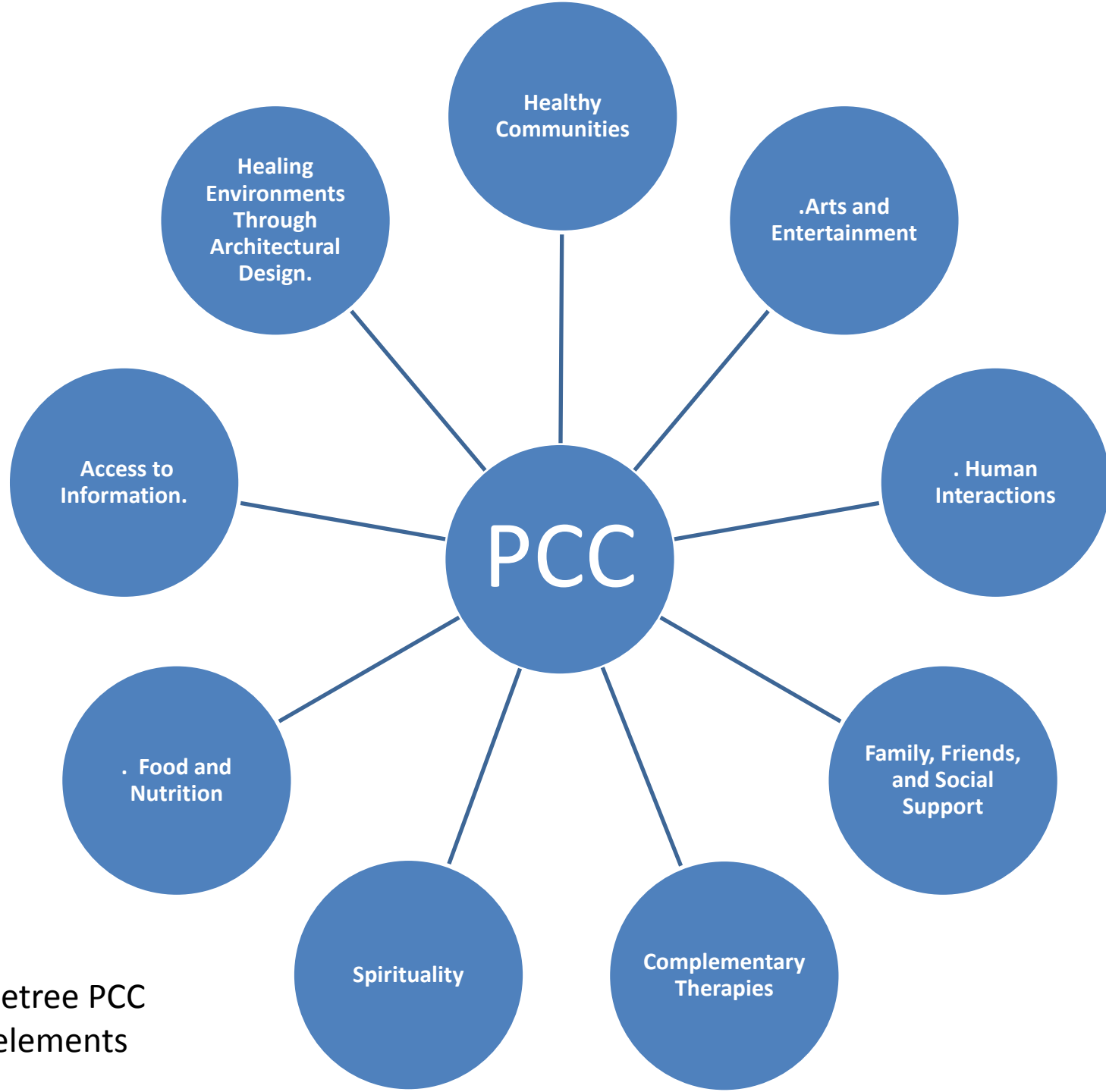
Marshall, A., Kitson, A., and Zeitz, K., Patients' views of patient-centred care:

a phenomenological case study in one surgical unit. *J Adv Nurs*, 2012. 68(12): p. 2664-73.

Kitson, A., Marshall, A., Bassett, K., and Zeitz, K., What are the core elements of patient-centred care? A narrative review and synthesis of the literature from health policy, medicine and nursing. *J Adv Nurs*, 2013. 69(1): p. 4-15

Getting the patient in the centre...

- The way patients equate care with the people who are delivering it has significant implications for any attempts to understand and operationalise patient-centred models of care.
- This is **because patients see the staff who provide the care as synonymous with care** .
- Any patient-centred model of care must ensure that the on-the-ground staff understand this element of PCC and are able to act as the conduit between the patient and the model of care



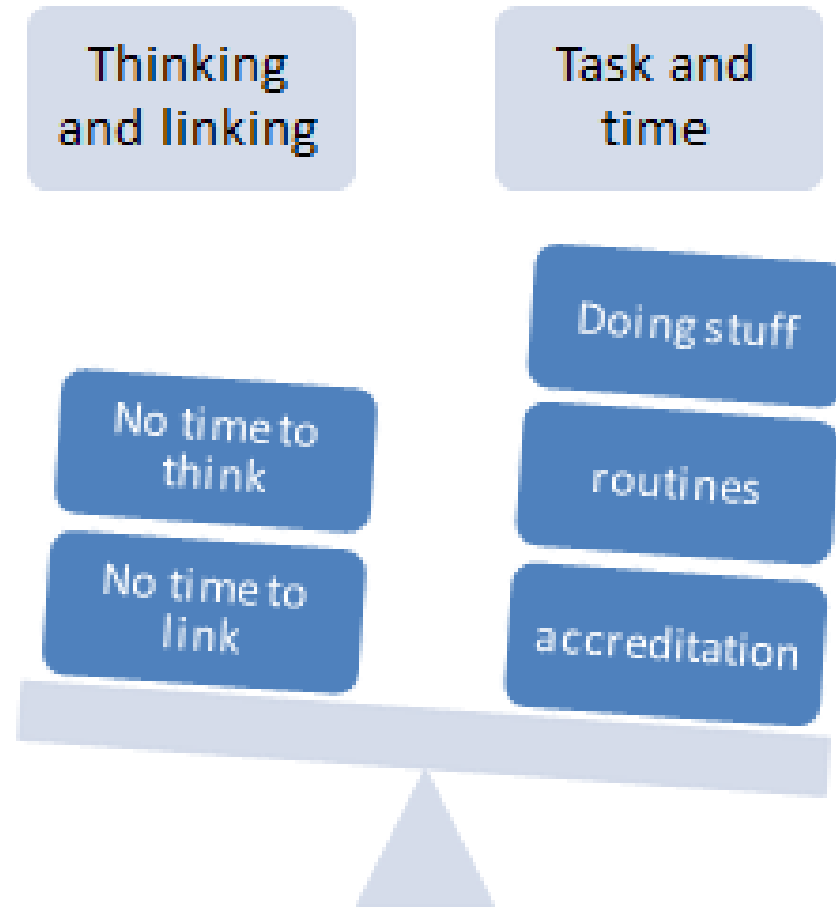
Planetree PCC
10 elements

The reality in practice

- “To err is human”
- What is reliable care?
- Are we ‘assuming’ Safety instead of ‘assuring’ Safety
- Designing reliable care processes



Getting the balance right



Our 'mental models'

- What needs to be achieved.....?
- Depending on attitude/motivation/experience/interest, what else can I do...?
- How can I protect myself from the stress (moral distress) of the job...?

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The Background

- **2007** First Academic Health Science Centre in the UK
- **2008** International Learning Collaborative (ILC) established
- **2009** First meeting hosted at Green Templeton College
- **2010** FOC paper published
- **2010** ILC members and Health Experiences Institute seminar
- **2011** Stroke Survivors' Experiences of FOC
- **2011** GTC grant to host an invitational seminar
- **2012** Seminar
- **2013 Report Published and 6th ILC meeting Stockholm 2013**

Oxford International Learning Collaborative Inaugural Meeting 2009



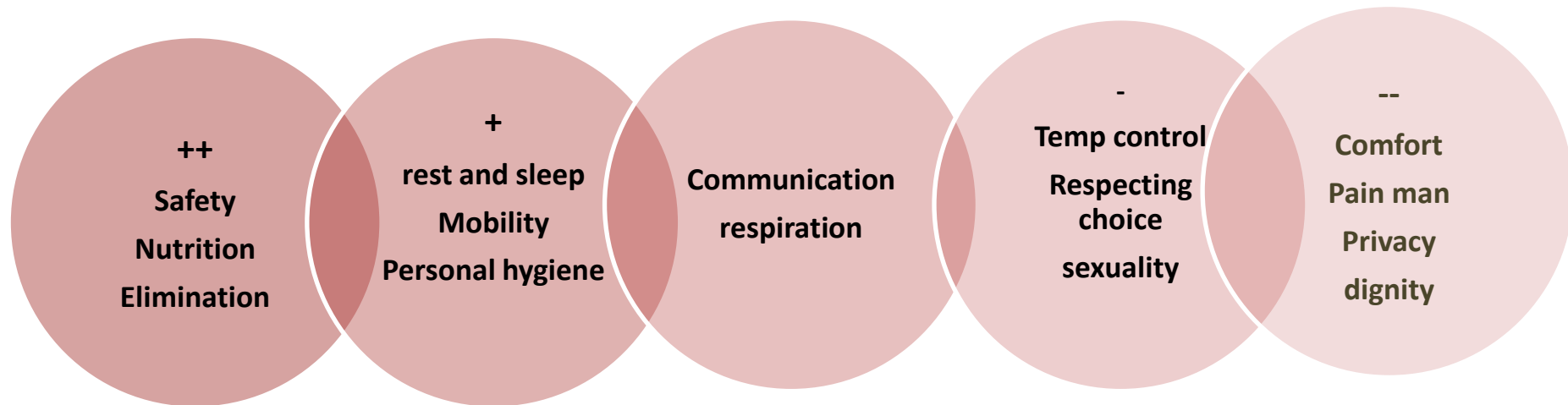


What are the Fundamentals of Care?

Guiding Questions

- What is the conceptual basis upon which nursing care is delivered?
- Where do we currently source the information to establish the evidence base for the work nurses (and other carers) do?
- How do we identify the key dimensions/elements for each area?

Level of agreement on elements of care



Kitson A L, Conroy T, Wengstrom Y, Profetto-McGrath J, Robertson-Malt S, (2010) Defining the Fundamentals of Care. *International Journal of Nursing Practice* 16: 423-434.

Findings : review of seminal texts and development of themes

Emerging pattern showed variation in the following aspects:

- Elements making up FOC
- Language used
- Focus : physiological, self-care or environmental (safety)focus
- Synthesis / integration of these perspectives
- Guidance around assessment techniques
- Guidance on appropriate actions following identification of FOC elements and assessment approach

Fundamentals of Care Template

Fundamentals of Care (FOC) – Patient Experience Template

Fundamental of Care	
Safety, prevention and medication	
Communication and education	
Respiration	
Eating & Drinking	
Elimination	
Personal cleansing & dressing	
Temperature control	
Rest & sleep	
Comfort (including pain Mx)	
Dignity	
Privacy	
Respecting Choice	
Mobility	
Expressing sexuality	

What do patients think about fundamentals of care (FOC)?



Method

- Secondary analysis of interviews
- Totally 68 interviews with stroke patients - conducted in UK
- The patients' experiences about the way their basic care was met during their time in the acute hospital setting
- Different hospitals, rehabilitation centres and wards – across UK

Results

- Patients talk about fundamentals of care
- Description of a physical need generated descriptions about the psychosocial and emotional impact of such events
- Few descriptions about positive experiences of recovery processes or how staff helped patients cope

However...

“...they brought a, a thing of water to the bed and a flannel and some soap and the first day I washed myself in bed and I cleaned my teeth after about 4 days. It was absolutely wonderful and that was a turning point.”
(S10)

“For every caring, intelligent, supportive member of hospital staff... For every one of such people professionals... for every one of those who is good and supportive at their, at their profession, I would also say that there’s probably an equal number who are [um], who don’t take the same pride in their job and who don’t care very much about the feeling, sensitivities and ultimate condition of their patients.” (S06)

“...I did stay exactly the 3 weeks, my hair was sticking to my head, so I said, “I need, I need to have a bath and wash my hair”. “No”, they said, “You’ll die” and I said, “No, I need to wash my hair, I’ll risk it”. So one nursing assistant did agree that she would wash my hair for me so we did that and I didn’t die.” (S19)

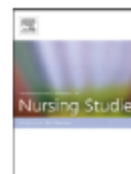
“But it’s thanks to the physiotherapist and the occupational therapist and the various exercises that they give you from week to week, fortnight to fortnight and they set you targets and things like that. And they’re absolutely tremendous, you know, they’re really, really excellent.” (S06)



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Stroke survivors' experiences of the fundamentals of care: A qualitative analysis

Alison L. Kitson^{a,b,c,*}, Clare Dow^d, Joseph D. Calabrese^e, Louise Locock^{f,g},
Åsa Muntlin Athlin^{a,h,i,j}

^a School of Nursing, University of Adelaide, Australia

^b Centre for Evidence based Practice South Australia, School of Nursing, The University of Adelaide, Australia

^c Green Templeton College, University of Oxford, United Kingdom

^d Institute of Health and Wellbeing, University of Glasgow, United Kingdom

^e University College London, United Kingdom

^f Health Experiences Research Group, Dept Primary Care Health Sciences, University of Oxford, United Kingdom

^g National Institute for Health Research, Biomedical Research Centre, Oxford, United Kingdom

^h Department of Medical Sciences, Uppsala University, Sweden

ⁱ Department of Public Health and Caring Sciences, Uppsala University, Sweden

^j Department of Emergency Care, Uppsala University Hospital, Sweden

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ABSTRACT

Background: Managing the fundamentals of care (e.g. elimination, personal hygiene, eating,) needs to be more explicitly addressed within the patient-centred care discourse. It is not possible to investigate issues of patient dignity and respect without acknowledging these basic physical needs. While the literature on caring for people with a stroke is extensive, no studies to date have described stroke survivors' experiences of all of these fundamentals during the in-hospital phase of their care.

Design: Secondary analysis of qualitative data grounded in interpretative phenomenology
Participants and settings: Fifteen stroke survivors with in-hospital experiences from multiple healthcare settings and healthcare professionals across the United Kingdom were included.

Method: A secondary thematic analysis of primary narrative interview data from stroke survivors.

Results: Survivors of strokes have vivid and often distressing recollections of their experiences of the fundamentals of care. For every description of a physical need (elimination, eating and drinking, personal hygiene) there were lucid accounts of the psychosocial and emotional impact (humiliation, distress, lack of dignity, recovery, confidence). Linked to the somatic and emotional dimensions were narratives around the relationship between the patient and the carer (nurse, doctor, allied health professional). Positive recollections of the fundamentals of care were less evident than more distressing experiences. Consistent features of positive experiences included: stroke survivors describing how the physical, psychosocial and relational dimensions of care were integrated and coordinated around their particular need. They reported feeling involved in setting achievable targets to regain control of their bodily functions and regain a sense of personal integrity and sense of self. Sociological constructs such as biographical disruption and loss of self were found to be relevant to stroke survivors' experiences. Indeed, such constructs may be more linked to the disruption of such fundamental activities rather than the experience of the illness itself.



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CRICOS Provider Number: 00123M

Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs

Alison Kitson, Tiffany Conroy, Kerry Kuluski, Louise Locock, Renee Lyons

Context of Care

Independence

Integration of Care

Dependence

Relationship Established

Psychosocial

Keeping you:

- Calm
- Coping
- Hopeful
- Respected
- Involved
- Informed
- Dignified

Relational

Being:

- Empathetic
 - Respectful
 - Compassionate
 - Consistent
- Ensuring:
- Goals are set
 - Continuity

Physical - Keeping you:

- | | |
|-----------|--------------|
| •Safe | •Mobile |
| •Clean | •Rested |
| •Warm | •Dressed |
| •Fed | •Comfortable |
| •Hydrated | |

Nurse co-ordination

Patient experience

POLICY LEVEL:

- Financial
- Quality & Safety
- Governance
- Regulation & Accreditation

SYSTEM LEVEL:

- Resources
- Culture
- Leadership
- Evaluation & Feedback



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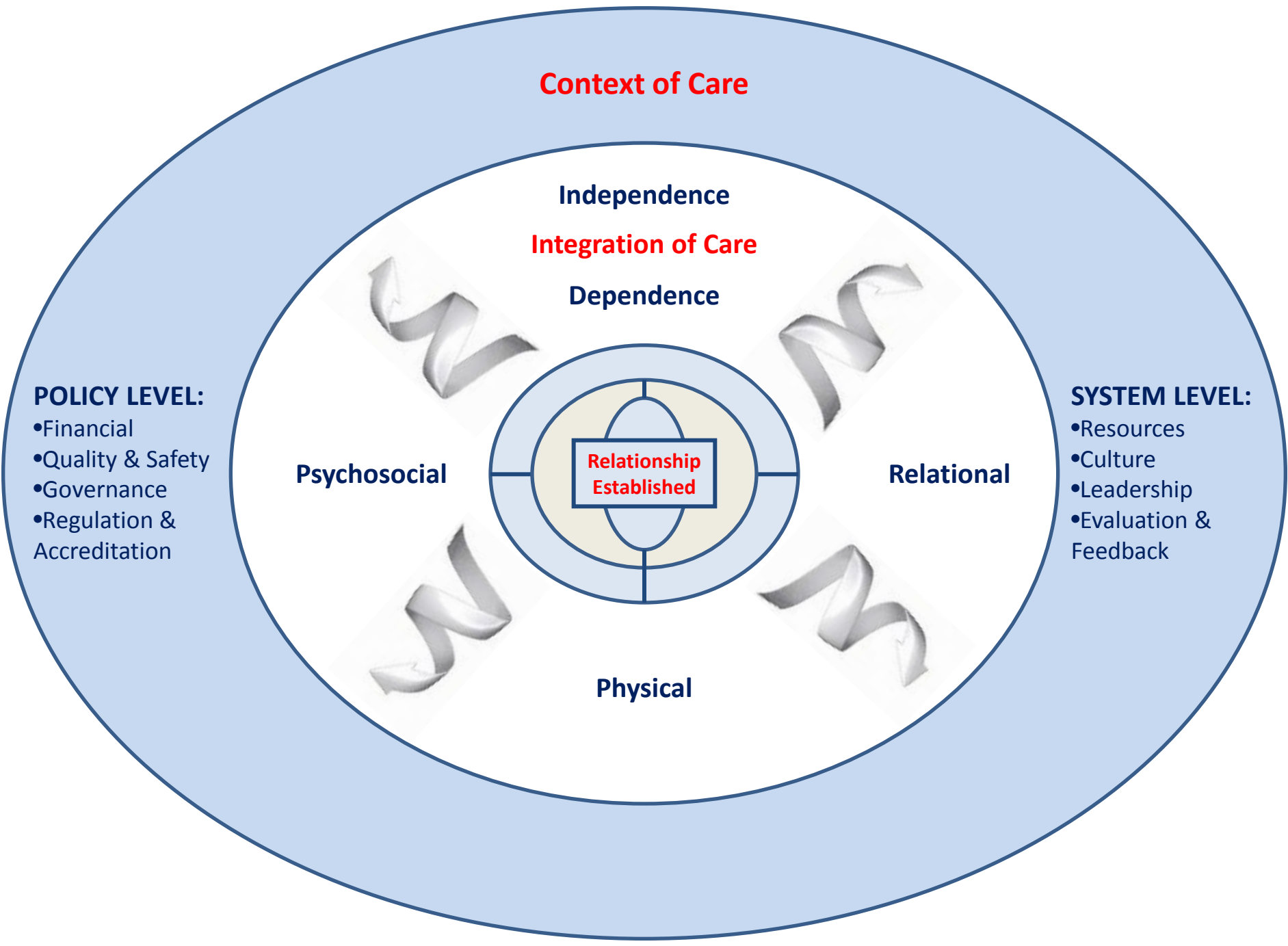
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6th ILC Meeting Delegates



Planning for 7th ILC meeting Oxford

- **Research in the area of Fundamentals of Care**

The ILC event will provide international researchers and postgraduate/postdoctoral students the opportunity to update on collaborations from 2013 and share innovations from their own work, with a view to developing stronger international collaborations.

- **Exploration of how Fundamentals of Care is taught in undergraduate and postgraduate nursing curricula**

Since the 2013 meeting, an international team has been exploring how the Fundamentals of Care is taught to nursing students. This team will be presenting their findings so far and identifying further activity.

- **Experiences from clinical practice**

A group from the 2013 meeting has been developing a toolkit for practicing nurses explaining what the Fundamentals of Care are, and how to provide appropriate care. We will be using our ILC time to test the toolkit with the research and education approaches.

- **Policy and Governance Framework for Fundamentals of Care**

Work has continued around how the ILC can influence the wider policy and practice agenda and the one day summit on 25 June will focus on Leadership for Practical Action around the Fundamentals of Care. A mix of leading national and international healthcare leaders and researchers will be leading this event. Following the summit, the ILC meeting on 26-27 June will discuss the future governance arrangements of ILC together with its ongoing collaboration and work plan.

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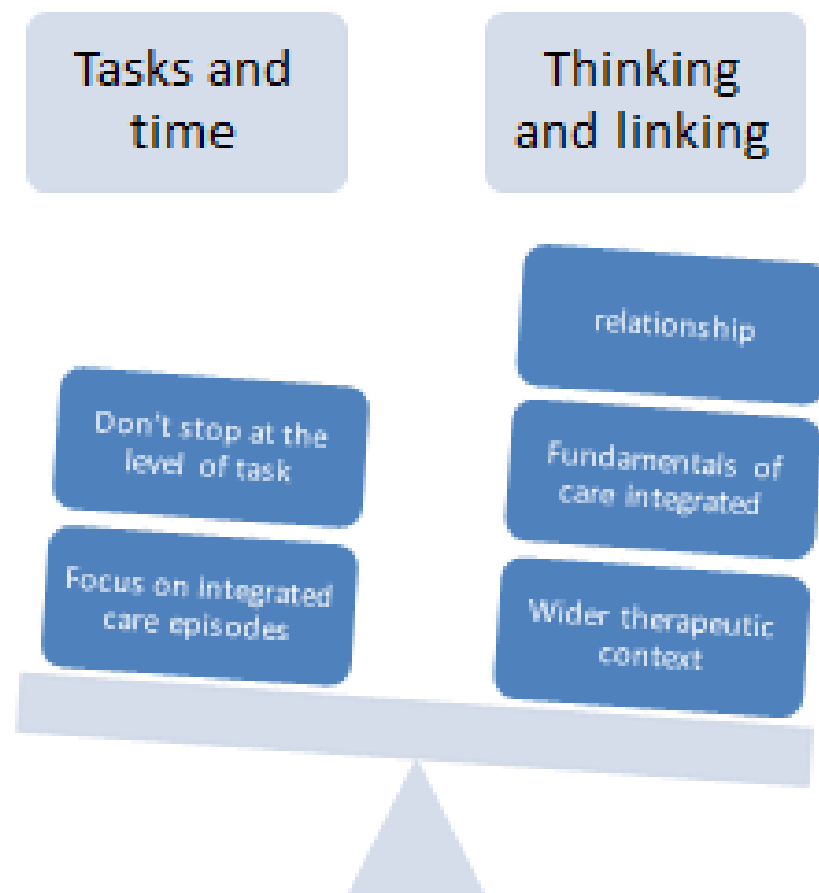
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Towards patient centred care



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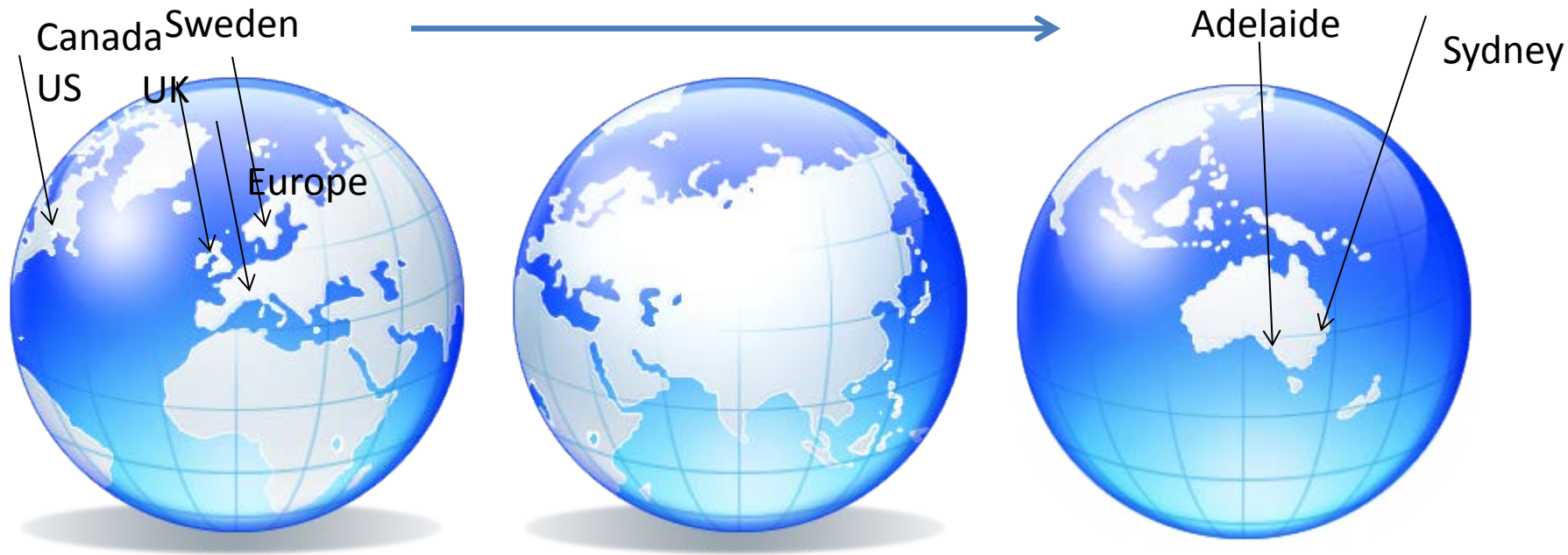
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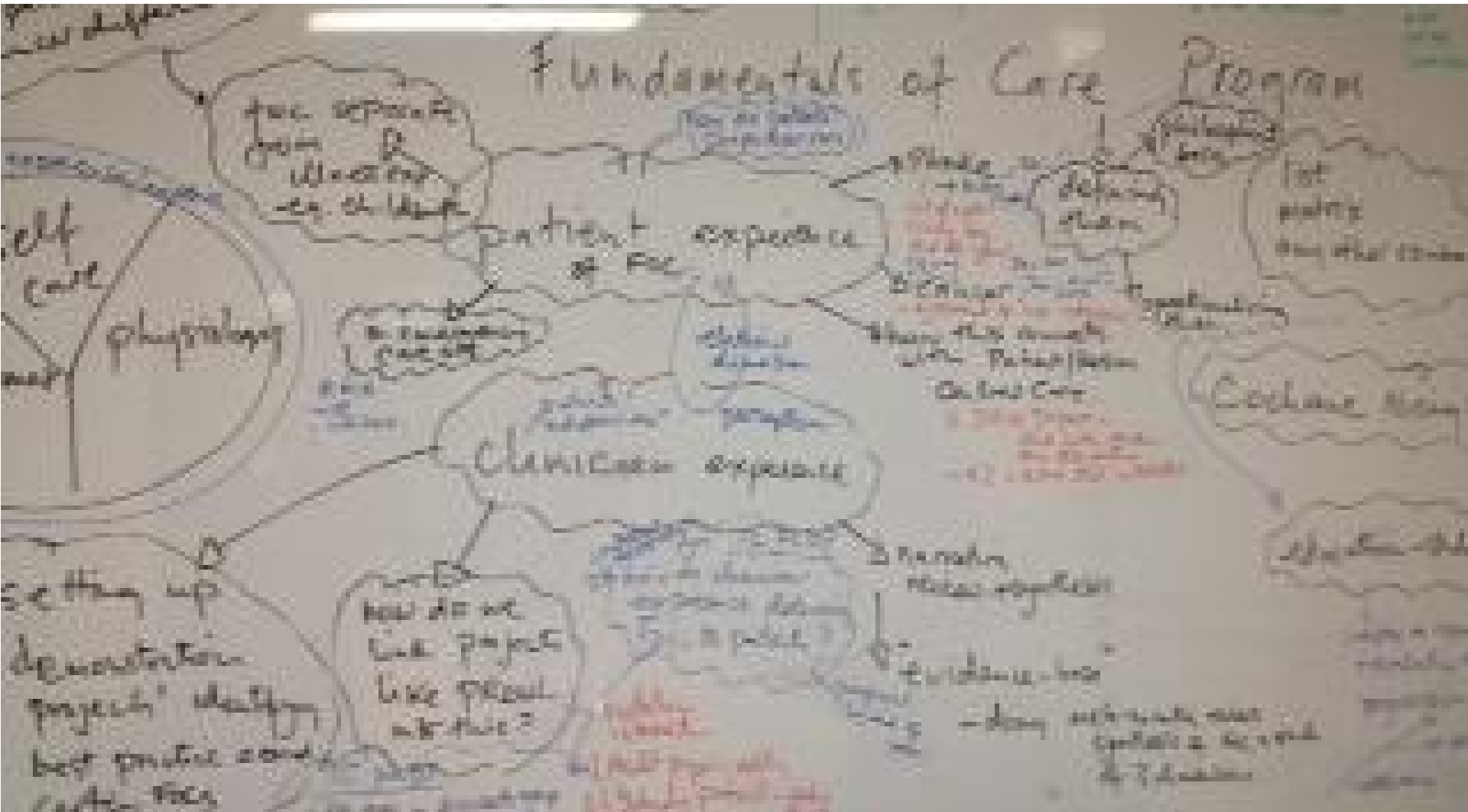
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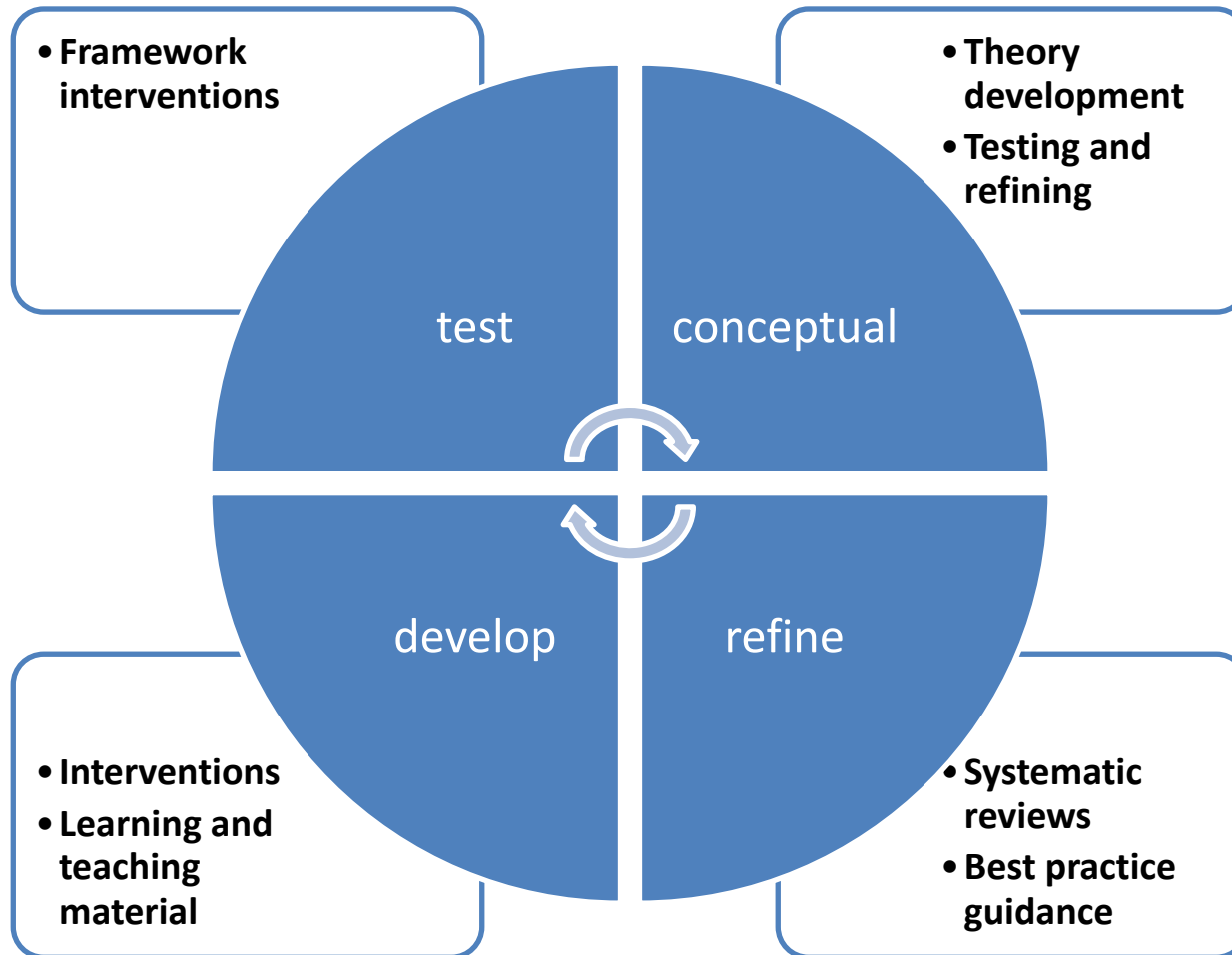
An International collaborative research program



Program of FOC research



Research Agenda



Fundamentals of Care Program

range of projects

- A Sweden – Australia collaboration project
- Experiences of the Fundamentals of Care for people with a cancer diagnosis
- Identifying the Fundamentals of Care within Cochrane Systematic reviews
- An evidence base for the fundamentals of care (PhD project)
- Development and testing of the Fundamentals of Care Framework
- Reclaiming and redefining the Fundamentals of Care: Nursing's response to meeting patients' basic human needs
- The Future Shape of the Nursing Workforce: A Synthesis of the Evidence of Factors that Impact on Quality Nursing Care.
- Stroke Patients' Experiences of the Fundamentals of Care

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Thank you for your attention and any questions?

