An Illuminative Evaluation of the Response of an Acute Healthcare NHS Trust to the National Dignity in Care Campaign in England

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Abstract

An illuminate evaluation of the response of an acute healthcare NHS Trust to the National Dignity in Care Campaign.

Background: In England, a National Campaign to raise awareness and improve Dignity in Care was launched in November 2006 by the then Care Services Minister, Ivan Lewis amid increasing concerns around dignity in a number of health and social care settings. Review of the literature identified that no evaluation of this Dignity in Care campaign has been undertaken to date within an acute healthcare NHS Trust.

Aims and objectives: To examine patient experience in hospital related to dignity; Explore the understanding, attitude, roles and responsibilities of healthcare professionals to the Dignity in Care campaign; Explore their views on the range of initiatives developed to address the Dignity in Care campaign and; Gain an in-depth understanding of the challenges and enablers to changing practice to improve patient dignity.

Methods: An illuminative evaluation was used to undertake this study, which has drawn on qualitative data from one to one interviews and a review of key documents within this acute healthcare Trust. Ten patients, fourteen healthcare professionals and ten senior managers and executives were interviewed with data analysed using framework analysis.

Results: Six themes were identified: Patients experiences in hospital; understanding of, and attitude towards the dignity in care campaign; challenges and enablers related to the Dignity in Care campaign; improvements identified as supporting dignity for patients; dignity training workshops; and the wider issues raised around dignity.

Conclusions: Aspects of vulnerability where patients were less able to advocate and protect themselves from a loss of dignity have been considered, as well as the distress caused by patients observing indignities towards other patients. A contrast in emphasis was revealed between the day to day experiences of patients and the focus of healthcare professionals, senior managers and executives on systems and initiatives to improve dignity that often failed to address the simple requirements of patients. In particular patients continued to experience mixed sex accommodation and a lack of care for patient's privacy. However two enablers were identified, firstly, the use of 'Red Pegs' on closed curtains around bed spaces to improve privacy and prevent intrusions was a particularly effective tool that engaged a wide range of staff; there are currently no published studies evaluating their effectiveness. Secondly, a key enabler to improve patient dignity was the use of personal commitments from Dignity Training workshops which was identified as an effective tool to stimulate both practical and behavioural change. The particular context of this Trust and challenges relating to a recent merger can be seen to have influenced the change processes and outcomes from the Dignity in Care campaign within the organisation.

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Declaration

"Whilst registered as a candidate for the above degree, I have not been registered for any other award. The results and conclusions embodied in this thesis are the work of the named candidate and have not been submitted for any other academic award."

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