

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

**Andrew Gallini**

**A thesis submitted in partial fulfilment of the requirements for the award of  
Professional Doctorate in Nursing of the University of Portsmouth**

**November 2011**

## 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.

## Table of Contents

### Acknowledgements

### Chapter 1 Setting out the context for the Study

1.1	Introduction	1
1.2	Definition of Dignity used within the Dignity in Care Campaign	1
1.3	Dignity within the Professional Codes of Nursing	2
1.4	Concerns reported on Dignity in Care	3
1.4.1	Concerns raised by Voluntary Bodies on Dignity	5
1.5	Healthcare Policies and Guidance related to Dignity	6
1.5.1	Inclusion and Endorsement of Dignity in National Health Strategies	8
1.5.2	Strategies related to Older People and Dignity	9
1.5.3	Policy and Guidance for Nursing and Care Delivery	9
1.5.4	Policy to Address Mixed Sex Accommodation	11
1.6	The National Dignity in Care Campaign	12
1.7	Context of the Hospital at the time of the National Dignity in Care Campaign	14
1.8	Local application of the Dignity in Care Campaign	15
1.9	Chapter summary	19

### Chapter 2 A Review of the Literature Relating to Dignity

2.1	Introduction	21
2.2	Understanding the nature of dignity	21
2.3	Research on the meaning and experience of dignity and its implications for nursing practice	23
2.3.1	Studies involving patients	24
2.3.2	Studies involving healthcare professionals	31
2.3.3	Studies involving both patients and carers and professionals	33
2.4	Research evaluating an initiative to improve dignity	42
2.5	Summary of themes identified from the review of primary research	46
2.6	Motivation for the study	50
2.7	Chapter summary	50

## Chapter 3

3.1	Introduction	52
3.2	Aims and Objectives of the study	52
3.3	Epistemology	53
3.3	Research Methodology	54
3.3.1	Data Collection Method	55
3.4	Ethical Issues	58
3.5	Sampling strategy and recruitment	59
3.5.1	Interviews with Patients who have had previous hospital admissions prior to the Dignity in Care campaign	60
3.5.1.1	Recruitment process	60
3.5.1.2	Interview Schedule	61
3.5.1.3	Patient Participants	61
3.5.2	Interviews with Healthcare Professionals involved in work programmes addressing different aspects of dignity	62
3.5.2.1	Recruitment Process	62
3.5.2.2	Interview Schedule	63
3.5.2.3	Healthcare Professional Participants	63
3.5.3	Interviews with Senior Managers and Executives about the range of work undertaken to respond to the dignity in care campaign and its impact on the organisation	64
3.5.3.1	Recruitment Process	65
3.5.3.2	Interview Schedule	65
3.5.3.3	Senior Manager and Executives Participants	66
3.5.4	Confidentiality	66
3.5.4.1	Confidentiality in relation to storage of Data	67
3.6	Data Collection	67
3.7	Data Analysis	68
3.7.1	Process of Data Analysis	69
3.8	Reflexivity and Promoting Rigour	74
3.9	Chapter summary	76

## **Chapter 4**

4.1	Introduction	77
4.2	Theme1: Patients experiences in Hospital	77
4.2.1	Sub Theme 1: Experiences of dignity and vulnerability	77
4.2.2	Sub Theme 2: Privacy and mixed sex accommodation	80
4.3	Theme 2: Understanding of, and attitude towards, the Dignity in Care campaign	84
4.3.1	Sub Theme 1: Endorsement of the Dignity in Care campaign	84
4.3.2	Sub Theme 2: Individual involvement and responsibilities	88
4.3.3	Sub Theme 3: Attitude of staff towards patients' dignity	90
4.4	Theme 3: Dignity training workshops	93
4.4.1	Sub Theme 1: Motivation to attend Dignity Training Workshops	93
4.4.2	Sub Theme 2: Feedback from the Dignity Training Workshops	95
4.4.3	Sub Theme 3: Personal commitment from the Dignity Training Workshops	97
4.5	Theme 4: Improvements identified as supporting dignity for patients	101
4.5.1	Sub Theme 1: Raised awareness	101
4.5.2	Sub Theme 2: Initiatives to improve dignity for patients	104
4.6	Theme 5: Challenges and Enablers related to the Dignity in Care campaign	108
4.6.1.	Sub Theme 1: 'Operationalising' dignity	108
4.6.2	Sub Theme 2: Organisational change	113
4.6.3	Sub Theme 3: Nurses' ability to meet patients' needs related to dignity due to time constraints	115
4.7.	Theme 6: Wider issues raised around dignity	118
4.7.1	Sub Theme 1: Training	118
4.7.2	Sub Theme 2: Improving the patient experience	120
4.7.3	Sub Theme 3: Performance Management	122
4.8	Chapter summary	124

## **Chapter 5**

5.1	Introduction	126
5.2	Review of the findings in relation to the five priority areas of the Dignity in Care campaign identified by the acute healthcare Trust	126
5.2.1	Element 1. Zero tolerance to all forms of abuse	126
5.2.1.1	Vulnerable Self	127

5.2.1.2	Vulnerable Others	127
5.2.2	Element 3. Treat each person as an individual	128
5.2.3	Element 4. Enable people to maintain the maximum possible level of independence, choice and control	130
5.2.4	Element 5. Listen and support people to express their needs and wants	131
5.2.5	Element 6. Respect people’s right to privacy	133
5.2.5.1	Auditory Privacy	133
5.2.5.2	Visual Privacy	134
5.2.5.3	Strategies to manage and protect patient privacy	135
5.2.6	Summary of discussion on findings in relation to the five priority elements of the Dignity in Care campaign	137
5.3	Wider issues related to the Dignity in Care campaign within the organisation	137
5.3.1	Change processes and sustainability of the Dignity in Care campaign	138
5.3.2	Differences between patient experiences and the focus of healthcare professionals and senior managers	141
5.3.3	Training and personal commitments to improve dignity	143
5.3.4	Performance management and measurement of Dignity in Care	144
5.4	Limitations of the study	145
5.5	Chapter summary	146

## **Chapter 6**

6.1	Introduction	148
6.2.1	Care provision	148
6.2.2	Acute healthcare Trust	148
6.2.3	Training of healthcare professionals	149
6.2.4	Nursing Profession	150
6.2.5	Further research	150
6.3	The Researcher’s reflections	151

<b>References</b>		<b>154</b>
-------------------	--	------------

## Appendices

Appendix 1 Table of definitions and concept analyses of dignity	169
Appendix 2 Table of primary research related to dignity	172
Appendix 3 Local Research Ethics Approval	182
Appendix 4 Trust Research Governance Approval	185
Appendix 5 Information Sheet for Patients	186
Appendix 6 Consent form for Patients	188
Appendix 7 Copy of invite letter for interview to senior managers on the range of work undertaken to respond to the Dignity in Care campaign and its impact on the organisation	189
Appendix 8 Information sheet for healthcare professionals and senior managers	190
Appendix 9 Consent form for healthcare professionals and senior managers	192
Appendix 10 Semi-structured interview schedule for patients	193
Appendix 11 Semi-structured interview schedule for healthcare professionals	194
Appendix 12 Semi-structured interview schedule for senior managers	195
Appendix 13 Early thematic framework – November 2010	196
Appendix 14 Example of Indexing - Table of Themes and categories relating to improvements – from Patients, Healthcare Professionals and Senior Mangers	197
Appendix 15 Example of charting within a spreadsheet	205

## **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.”

Andrew Gallini

November 2011



## List of Tables

Table 1.1 Healthcare Commission Core standards related to treating patients with dignity and respect	4
Table 1.2 Healthcare Policies and Guidance related to dignity	6-7
Table 1.3 Local initiatives undertaken as part of the Dignity in Care campaign	16
Table 1.4 Five priority areas of the Dignity in Care campaign identified within the acute healthcare Trust	18
Table 1.5 Priorities from the Ten Point Dignity Challenge in a community setting	19
Table 3.1 LREC Ethical Review: Conditions of approval and response	58
Table 3.2 Participants and rationale for their inclusion	59
Table 3.3 Patient Participants	62
Table 3.4 Healthcare Professional Participants	64
Table 3.5 Senior Manager and Executives Participants	66
Table 3.6 The Framework approach to Data Analysis	69
Table 3.7 Overview of Themes and Sub Themes	74
Table 5.1 Processes and activities relating to sustainability	138

## List of Figures

Figure 1 Research Design Flow Chart	57
-------------------------------------	----

## List of Boxes

Box 1.1 Main deficiencies in care identified by the Health Advisory Service Report on Dignity in Acute Hospital Wards 2000	3
Box 1.2 Findings from the Public Survey – ‘Dignity in Care’ - Major Issues	13
Box 1.3 Findings from the Public Survey – ‘Dignity in Care’ - Minor Issues	13
Box 1.4 Ten elements of the Dignity in Care campaign	14
Box 1.5 Guiding questions to develop discussion across the organisation on the Dignity in Care campaign	17
Box 1.6 Key actions proposed as part of the discussion paper on next steps to progress work on the Dignity in Care campaign	17
Box 2.1 RCN Report Recommendations for Government, Organisations and Individuals	32
Box 3.1 Data Source	56
Box 3.2 Summary of key questions from Semi-Structured Interview Schedule for Patients	61
Box 3.3 Summary of key questions from Semi-Structured Interview Schedule for Healthcare Professionals	63

Box 3.4 Summary of key questions from Semi-Structured Interview Schedule for Senior Managers and Executives	65
Box 3.5 Excerpts from reflective note on process of analysis – Example 1	71
Box 3.6 Excerpts from reflective note on process of analysis – Example 2	72
Box 3.7 Excerpts from reflective note on process of analysis – Example 3	73
Box 4.1 <u>Theme 1</u> Patient experiences in hospital - sub themes	77
Box 4.2 Range of patient experiences related to Dignity and Vulnerability	78
Box 4.3 Examples where patient privacy was compromised	81
Box 4.4 <u>Theme 2</u> Understanding of, and attitude towards, the Dignity in Care campaign and sub themes	84
Box 4.5 Understanding of elements of Dignity (Healthcare professionals, Senior Managers and Executives)	85
Box 4.6 Involvement by Healthcare Professionals and Senior Managers in the Dignity in Care campaign	88
Box 4.7 Examples of Involvement in the Dignity in Care Work	89
Box 4.8 Examples of challenges related to attitude of staff towards patient dignity	91
Box 4.9 Examples of expectations of staff attitude towards the dignity of patients	92
Box 4.10 <u>Theme 3</u> Dignity Training Workshops and sub themes	93
Box 4.11 Examples of reasons for attending dignity training workshops	94
Box 4.12 Examples of feedback from Healthcare Professionals of the value of the Dignity Training Workshops	96
Box 4.13 Examples of personal commitments following the Dignity Training Workshops related to projects or actions to improve dignity for patients	98
Box 4.14 Examples of personal commitments following the Dignity Training Workshops relating to behaviour towards patients and colleagues	99
Box 4.15 Examples of challenges related to putting commitments into practice	100
Box 4.16 <u>Theme 4</u> Improvements identified as supporting dignity for patients	101
Box 4.17 Examples of raised awareness of work on the Dignity in Care campaign	102
Box 4.18 Examples of initiatives to improve aspects of patient dignity	105
Box 4.19 Examples of comments made on Red Pegs by Healthcare professionals and Senior Managers	106
Box 4.20 Examples of comments made on Red Pegs by Patients	107
Box 4.21 <u>Theme 5</u> Challenges and Enablers related to the Dignity in Care campaign	108
Box 4.22 Challenges of ‘Operationalising Dignity’	109
Box 4.23 Examples of Challenges and Enablers of Leadership & Role Modelling	110
Box 4.24 Examples of healthcare professionals challenging practice related to dignity	110

Box 4.25 Examples of challenges and enablers in communication	111
Box 4.26 Example of accountability for dignity being integrated at different levels of employee, manager and organisation	112
Box 4.27 Challenges and Enablers associated with promoting work on dignity associated with organisational change	114
Box 4.28 Patients experiences of nurses not having time to meet their needs related to dignity	115
Box 4.29 Example of concerns by patients of staff having time to spend with them from the perspective of healthcare professionals	116
Box 4.30 Example of concerns as well as benefits to previous changes in ways of working by healthcare professionals that affected patients care	117
Box 4.31 <u>Theme 6</u> Wider issues raised around dignity	118
Box 4.32 Reference to the need for further consideration of training on dignity	119
Box 4.33 Identified areas for improvement by patients	121

## **Acknowledgements**

I am particularly grateful to my academic supervisors Dr Ann Dewey and Dr Lesley Baillie for their support and encouragement, advice and mentoring, critical review and incisive comments that on numerous occasions assisted me to take my thinking and work a step further.

I am also indebted to the patients, healthcare professionals and senior managers and executives who willingly participated in this study and the organisation where the study took place for its support of this evaluation.

I also wish to acknowledge those individuals, patients, colleagues, experts working in the area of dignity and patient experience and friends whose conversations and writing has inspired my thinking and work in this fundamentally important area of practice.

Finally, I owe a huge debt of gratitude for the time and support given by Janine and Ella that has enabled me to undertake and complete this study.