Welcome to the September 2012 Privacy and Dignity Bulletin produced by the HEFT Library Services. This bulletin is produced to support VITAL for Nurses core skills programme developed in the Trust. This issue will highlight the key high level evidence and relevant research published in the last year. Full text articles can be accessed with your HEFT Athens ID.

High Level Evidence

Privacy and Dignity

RCN Dignity Resources
The RCN has published various materials and resources to inspire improvements in practice and boost the quality of care for patients and clients.

Privacy and Dignity – A report by the Chief Nursing Officer into mixed sex accommodation in hospitals - Department of Health 2007
This report sets out the current position on privacy and dignity in acute care, as it relates to mixed sex accommodation. It reports what patients and the public want, and points to good practice.

Defending Dignity – Challenges and Opportunities for Nursing – RCN 2008
This report is based on an RCN membership survey of more than 2,000 nurses, students and health care assistants. Carried out in February-March 2008, the survey investigated participants' awareness of dignity and the barriers that prevent dignified care being given to patients and clients in a wide range of environments. It includes recommendations for action from government, organisations and individuals.

Essence of Care 2010 – Benchmarks for respect and dignity
The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of people and carers.

Privacy and Dignity in Continence Care Project – British Geriatric Society 2010
There has been an increase in studies of dignity in health care over the past few years (Chochinov et al., 2002a, Woolhead et al., 2006) particularly focusing on the ways in which dignity is defined and what it means to people. There have, however, been far fewer studies on the relationship between dignity and personal care particularly when that care involves sensitive issues, of which continence care is a prime example. This report provides the initial analysis of emerging themes and findings from the first phase of a qualitative study of privacy and dignity in continence care for older people.
Maintaining the dignity of older people receiving health and social care has become a subject of growing concern in recent years. Yet in spite of numerous UK policy initiatives, research studies, media reports and academic endeavour, dignity still remains difficult to translate into practice, especially for older people. The study was undertaken over a two and a half year period between 2008 and 2010 utilising methodological techniques including extensive ethnographic observation on 16 wards in four NHS Trusts, as well as qualitative interviews with ward staff, Trust managers, older people and their carers. In total, 617 hours of observation were carried out covering a 24/7 period together with over 170 interviews across all of the wards.

**SBAR Situation - Background - Assessment - Recommendation**

SBAR is an easy to remember mechanism that you can use to frame conversations, especially critical ones, requiring a clinician's immediate attention and action. It enables you to clarify what information should be communicated between members of the team, and how. It can also help you to develop teamwork and foster a culture of patient safety.

The tool consists of standardised prompt questions within four sections, to ensure that staff are sharing concise and focused information. It allows staff to communicate assertively and effectively, reducing the need for repetition.

The tool helps staff anticipate the information needed by colleagues and encourages assessment skills. Using SBAR prompts staff to formulate information with the right level of detail.

**Latest Research**

Title: A dignified approach to improving the patient experience: Promoting privacy, dignity and respect through collaborative training.

Citation: Nurse Education in Practice, 01 July 2012, vol./is. 12/4(187-191), 14715953

Author(s): Chadwick, Angelina

Abstract: Globally there is a plethora of literature surrounding patients' privacy, dignity and respect, consequently highlighting the need for healthcare professionals to ensure such basic human rights are upheld when delivering care. For qualified practitioners this is further emphasised through the professional bodies and their varying codes of practice. To ensure privacy, dignity and respect move from rhetoric to reality in professional practice many pre-registration programmes promote service user involvement. Evidence suggests that involving service users in the delivery of educational programmes by directly telling their own stories enhances patient centred care. However given a number of recent patient surveys and/or audits reporting the lack of privacy, dignity and respect in health and social care settings there seems to be a growing need to reaffirm practitioners' knowledge, skills and values once qualified and practising in healthcare organisations. This paper reports on a project in a UK NHS Mental health Trust where service users, in collaboration with Trust staff, planned and delivered a series of privacy and dignity workshops to healthcare practitioners with the aim of improving the patient experience. Although the project took place within a Mental Health Trust the issues of privacy, dignity and respect apply to all healthcare sectors.

Available in **fulltext** at Elsevier; Note: You will need to register (free of charge) with Science Direct the first time you use it. Available in **print** at Heartlands Staff Library
Title: Was the introduction of single-sex wards a mistake?

Citation: Mental Health Practice, 01 February 2012, vol./is. 15/5(21-24), 14658720

Author(s): Felton, Gideon, Abu-Kmeil, Suheib

Abstract: In 2008 and 2009 the recovery wards in two acute inpatient mental health facilities in Northamptonshire Healthcare NHS Foundation Trust were changed from mixed- to single-sex. This article describes a study of patient and staff opinion about this change. Fifty three inpatients and 40 staff members were interviewed and about 80 per cent of each group said that they opposed the introduction of single sex wards. In addition, only 10 per cent of inpatients said specifically that they did not want to occupy wards with members of the opposite sex and none cited the maintenance of privacy and dignity as reasons to prefer single-sex wards. These findings are similar to those of other studies and indicate that the introduction of single-sex wards was a mistake.

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Title: Toilet privacy in hospital.

Citation: Nursing Times, 31 January 2012, vol./is. 108/5(12-13), 09547762

Author(s): Logan, Karen

Abstract: Good practice in toilet management and continence promotion can help hospital patients to maintain their dignity. This particle reports on an audit that highlighted the issues important to patients and nurses in terms of improving privacy and dignity for inpatients using the toilet.

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Title: Conversations in end-of-life care: communication tools for critical care practitioners.

Citation: Nursing in Critical Care, 01 May 2011, vol./is. 16/3(124-130), 13621017

Author(s): Shannon, Sarah E., Long-Sutehall, Tracy, Coombs, Maureen

Abstract: Communication skills are the key for quality end-of-life care including in the critical care setting. While learning general, transferable communication skills, such as therapeutic listening, has been common in nursing education, learning specific communication tools, such as breaking bad news, has been the norm for medical education. Critical care nurses may also benefit from learning communication tools that are more specific to end-of-life care. We conducted a 90-min interactive workshop at a national conference for a group of 78 experienced critical care nurses where we presented three communication tools using short didactics. We utilized theatre style and paired role play simulation. The Ask-Tell-Ask, Tell Me More and Situation-Background-Assessment-Recommendation (SBAR) tools were demonstrated or practiced using a case of a family member who feels that treatment is being withdrawn prematurely for the patient. The audience actively participated in debriefing the role play to maximize learning. The final communication tool, SBAR, was practiced using an approach of pairing with another member of the audience. At the end of the session, a brief evaluation was completed by 59 nurses (80%) of the audience. These communication tools offer nurses new strategies for approaching potentially difficult and emotionally charged conversations. A case example illustrated strategies for applying these skills to clinical situations. The three tools assist critical care nurses to move beyond compassionate listening to knowing what to say. Ask-Tell-Ask reminds nurses to carefully assess concerns before imparting information. Tell Me More provides a tool for encouraging dialogue in challenging situations. Finally, SBAR can assist nurses to distill complex and often long conversations into concise and informative reports for colleagues.

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Title: Hospital nurses "least likely to show dignity" in end-of-life care.

Citation: Nursing Times, 10 July 2012, vol./is. 108/28(6-6), 09547762

Author(s): Ford, Steve

Available in fulltext at ProQuest
Title: Dignity on the wards: improving hospital care for older people.
Citation: British Journal of Hospital Medicine (17508460), 01 May 2012, vol./is. 73/5(244-245), 17508460
Author(s): Tadd, Win, Read, Simon
Available in fulltext at EBSCOhost

Title: Graduate foundation scheme with a focus on dignity and older adults.
Citation: Nursing Management - UK, 01 February 2012, vol./is. 18/9(20-25), 13545760
Abstract: The care experiences of older people in Wales and the rest of the UK have risen to the top of the political agenda recently, and it is the role of nurse managers to find ways to meet the dignity agenda. A review by the Older People's Commissioner for Wales (Marks 2011) recommends that 'better knowledge of the needs of older people with dementia is needed, together with improved communication, training, support and standards of care'. In an effort to meet this recommendation, one healthcare organisation, Cwm Taf Health Board, has developed a graduate foundation programme that focuses on the dignity of older patients in various hospital settings. This article describes the development and implementation of the programme.
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Title: Achieving dignity for older people with dementia in hospital.
Citation: Nursing Standard, 23 March 2011, vol./is. 25/29(42-48), 00296570
Author(s): Bridges, Jackie, Wilkinson, Charlotte
Abstract: The quality of care for people with dementia in general hospital settings has attracted widespread concern. While organisation-wide strategies are needed to address many of the issues, the nursing role is critical to articulating and promoting good practice. This article focuses on promoting dignity for older people with dementia and offers a number of strategies to help individual nurses and nursing teams reflect on and promote good practice.
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Title: Reflective practice: the importance of treating patients with dignity.
Citation: British Journal of Healthcare Assistants, Feb 2011, vol. 5, no. 2, p. 84-85, 1753-1586 (February 2011)
Author(s): Grainger, A
Abstract: The need for healthcare assistants to maintain privacy and dignity while caring for patients. Reflective practice in dealing with practical problems in the use of mixed-sex wards and in assisting with the activities of daily living is considered using a scenario of caring for elderly confused patients, with a guided response. [(BNI unique abstract)] 3 references
Available in print at Heartlands Staff Library

Title: Advancing the evidence base for a standardized provider handover structure: using staff nurse descriptions of information needed to deliver competent care.
Citation: Journal of Continuing Education in Nursing, Jun 2012, vol. 43, no. 6, p. 261-266, 0022-0124 (June 2012)
Author(s): Adams, Jeffrey M., Osborne-McKenzie, Tanya
Abstract: Using existing gold standard structures to manage "handover" was a conceptual communication challenge for nurses involved in critically important shift-to-shift transitions in this study, which was conducted at a Central Coast California District Hospital. An extensive body of literature identifies poor communication as jeopardizing patient safety, quality, and continuity of care. Researchers who used the prevailing structures, Situation-Background-Assessment-Recommendation (SBAR), used by the World Health Organization (WHO), and the Communication During Patient Handover (CDPH), sanctioned by The Joint Commission (TJC), had difficulty categorizing content described by nurses as necessary to the delivery of competent care. This article describes a study that resulted in an alternative structure for handover, D-BANQ, which aligns with prevailing WHO-SBAR and TJC-CDPH handover structures and provides an easy-to-follow chronological format for the content that nurses identified as necessary to communicate during this important nursing activity. [Publication] 24 references
Available in fulltext at ProQuest
Title: Patients' experiences of privacy and dignity, part 1: a literature review.
Citation: British Journal of Nursing, Mar 2008, vol. 17, no. 6, p. 381-385, 0966-0461 (March 27, 2008)
Author(s): Whitehead, J, Wheeler, H
Abstract: 1st of 2 articles on patients' privacy and dignity, describing a literature review of research. Methodological approaches and results in different settings including acute hospitals, palliative care, rehabilitation and maternity care are described and study objectives, governmental pressures, the conceptual framework of the research and definitions of privacy and dignity are discussed. [BNI unique abstract] 45 references
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Title: Patients' experience of privacy and dignity, part 2: an empirical study.
Citation: British Journal of Nursing, Apr 2008, vol. 17, no. 7, p. 458-464, 0966-0461 (April 10, 2008)
Author(s): Whitehead, J, Wheeler, H
Abstract: 2nd of 2 articles on hospital patients' experience of privacy and dignity. Qualitative and quantitative research into patients' concepts of the terms and whether they felt that privacy and dignity had been achieved in a mixed gender ward is described. [BNI unique abstract] 34 references
Available in fulltext at EBSCOhost
Available in print at Solihull Staff Library, Heartlands Staff Library and Good Hope Hospital Library

Title: Meet the needs of older people.
Citation: British Journal of Nursing, November 2011, vol./is. 20/20(1316-7), 0966-0461;0966-0461 (2011 Nov 10-23)
Author(s): Tingle J
Abstract: The national report from the Care Quality Commission (CQC, 2011) detailed the findings of an inspection programme which looked at standards of dignity and nutrition in 100 NHS acute hospitals in England. The CQC carried out unannounced inspections at these hospitals in England between March and June 2011. Inspection teams were made up of CQC inspectors, a practising and experienced nurse, and an 'expert by experience' - someone with experience of caring or receiving care, trained and supported by Age UK.
Available in fulltext at EBSCOhost
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Title: Maintaining patients' dignity during clinical care: a qualitative interview study.
Citation: Journal of Advanced Nursing, February 2011, vol./is. 67/2(340-8), 0309-2402;1365-2648 (2011 Feb)
Author(s): Lin YP, Tsai YF
Abstract: AIM: This article is a report of a study undertaken to understand how nurses maintain patients' dignity in clinical practice.BACKGROUND: Dignity is a core concept in nursing care and maintaining patients’ dignity is critical to their recovery. In Western countries, measures to maintain dignity in patients' care include maintaining privacy of the body, providing spatial privacy, giving sufficient time, treating patients as a whole person and allowing patients to have autonomy. However, this is an under-studied topic in Asian countries.METHODS: For this qualitative descriptive study, data were collected in Taiwan in 2009 using in-depth interviews with a purposive sample of 30 nurses from a teaching hospital in eastern Taiwan. The audiotaped interviews were transcribed verbatim and analysed using content analysis.FINDINGS: Nurses' measures to maintain dignity in patient care were captured in five themes: respect, protecting privacy, emotional support, treating all patients alike and maintaining body image. Participants did not mention beneficence, a crucial element achieved through the professional care of nurses that can enhance the recovery of patients.CONCLUSION: In-service education to help nurses enhance dignity in patient care should emphasize emotional support, maintaining body image and treating all patients alike. Our model for maintaining dignity in patient care could be used to develop a clinical care protocol for nurses to use in clinical practice. Copyright 2010 Blackwell Publishing Ltd.
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Further Information

Multiple sources – websites, journals and healthcare databases – have been searched for evidence published in the last three months. For further information please contact Sue.Clayton@heartofengland.nhs.uk or ext 45195 (Solihull Hospital).

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