

LIAISE: Developing a staff led measure of perceptions of acute in-patient wards.

Content of the Topic Guide:

PATIENT CARE

CORE INTERVENTIONS

TEAM WORKING

CHANGE

SAFETY

ETHICAL ISSUES

What did the focus groups talk about?

Theme	No. of refs
TEAM WORKING (staffing)	936
PATIENT CARE	721
CORE INTERVENTIONS	526
SAFETY	406
MANAGEMENT	365
CPD	98
ETHICAL ISSUES	39



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The measure development process:

Research Aim:

We wanted to develop a measure of staff perceptions of inpatient care.

Literature Review

We looked at previous studies about nurses experiences of hospital care. This produced some ideas for a topic guide.

Reference Group:

Senior nurses identified major themes from their experiences of either delivering or receiving services. These were incorporated into a flexible topic guide for the focus groups.

Pilot Study:

A group of 8 staff met to discuss

and expand on the topic guides.

Focus Groups:

4 focus groups of 5-9 people met to discuss their experiences of delivering or receiving services. Each group met twice for the purpose of respondent validation. Focus groups were facilitated by nurse researchers, Caroline Laker and Mohammed Pujeh. Participants were paid £15 for each attendance. Retention at the repeat groups was 87%.

Analysis & Measure Creation:

Throughout the focus group process, each session was analysed using NVIVO software to identify key themes. The analy-

sis generated items which the groups considered to be most important. These formed the content of the questionnaires.

Expert Panels:

A draft measure was presented to 2 expert panels. The feedback was used to adjust, refined and reduced.

Reference Group:

The draft questionnaire was then presented back to the original reference group for feedback.

Feasibility Study:

40 members of staff were asked to complete the measure. The Index of Work Satisfaction Questionnaire was also completed for criterion validity.

FOCUS GROUPS - the results...

BED MANAGEMENT

Bed management was a major concern, with staff feeling under pressure to move patients who are not yet well enough to make room for new admissions. Staff reported feeling powerless.

MANAGEMENT

Some felt that the senior managers in the Trust are out of touch with what is happening at ward level.

CORE INTERVENTIONS

Most staff felt that ward activities were a positive and rewarding experience for patients and staff but they don't have time to do enough interactive work with clients. They reported a lack of consistency with activities due to other pressures such as finding enough staff to cover the shift

and paperwork.

PATIENT CARE

Staff commented on many aspects of patient care including physical healthcare, risk assessment, management and care planning. They felt that an increasing amount of emphasis is now placed on 'ticking the right boxes' rather than actual engagement time with the patients.

STAFFING

Staff reported great concern about staffing levels on the wards, feeling that current levels are not always sufficient to maintain safety.

SAFETY

Physical and verbal abuse were reported as commonplace on the wards with many feeling that unless a big incident happens not much support or attention is given

to it. This lowers morale.

TEAM WORKING

Staff reported feelings of camaraderie to their colleagues and commented on the need to feel part of a team to cope with the stress of the job! When the team is not pulling together it affects morale, motivation and patient care. Even one individual who is not committed to the job can affect everyone else.

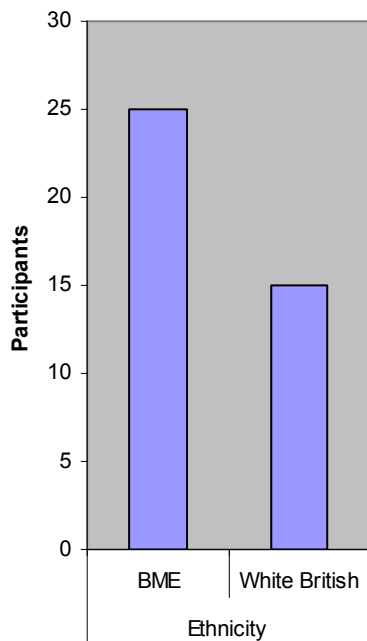
CPD

Staff felt that there should be more access to higher education training such as BSc's for nurses and nurse training for HCA's.

ETHICAL ISSUES

Staff commented on the stress involved in maintaining a balance between the resources that are available and 'best practice'.

Ethnicity



WHAT IS IN THE MEASURE?

After the expert panels had commented on the measure we were left with 24 items around the following recurring themes:

Patient Care

The balance between quality patient time and 'other tasks'.

Therapeutic Interventions

Staff are too busy; patients don't want to participate, interruptions and inconsistency are common.

Training

Not enough access to higher level training and regular supervision.

Management

Bed pressures, staffing and leadership issues.

Safety

Physical and verbal aggression.

Team working

Decision making, relationships between staff, communication.

There are 6 answer options, on a Likert scale from Strongly Agree to Strongly Disagree.

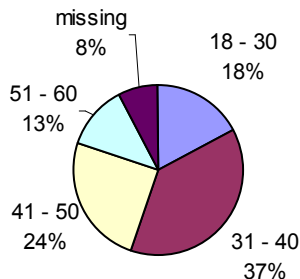
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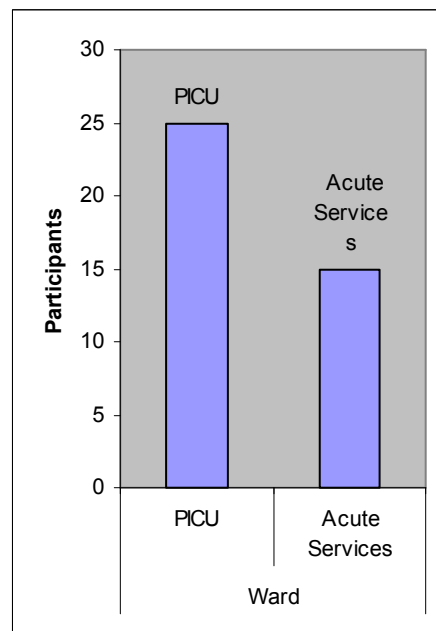
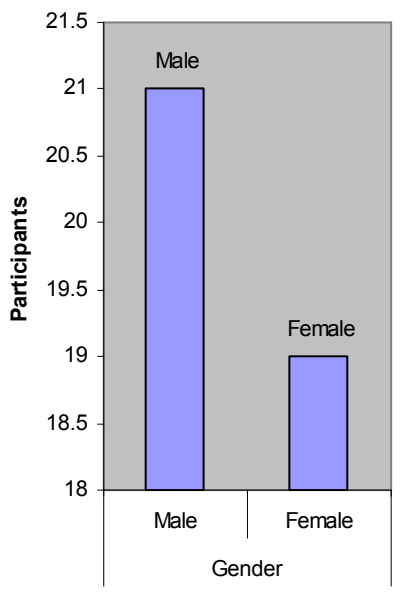
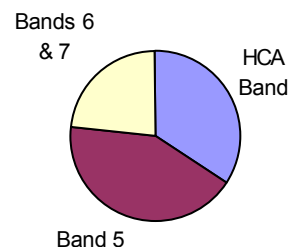
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Results of Feasibility Study

Age ranges of staff



Staff grades



What's next...

The questionnaire is now being given to staff as part of a larger project looking at improving the triage system and the therapeutic environment in acute wards.

Psychometric Testing:

Psychometric testing will be undertaken on a sample size of approximately 300, using 10 criteria including interpretability, acceptability and precision as well as the usual categories of reliability and validity.

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at the Maudsley

KING'S
College
LONDON

NHS

National Institute for
Health Research

THANK YOU!

A big thank you to everyone who has taken part in this project so far! It is fantastic that so many nurses have had a say in shaping improvements for the future.