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The sum of us. Implementing a Person Centred Care Bundle - A narrative inquiry

Ruth Harper (MA RN BSc)[a], Louise Ward (PhD) (Associate Professor)[b,*], Kate Silburn[c]

[a] Royal Melbourne Hospital, Melbourne, Parkville, 3050, Australia
[b] George Singer Building room 3/327, College of Science Health and Engineering, La Trobe University, Bundoora, VIC 3086, Australia
[c] Australian Institute for Primary Care and Aging, College of Science Health and Engineering, La Trobe University, Bundoora, VIC 3086, Australia

ABSTRACT

Aim: This study is a narrative inquiry that aims to better understand the experience of nurses implementing a Person-Centred Care (PCC) bundle onto an acute care ward in a large hospital in Melbourne, Australia.

Background: The PCC includes five key focus areas aimed at streamlining nursing practice 1) Nursing assessment and care planning, 2) bedside handover, 3) patient safety rounding, 4) patient whiteboards, and 5) safety huddles. The PCC bundle outlines a nursing care process that is interactional with the patient, focused on information sharing, safety and respect.

Method: A narrative inquiry was used to explore the nurse's experiences implementing the PCC. Surveys and focus groups were used to collect data and thematic analysis was used to identify any key themes.

Results: The three themes were; *Passing the baton*; *Keeping the cogs moving when time poor*; and *Deep interpersonal relating-The sum of us*.

1. Introduction

1.1. Person Centred Care (PCC)

Person centred care places the patient, their preferences, decisions, values and beliefs at the centre of their own care. PCC is thought to enhance patient dignity and respect (Graham, 2018; McCormack, Borg, Cardiff, Dewing, & Jacobs, 2015; Jangland, Teodorsson, Molander, & Muntlin Athlin, 2018). Evidence confirms that the implementation of PCC in acute care environments significantly improves outcomes (Chaboyer et al., 2016).

PCC has been implemented in a wide range of health care settings including acute adult intensive and critical care (Brumbaugh & Sodomka, 2009) and has been recommended as a strategy to improve care in settings where there have been investigations into poor care (Francis, 2013). Acute care environments can be complex and nurses are often re-prioritizing work on an hourly basis to accommodate an ever changing set of circumstances (Dillon, 2018). The acute care setting can be challenging due to competing workplace demands, patient acuity, time restraint and staff skill mix (Ward, 2011) and activities can be influenced by the culture and shared philosophy of the team, (Conroy, Feo, Boucaut, Alderman, & Kitson, 2017) and the level of support provided by preceptors and leaders (McCarthy, 2006).

Health care organisations consistently strive to improve service delivery in acute care environments however there are often many challenges to implementing PCC due to the conflict between health service management and nursing practice models (McCormack, 2004). Health service management is primarily focused on budgets, and key performance indicators (KPI) and the profession of nursing concerned with meeting individual patient needs at all costs (Innes, Macpherson, & McCabe, 2006). This conflict between management and nursing can often cause tension, slow process and inhibit change (Ward, 2011).

Recognising the benefits of Person-Centred Care on a busy ward can be challenging as the skills needed to provide PCC are often hard to observe or measure. Effective communication skills such as active listening, empathy and developing a therapeutic relationship are not always highly visible (Ward, 2011). Effective communication is however critical to the delivery of safe patient care. Poor communication can result in misinformation, misdiagnosis, inappropriate treatment and poor patient outcome (Australian Commission on Safety and Quality in Health Care, 2014). PCC requires nurses be adaptable and focused primarily on the patient at all times despite the often high workloads and at times unpredictable workplace demands (Rokstad, Vatne, Engedal, & Selbæk, 2015).

1.2. Person Centre Care Bundle

A Person Centred Care (PCC) bundle is 'a small set of evidence-based interventions for a defined patient segment/population and care setting that, when implemented together, will result in significantly

* Corresponding author.
E-mail addresses: ruth.harper@mh.org.au (R. Harper), louise.ward@latrobe.edu.au (L. Ward), k.silburn@latrobe.edu.au (K. Silburn).

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Table 1
Key strategies elements in the Person Centred Care Bundle.

1. *Patient safety rounding* – encourages nurses to proactively ask patients about their pain, toilet needs, positioning, personal needs and plan of care and is performed hourly during the day and when appropriate at night (Mitchell, Lavenberg, Trotta, & Umscheid, 2014)
2. *Bedside handover* – aims to improve patient handover, engage the patient in it and reduce the risk of miscommunication, misunderstanding and omission of critical information (Messam & Pettifer, 2009)
3. *Patient whiteboards* – are where important information about patient care are written and are a tool to support communication between patients, families, carers and health professionals (Sehgal, Green, Vidyarthi, Blegen, & Wachter, 2010)
4. *Nursing assessment and care planning* – aims to strengthen the assessment, planning, implementation and evaluation of nursing care in collaboration with patients and multidisciplinary team members (Duff, Gardiner, & Barnes, 2007)
5. *Safety huddles* – are routine structured short briefings to give frontline staff and bedside care-givers opportunities to stay informed, review events, make and share plans for ensuring well-coordinated safe care.(Provost, Lanham, Leykum, McDaniel Jr, & Pugh, 2015; Safe & Care, 2015)

better outcomes than when implemented individually' (Resar, Griffin, Haraden, & Nolan, 2012). The PCC Bundle has five key focus areas, patient safety rounding, bedside handover, patient whiteboards, nursing assessment, care planning and safety huddles (Table 1). The PCC bundle is intended to create daily check points where nurses engage with patients to address their needs and through mindful engagement improve the delivery of safe and reliable nursing care (McCormack et al., 2010). The key focus areas of the Person-centred Care bundle create brief opportunities for meaningful interactions and reflection (Merlin-Brogniart & Provost, 2015).

1.3. This study

This study was a narrative inquiry that aimed to better understand the experience of nurses implementing a Person-Centred Care (PCC) bundle onto an acute care ward in a large hospital in Melbourne, Australia. Implementing the PCC bundle was thought to provide a care delivery framework and a formal process of engagement between nurse and patient. Prior to the implementation of the Person-Centred Care bundle on this ward, patient centred care was dependant on the nurse taking the initiative to establish an effective partnership with the patient and the care team.

Narrative inquiry is an interpretive, research method that can provide valuable insight into lived experience through stories and information sharing (Webster & Mertova, 2007). Narrative inquiry explores the physical, social, and cultural environment that impacts individual experience (Haydon, Browne, & Van Der Riet, 2018). It can provide critical intelligence into the needs, perspectives and experiences of those receiving and providing care. Adopting a narrative approach allows for the research participants voice to be heard, and a rich description of their experiences, and a deeper understanding of the phenomena being investigated to be achieved (Gordon, Rees, Ker, & Cleland, 2015). Through a process of narrative inquiry, a natural process of storytelling, the research participants were able to share their experience, describe and define the cultural context of the workplace environment (Smeltzer & Vlasses, 2004; Laird, McCance, McCormack, & Gribben, 2015).

2. Method

This narrative inquiry involved a two-stage process. **Stage 1: Data collection** (outlined below) was to obtain narrative (data collection) from nurses working on the acute ward where the PCC bundle was implemented. **Stage 2: Thematic analysis** (outlined below) was to engage the same nurses in the (data analysis) process, identifying key themes and trends in the narrative. The study was approved by the hospital human research ethics committee, application number was QA2017082.

2.1. Stage 1: data collection

The study was promoted through a secure Facebook page that the nurses regularly used on the ward to communicate with each other, and via an email sent out by the Nurse Unit Manager. The face book page and the email invited nurses to participate in the study. Those who agreed to participate were asked to respond to the research question: *If you were talking to your colleague about the implementation of the Person-Centred Care bundle on the ward – what would you say?* either in writing-through an online or paper-based survey or by attending a focus group. Twenty-six surveys were completed, and 16 nurses participated in the focus groups. To note, the surveys were anonymous therefore the same nurses who completed the survey may have also attended the focus groups. The age range of nurse participants ($n = 16$) who attended the focus groups was between 22 and 56. Of these participants 5 had less than 5 years' experience as a nurse, 2 had over 25 years and 9 participants had between 2 and 12 years working as a nurse.

At the 1st focus group nurses were given the option to answer the research question and share their stories, experiences on post it notes' or through discussion. All participants chose to respond verbally. They were prompted to expand on their answers and describe their feelings and thoughts in relation to the question. The researcher scribed notes as the nurses shared their stories and responses. The data from the surveys and focus group was de-identified and collated by the researcher to form one collective written narrative. As defined by Haydon et al. (2018) meetings between participant and researcher are critical during the data collection phase of narrative inquiry. A researcher/participant relationship built on trust, openness and respect will result in the data having greater depth (Haydon et al., 2018).

2.2. Stage 2: thematic analysis

At the 2nd focus group the nurses were asked to confirm the collective written narrative as accurate and discuss and engage in a data analysis process. The nurses were asked to look for themes. Together the researcher and nurse participants commenced highlighting key words, repetitive responses, similarities, differences and any reoccurring patterns. The researchers and participants worked with the data discussing any emerging issues, coding and forming categories. Each category was then discussed, and recategorized until agreement on each theme was achieved. Involving participants in the data analysis process demonstrated a process of reflexivity, trustworthiness and research credibility. Regular checking of stories It ensures that the data was represented accurately, and the finding of the study were correct and informed by evidence.

3. Results

The nurse participants in this study grouped their answer to the research question: *If you were talking to your colleague about the implementation of the Person-Centred Care bundle on the ward– what would you say?* into three key themes: (1) Passing the baton; (2) Keeping the cogs moving when time poor; and (3) Deep interpersonal relating – The sum of us. The themes developed by the nurses are presented below.

3.1. Theme 1: passing the baton

The first theme to emerge was 'passing the baton'. Passing the baton was thought to represent a 'team in motion', 'working together', 'running the same race', 'being part of a team'. The nurse participants clearly articulated that using the PCC bundle on the ward 'helped to keep things running smoothly'. The nurse participants articulated 'how' and 'when' they used the five key elements of the *Person-Centred Care bundle* in line with the theme 'passing a baton'. Like a relay race, each

team member was seen to move the baton (or task) between each other during a shift until all tasks were completed. Using a metaphor such as a relay race to describe the nurses interacting with the PCC bundle implies that every nurse is essential to the process, each individually contribute to the outcome and together as a team they felt they were able to complete the race.

Bedside handover was thought to be a 'starting point' for 'Passing the baton' it was considered 'critical to moving information between the team'. Participant 1 noted that the process of the bedside handover was:

'*It's like how we share information, we pass it on.*'

Participant 3 confirmed the consensus of the group saying;

'*I'd say the PCC is the process we follow, it's a cycle and in that cycle we rely on each other to provide handovers that builds on what we know and alert us to any immediate issues, changes or follow ups, we then share continue to share that information with the team*'

Participant 4 stated;

'I think the PCC allows more time to spend with the patient and it provides a way of the patient contributing to their care planning process.'

The safety huddle (another element of the PCC bundle) was recognised by all nurse participants ($n = 16$) as a short 'catch up' with the team, at which issues, concerns or incidents could be discussed. It was viewed as a check point across rostered shifts and was held at a time of day when those on both early and late shift allocation could attend. The nurse participants felt that the huddle also represented the start and finish of things. Participant 7 said:

'The PCC allows for great continuity of patient care AM to PM. One of us checks in and the other checks out!'

Participant 8 described the huddle as an essential element of the PCC bundle;

'Casual bank staff/students/and staff all huddle, we're in it together and it is this coming together that keeps the team coherent'

The participants ($n = 6$) commented that the PCC bundle allowed for team discussion. Participant 1 said;

'*You can ask each other questions and receive immediate feedback. This is so important on a busy ward. The PCC bundle provides a STOP gap.*'

The nurses considered the safety huddle to be part of '*passing the baton*' '*keeping things moving*'. They found the safety huddle valuable albeit at times it was not reflective of positive workplace practices but instead included critical feedback, and ideas for improvement. Participant 11 reported;

"I would like more positive 'good job team' feedback but I understand it's about making sure we talk about what could be better. To make sure we are progressing and continually striving to meet the patients' needs."

'*Passing the baton*' illustrated a ward '*feedback loop*' that was always in action, moving information from nurse to nurse at critical times throughout the day and then back via the patient at the bedside.

'If the ward is busy, there is comfort in knowing that the team will support you and if you are the person who is 'under the pump' there is an understanding that someone will have your back. You can pass the heavier task on. Someone will always share the load to keep the team on track. So having the PCC bundle is helpful, it supports us to do our best for our patients'

Bedside whiteboards were also considered as incredibly important element of the PCC bundle and part of the act of '*passing the baton*'. Participant 4 referred to using the whiteboard as a form of accountability;

'I think the whiteboard is an important part of the PCC. Putting our name on the whiteboard at the start of our shift is important, it shows we care, it sets us up well with the patient. It is always a good starting point'.

Participant 4 also referred to the patient being part of the team, and critical to the them '*passing the baton*';

Patients can ask family to write up questions, patients can pop up reminders in regard to their own care planning, so the feedback loop is always in motion.

This process is further described by a nurse participant who stated;

'*We put appointments or discharge information up*' and then '*we change the whiteboard/every shift and the whiteboard is cleaned. Everything is always changing but this way we know we finish what we start.*'

3.2. Theme 2: keeping the cogs moving when time poor

The second theme to emerge was, '*Keeping the cogs moving when time poor*'. The nurse participants were unanimous that being '*time poor*' was a theme that illustrated the complex relationship they had with the *PCC bundle*. Again, the participants aligned this theme to the concept of '*keeping things moving*' and '*making progress*'. They were however able to attempt to describe the constraints that limited their ability to fully interact with the *PCC Bundle*. They explained that engaging all of the elements of the PCC bundle was challenging when they were '*time poor*' and when '*time poor*' they reported having to choose certain elements of the bundle that could best suit their patients' needs. Participant 1 provided the following example;

"if medication administration takes longer than expected for example on a morning shift then we may need to reprioritise our work throughout the day which could mean that we need to 'trade off' some of the elements of the PCC bundle".

The nurse participants felt very strongly that this '*trade off*' did not impact on patient safety as the whole team understood the challenges around being time poor and all participants ($n = 16$) were able to express how they rallied around to ensure the patients received the care required. Many participants spoke about how being '*time poor*' impacted most often on the use of the whiteboards. Participant 14 claimed;

'I appreciate the PCC bundle, but nurses are sometimes time poor-and when we are, we don't keep up with the whiteboard. When we are busy, we don't look at the whiteboard'

Participant 2 confirmed this stating;

'When we are time poor the white boards get bare minimum attention but that doesn't mean we skip anything-or provide less care. We always have our eye on our patients'

There was also the indication that being busy resulted in the care planning component of the PCC being left to last. This element of the bundle was a compliance driven document so when the team was '*time poor*' the care plans were also considered '*trade-offs*' in order to '*keep things moving*'. Participant 5 said;

'When we are busy the care planning is not done well, we minus out the writing down, because we can get time poor'

Comments below further illustrate the impact time has on care planning and how the team interacts with care plans on the ward;

'When we are time poor and racing from task to task no one really stops to read the care plan because we are too busy. Instead of stopping we will catch up in the huddle or at the bedside handover'

It is well recognised that nurses feel they are constantly juggling priorities but the consensus in the team was that the PCC bundle provided

structure in a complex environment. Nurses working in partnership with the Person-Centred Care bundle required a degree of situational awareness to make good patient care decisions, (Fore & Sculli, 2013). As Participant 12 said;

> 'It's really knowing what has to be done as a priority and what could possibly be left until later'

This theme demonstrates that there were potential '*trade-offs*' when working with the PCC bundle. When there was a significant need to '*keep the cogs turning when time poor*', the most frequent '*trade off*' discussed by the nurses was white boarding and the care planning.

3.3. Theme 3: deep interpersonal relating: the sum of us

The third theme identified by the nurses and considered extremely important was *Deep interpersonal relating: The sum of us*. This theme was thought to represent the strength and value of collegial relationships. The nurse participants linked the PCC bundle to their '*knowing of each other*' and '*how we work together effectively*'. The participants referred to their collegial relationships as '*tight*' and '*strong*'. The participants ($N = 16$) all agreed that they '*had each other's backs*'. The PCC bundle was implemented to support person centred care between nurse and patient, interestingly this research highlights that the PCC bundle also contributed to a person-centred care approach- nurse to nurse. The participants ($n = 12$) considered their collegial relationships as critical. This theme represents the participants (n = 12) reporting '*feelings of connection and belonging*'. They believed the success of their ward and the quality of the patient care provided was based on the care they provided each other. The participants (n = 12) felt that this theme of '*deep interpersonal relating*' had been strengthened by working together with the PCC bundle as the bundle required a team approach. It required the nurse's participants to '*get to know each other well*' and '*to develop a level of trust and confidence in each other*'. Participant 9 said;

> 'My work colleagues are like my family; we are really tight. We can depend on one another. We have each other's backs. The PCC requires we work together, even more than we did before working with a PCC. Having a PCC framework means you can't just go off and work on our own, we have to be accountable to who follows us on'

This theme highlights a strong sense of team cohesion and collegiality. Conroy et al. (2017) attests that a high level of trust and good relationships are critical for the delivery of good patient care. Participants identified that nursing in an acute ward could be considered stressful however they felt that the PCC bundle collegial relationships made the job easier. Participant 10 stated;

> 'We can make the work we do fun, we can involve the patient, keep a sense of humour. This keeps things lighter and that is good'.

The participants all reported that the work environment and the way staff were allocated to patients was well managed and confirmed they received adequate support to cope with the stressors. Receiving rosters that were '*fair*' and '*considered*' was thought to reduce stress. Rostering was described as a predictor for work life balance. Participant 16 said;

> 'Knowing your roster and getting your requests make life easier. You can plan. Funny thing is that we go out together when we're not working so we end up spending a lot of time together. We know each other well'.

A stressful nursing environment can result in teams losing their ability to support each other as they become tired and less able to cope with the large number of tasks and decisions they need to make each shift (Aiken et al., 2017). We know that shifts can negatively impact nurses and research demonstrates that strong support from the team and leaders can help nurses cope (Gifkins, Loudoun, & Johnston, 2017). The nurse participants (16) reported that their leadership on the ward was supportive and dynamic. They all reported that the leadership on the ward provided opportunity for the team to thrive.

Participant 15 expressed the groups sentiment;

> Our leader is also a team member, they're in this with us. They work the floor, they know us, and our stressors. They lead by example.

The participants reported having deep interpersonal relationships with the nurses they worked with, that included their leader. They declared strong friendships. They made comment in relation to professional accountability and expressed a responsibility to the team. The participants resolved that '*the sum of us*' captured the way they in which they worked. Together they could ensure the Patient Centred Care bundle was supported and maintained.

4. Discussion

Gaining a better understand of nurses' experiences of implementing the Person-Centred Care Bundle on an acute ward in a metropolitan hospital in Melbourne has uncovered important points for considerations and in turn identified key strategies to address challenges in the environment. It was acknowledged that everyday nursing practice on an acute ward remains difficult and complex due to the nature of the job (Ross, Tod, & Clarke, 2015). Implementing the PCC bundle as a small set of evidence-based interventions was to ensure patient safety through a series of brief opportunities for meaningful interactions and reflection during a shift (Provost, 2015). The PCC extends on the nursing process of assessment, diagnosis, planning, implementation and evaluation a systematic approach to individualised patient care (Long & Day, 2018) as it includes an intuitive aspects of nursing care and requires a team response. The PCC bundle also builds on task-based nursing care that involves a top down approach where the nurse in charge allocates duties associated with experience. This research confirms that implementing a PCC bundle onto an acute ward environment places the person at the centre of care provision and encourages their active participant in decision-making (Graham, 2018). This philosophy influenced the ward culture in which this study took place and was thought to strengthen and improve collegial relationships and the effectiveness of the nursing team. This research identified the PCC bundle as a framework to follow with a focus on patient needs and expectations. What is also clear from this study is that individual patient interactions can significantly impact on nursing care forcing the PCC bundle to be managed differently. The study revealed that when a patient required time consuming treatment it meant there would be '*trade offs*' and the Person-Centred Care bundle would not be completed in its entirety. The findings indicate however that in an environment committed to the PCC bundle, an effective team could keep the PCC bundle buoyant and 'in motion'.

Identifying collegiality and effective teamwork was considered a strategy to meet the challenges associated with working with the *PCC bundle*. 'Being there' for each other and 'having each other's backs' was considered paramount to ensuring all patients received the care they required – being time poor could result in not all PCC elements being complete but supporting one another meant tasks could be handed over in a supportive manner and the patient would receive the care required. Research demonstrates that good trusting relationships enhance nurses' ability to perform and stay motivated (Okello & Gilson, 2015) and collegiate presence as defined by (Broadbent & Moxham, 2014) 'can be considered a relationship between two or more professional individuals or groups who share a common work focus that is enhanced by both parties being mindful of the other' (p 228). The participants unanimously considered the PCC as an important framework to work with to ensure patients received a high standard of care.

4.1. Limitations

The limitations of this study include the following;

- One acute ward studied
- Team of nursing staff who have worked together for a long time – some 15 years or more
- Focus groups could have limited the nurse's responses as they may have been influenced by those around them

5. Conclusions

The nurse participants shared their experience implementing the *PCC bundle* onto an acute ward in a metropolitan hospital Melbourne. They clearly identified collaborative practice within the clinical team as critical to the success of the PCC framework. They reported that compliance (to all the elements of the *PCC bundle* on a shift) was not always possible, but that this '*trade off*' (to not engage the bundle completely) did not translate into poor patient care. The nurse participants identified a team approach to activating and operating the PCC bundle and were resolute that the patient care they provided was only possible because of the trust, respect and unwavering support they had for each other. The study has several implications for nursing managers, and registered nurses working with the PCC bundle. Managers tend to focus on compliance of process due to the ease with which the KPI compliance can be measured however by listening to the nurses; a better understanding of their experience can be achieved. In the wake of Covid-19 it has never been more important to better understand nursing practice in the acute care environment. This study explored the experience of nurses implementing a Person-Centred Care (PCC) Bundle on a busy ward in Melbourne, Australia. Findings indicate that the PCC bundle provided a strong framework for nursing practice and an effective way to ensure high quality patient care and safety.

Relevance to Practice

- ✓ The PCC bundle is believed to be vital for good quality care
- ✓ This study revealed that the nurses valued strong collegial relationships
- ✓ Recognition that a task is patient focused and may take a long time to complete going in a nonlinear direction and that's OK
- ✓ Trust and support of one another is important to the effectiveness of the work environment.
- ✓ Person Centred Care bundles do support Patient Centre Care.

Author statement

Thank you for providing this opportunity to rework and refine our paper.

We have made many changes based on the feedback from both reviewers.

I have provided any changes made in highlight and provided a clean copy of the article.

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