Using emotional touchpoints to understand experiences and their impact on practice

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Short overview of Leadership in Compassionate Care Programme

• Aims for today
  – Share stories about career development
  – Present an overview of the method of emotional touchpoints
  – Discuss challenges and opportunities of using this method to learn about experience
  – Demonstrate and experience the use of touchpoints
  – Discuss and explore how the process leads to action
  – Consider how your learning and the possibilities of putting this method into practice
Very much a ‘joined up’ programme
Aims of LCCP

• Embed compassionate care in practice and pre-registration nurse education
• Identify what it looks like (working framework)
• Develop practice
• Develop metrics / evaluation / measurement
• Develop a transferable programme
4 Project Strands
Newly qualified strand

Beacon strand

Undergraduate strand

Leadership strand

Beacon Wards - 4

Development Sites - 4

Development Units - 4
Theoretical approaches adopted

Action research approach

Relationship centred care

Appreciative inquiry
Compassionate care measurement processes.....thus far

• Toolkit based on key themes identified from CC data generated by patients, relatives, staff
• Practice development processes have dual purpose: both an intervention and an outcome
• Evaluation of action projects leading to enhanced measurable CC practice
• Evaluation of positive care practices
Learning about others experiences

- Stories recognised as valuable tool to learning about experience
- Using visual tools and exploring how people feel is valuable (Murphy et al 2005)
- Analysis of discovery interviews highlighted lack of probing, and limited focus on emotion (Bridges 2008)
- Listening to stories without prompts can be time consuming
Background

Experienced based design

• 2 elements
  – Participatory
  – Experience

Bate and Robert (2007)
Experienced based design

• Important to find out how well people understand the service and how it feels to use it

• Leadership is shared with staff and patients

• Patients are informants/guides rather than interviewees
Experienced based design

• Emotions tell a story

• The experience of giving the service is as important as receiving it

• Emphasis on co-design – balance needs to be sought between being guided by users needs rather than being driven
Leadership in Compassionate Care
Enhancing patient care by promoting compassionate practice

- The routine on the ward
- Meal times
- Happy
- Respected
- Going for tests
- Curious
- Encouraged
- Appreciative
- Being with other patients
- Being up beat
- Cared for
- Enthusiastic
- Sleeping here
- Safe
- Included
- Medics rounds
- At ease
- Calm

NHS Lothian
Edinburgh Napier University
What happens in the process?

• Consent
• Learning skills – working alongside
• Time 20 minutes – hour
• Typed up and fed back within 24 hours
• Shared with ward staff and action plans developed
Challenges of the process

- Who do we ask to hear a story from?
- Hearing the negative
- Knowing how to react when people discuss aspects of their life or care that are distressing
- Emotional investment
- Prioritising time
- Valuing the process alongside other measure of effectiveness
- Sharing the story with others
Benefits

• Participant has some control over the direction the discussion takes
• Can help the storyteller to go beyond bland statements of –’that was good’
• Challenges assumptions
• Seeks feedback that is based on the persons emotional response to a situation and cannot be disputed
Benefits

• Elicits both positive and negative emotions
• Method does not directly focus on blaming the service
• Possible therapeutic benefit
• Recognises and reinforces good practice
• Helps to develop a language to articulate excellent practice that can be shared with others
Helps us to hear the special ‘invisible’ acts of good caring

‘My mum needed the loo and I told somebody – they said this was not a problem and asked me to wait outside. I could hear them outside the room and they were chatting away to mum at her level – they were having a laugh together and sharing things. I felt proud as the staff had probably heard what she was saying so many times already but they reacted as if they had heard what she was saying for the first time. This felt good.’ (Relative story)
Helps us to understand the outcomes of our actions

‘There is a lot of banter here. You have to take part in all that – because that’s the way it happens. Basically staff are looking after people who are dying – it is not easy for them and the banter can be a bit of a release. I like the banter. Its part of feeling they trust me. I feel privileged and accepted that they include me in the banter. You have to be careful though – I don’t think I would start it but I can join in.’ (relative story)
Helps us to celebrate what works well

‘One thing that I will never forget was one of the nurses at the end when mum had died. That young lady was amazing. I was kneeling at the bed and the nurse came round and said would you like me to say a prayer – it was beautiful. Where it came from I don’t know. She did it so nicely – she had her hand on my mum and said these words – it was amazing and something that I will never forget. I know it’s not something that everybody would want but the nurse knew her – she knew how strong her faith was. It’s funny because praying for somebody in such an open way is not something we all can do or feel comfortable with. The nurse realised though that it was totally fitting to the situation – I will remember this forever’ (Relative story).
I am amazed - this story is me – I have never spoken to others in this way – even my family they don’t know how I feel. I enjoyed doing this. I was so worried before doing this I didn’t know what to expect. I am glad I said this and I am glad I have this story. I can share it with my family to tell them how I feel - something I have not been able to do. (Patient story)
Key Points

• Help to emotionally engage with patients and families and to understand experience at a deep level;

• Provide a realistic way in which patients and families can be involved in service design;

• Ask practitioners to take emotional risks and therefore people need to be supported in carrying out this work

• Help to uncover aspects of compassionate caring practice that are not easy to define.
A Story from Practice
Some actions
Staff and relatives developed an information leaflet for relatives attending the hospital at night

Feedback sought on a regular basis in 2 main ways:
1. Feedback cards – what have we got right for you and what would help to make your experience better
2. Use of emotional touchpoints to hear people’s stories about experience

Positive caring practices developed
Moving the story to action workshop - Key questions

- How did this make you feel?
- What did you think was positive about what you heard?
- What do you think were the challenges and how would you overcome these?
- What do you think are the practical issues of organising and managing this process and how would you approach this in your area?
- What do you think about identifying and implementing actions and what would help to achieve this?
Questions about what you have heard so far

Next a demonstration of touchpoints
Doing your own touchpoint story
Some questions

• What are the risks and benefits of this type of work?
• How could this type of method be integrated into the everyday work of practitioners?
• What possibilities are there for using this type of work in other organisational processes?
• What support would you need to carry out this type of work?
References

• Dewar, B. Mackay, R. Smith, S. Pullin, S. & Tocher, R. 2010 Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting. *Journal of Research in Nursing* 15,1,29-41.
