Exploring how small acts of friendship encourage human flourishing on medical wards for older people

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Exploring how Small Acts of Friendship encourage human flourishing on medical wards for older people

Abstract

Background

Small Acts of Friendship is a project to help older people in an acute National Health Service (NHS) hospital have a more humane experience.

Aims and Objectives

This research aims to explore how the Small Acts of Friendship project encourages human flourishing on wards for older people (using Dewing and McCormack’s (2017) framework for a flourishing workplace). We include the barriers and emotions brought up by such a project, as well as looking for evidence of flourishing and a flourishing workplace.

Methods

We used the qualitative research method of experience based co-design to set up and evaluate the project. Data consisted of interviews and observations with staff, relatives and patients involved in the project. We analysed data using comics as a tool for an iterative, deep analysis.

Results

Our results show how staff and patients responded to the project. We have aligned these responses to stages within Dewing and McCormack’s (2017) framework. There was one area where we found that the Small Acts of Friendship project had resulted in a change in culture towards person-centred care.

Implications for Practice

- Reflecting on the project brought out emotions which might ordinarily be under the surface of practice for staff who look after older people, they should be supported.
- Hospital wards for older people can make changes towards a flourishing workplace through a project such as this.
Keywords

Friendship; Flourishing; Culture Change; Experience based co-design; Comics; Graphic Medicine; Older person

Introduction

Situating our research in the real world

Hospital wards for older people can be difficult places to stay. Among the moments of hope and comfort, there are also negative emotions (such as fear and loneliness) which can be brought out by older people being in hospital. Despite hard-working, conscientious practitioners, the little things sometimes have to be neglected in favour of treating the life-threatening or getting people home quickly. Typically, patients on wards for older people are frail (Clegg et al., 2013) and have so-called “frailty syndromes” (Royal College of Physicians of London, 2012) such as reduced mobility, falls and delirium.

The four wards for older people we refer to in this paper are in a large, acute NHS teaching hospital. These wards are in one of the oldest buildings still in clinical use in the NHS, they are recognised to present significant challenges to delivering care (Care Quality Commission, 2014). During hospital admission, patients are often treated quickly for their acute medical problems but we noticed from our local data on length of stay that some have longer-than-expected hospital stays while waiting for appropriate and safe discharge plans to be in place. This has been noted across the NHS (NHS Improvement, 2018a). Before we started this project there were anecdotal accounts of limited social interaction available for these patients, family or friends might only visit for a short period, and staff were often tied up with essential work. We noticed that general health and well-being could decline over their stay, a phenomenon known as deconditioning (British Geriatrics Society, 2017), where functional abilities are lost due to relative inactivity in hospital. There are many projects ongoing to try to reduce length of stay (NHS Improvement, 2018a) but fewer which address the experience of patients during their stay.
In 2017, an opportunity arose for funding from a charitable organisation to change our wards for the better. Members of the “Friends of Brighton and Hove Hospitals” (The Friends) charity approached clinicians from the department of medicine for older people saying that they wanted to start a new project on the wards for older people. They were clear that this project should align with their aims of improving the well-being of patients. The clinicians looked to the literature for other projects with similar scope. We learnt that involving staff as well as patients, and using quality improvement methods were key parts of successful interventions (Cornwell, 2015). We also discovered that Experience Based Co-Design (EBCD) (Locock et al., 2014) was developed in response to these findings.

When thinking about a new project we were aware of “change fatigue” in the NHS (Ballatt and Campling, 2011) which means that new initiatives are sometimes treated with scepticism or even suspicion, we wanted to mitigate for this by focussing on staff engagement and involvement. We wanted this intervention, which we call “Small Acts of Friendship” to allow practitioners and patients to flourish. In the next 3 parts of this article we set out the principles of EBCD, outline our theoretical standpoint regarding flourishing and explain the components of the Small Acts of Friendship project.

**Experience based co-design**

We investigated various quality improvement methods used in the NHS (NHS Improvement, 2018b). We looked for a method with the right scope, which involved the right balance of action and reflection and which was practical in this context and timeframes. EBCD (Donetto et al., 2015) was chosen as the most appropriate method for the development of this project because of the emphasis on the involvement of patients, relatives and ward staff. We wanted to ensure that what was designed and implemented was needed, wanted, and appropriate for these groups.

EBCD, developed within the NHS, is a narrative based participatory approach to research and service improvement (Point of Care, 2019). It has become widely used to develop and improve services across the UK and internationally, and has been used within our hospital with success previously (Locock et al., 2014).

The Point of Care Foundation suggests that EBCD results in sustainability. They have demonstrated not just improvements within the projects, but also greater patient
participation in wider service development, better communication and collaborative working (Point of Care, 2019). Countering this, Clarke et al (2017) undertook a rapid evidence synthesis of co-production including EBCD and concluded there was a dearth of robust evaluation of the effectiveness of using these methods in the acute care setting. Despite the uncertainty around levels of evidence, we decided that this approach was best for this project.

The structure of the EBCD approach is shown below, reproduced from Donetto et al (2015)

Figure 1: The six stages of the EBCD approach (Donetto et al., 2015)

The whole EBCD journey can take up to a year with a period of discovery (before any interventions occur). The process uses interviews and observations as well as encouraging creative processes such as films based on these interviews. These can be used in later aspects of the process to trigger discussions around particularly emotional times during a patient journey. These discussions can develop into further ideas for change (Point of Care, 2019). We based our methods on this process.

Situating our practice theoretically

The research team is a group of 3 clinicians (2 doctors and an occupational therapist) who practice within a wider team of doctors, nurses, therapists, administrative staff and volunteers, all working on the wards for older people. One of our team (PO’S) is the coordinator of the Small Acts of Friendship project. Inspired by the original brief from the Friends Charity we thought about ways to enhance well-being for patients on the wards for older people. The theories set out below became the rationale for the project.

To understand the concept of well-being further we turned to the work in positive psychology done by Seligman (2012). Seligman conceptualises well-being as consisting of 5 elements: Positive emotion, engagements, relationships, meaning and accomplishments. Seligman’s theory states that these are the elements which allow human beings to flourish.

The idea of human flourishing was appealing to us in the context of this project as it is a verb, an action, rather than an adjective or description. This fit with the agenda to actively change what was happening on the wards through EBCD. Transferring Seligman’s concepts to a healthcare education context, we were struck by the work of Dewing and McCormack
describing how practice developers might understand concepts around human flourishing. They use these to imagine and move towards creating a flourishing workplace. They build on the work of Seligman (2012) and Gaffney (2011) on the conditions for human flourishing, adding elements beyond the personal, individual experience and broadening flourishing to encompass a culture (such as on a hospital ward). In this way they allow flourishing to be grounded in the social world of life in hospitals. Dewing and McCormack state four assumptions required for movement towards a flourishing culture (Dewing and McCormack, 2017, p 154). These are:

- Movement towards an inclination for flourishing.
- Movement away from patient-centredness towards person-centredness as central to achieving flourishing for all individuals, teams and workplaces.
- Movement away from external rewards to internal rewards for individuals and teams in being person-centred.
- Movement away from a technical focus on efficiency and effectiveness and its measurement towards an integrated system of virtuous practices and evaluation.

We recognised these assumptions as the underpinning rationale for the discussions around the components of the Small Acts of Friendship project.

**Small Acts of Friendship: components**

Small Acts of Friendship is a project to improve the experience of people during inpatient stays on wards for older people in the hospital. It has three main components - a coordinator, group activities and individual interventions. In this section we will explain the components and how they link to the theory set out in the previous section.

Our first action was to appoint a coordinator. She is a key component of the project as she is able to:

- Undertake practical tasks to enable the project to work (such as buying and maintaining equipment, training volunteers, budget management)
- Establish relationships with staff, patients and relatives on the ward
- Liaise with the Friends charity and outside agencies
- Evaluate the practices within the project (through EBCD)
• Research the impact of the project

The rationale for this role comes from the assumption (Dewing and McCormack, 2017) that to enable human flourishing we should move towards an integrated system of virtuous practices. The coordinator is the one who ensures integration and evaluation.

The second component of the project is group activities. These are mainly run by trained volunteers and vary depending on who is available, what space is available and feedback from patients, relatives and staff. Examples include discussion groups, poetry groups, arts and crafts groups and working with plants. We also encourage patients and staff to gather to eat cake and drink tea together once a week. These activities have clear links to the rationale around the conditions for flourishing – for example relationships are established and enhanced by group activity and accomplishments might be present when a patient is able to show a relative an artwork they have created or a seedling they have grown. Also this is movement towards practices that encourage flourishing.

The third component of the project is individual interventions. These can be in the form of music, with musicians playing music selected by patients at their bedsides. We also have hand massage and hair washes, by trained practitioners. These interventions are intended to be person-centred and allow people to experience some positive emotions. Individual conversations and reminiscence might allow patients and relatives to make meaning from what is happening to them in hospital.

The interventions and practices within these components have changed over the course of the project as we grow to understand what works well and what is less successful according to patients, relatives and staff.

**Aims**

The primary aim of our research is to explore how the Small Acts of Friendship project encourages human flourishing on the wards for Older People.

The questions underpinning this are:

1. What underlying emotions and ways of thinking might represent barriers to flourishing within the project?
2. Can we find evidence of flourishing related to the project?
3. Can we find evidence of movement towards a flourishing workplace on any of the wards?

Method

Research orientation and ethical issues

We position ourselves as practitioner researchers (Dadds, 2008), exploring our practice to understand and improve it. Ontologically we are relativists (Denzin and Lincoln, 2005), believing that the world we are studying (that of humans, relationships and flourishing) is subjective and made socially. We believe we can know this world through understanding how it is constructed and experienced by humans, epistemologically therefore we are taking a constructionist approach (Denzin and Lincoln, 2005).

This theoretical underpinning fits with the principles of experience based co-design, in that we use the recorded experiences of people on the wards to construct narratives and images which represent these experiences. We then link these experiences to theory and use them to inform change to the project.

An outline of our project was reviewed by members of the hospital ethics committee and we were informed we did not need formal ethics approval for this project. We found this problematic as we are aware that interview and observational data involves risks to the participants. These risks include possible exposure of views or narratives which participants would not want in the public domain. We mitigated for these risks by fully explaining the research process and possible outcomes to participants All ward managers and ward staff involved were aware of the project via verbal communication and posters explaining the purpose and possibility of observational data being used for publication. All participants who were interviewed gave written consent to their words being used in our research, via a consent form adapted from the standard consent form for research in the hospital. All data has been anonymised and images shown are amalgamation of the narratives and views expressed by a number of participants. Where there was any possibility of a person being identified we have shown them the images and this paper to ensure they have consented to being represented in this way. Small Acts of Friendship (i.e. the coordinator role and capital expenditure) is funded by the charity, “Friends” of the Hospital and so their board
(consisting of lay people) were involved in approving the project itself and the research we have done around the project.

**Data collection**

From December 2017 to August 2018 the Small Acts of Friendship coordinator undertook 12 patient and 16 staff semi-structured interviews. Two authors (PO’S and JC) undertook approximately 570 minutes of observations across the 4 wards for older people. Some of these interviews and observations occurred at the start of the project and others occurred over the months following the project launch to evaluate progress.

After each interview or observation, whoever had collected the data wrote reflectively about the experience and their feelings about it. We did this to capture the emotional and unsaid aspects of the data and our reactions to these as much as possible. We did this, as part of the process of practitioner research (Dadds, 2008) to ensure we remained reflexive and examined our positions as researchers as well as part of the project itself.

**Data analysis and Comics-based research**

These data and reflections were read multiple times by the authors, with the purpose of identifying narratives and themes which represented the participants, resonated with our research questions and seemed distinct from each other. The authors shared analyses over email and met every few months to compare and discuss our interpretations, which led to themes being distilled and ideas being crystallised Notes were kept of all these interactions and meetings by one of the authors (MAJ).

One researcher (MAJ) is experienced in comics-based research (Al-Jawad, 2015, Idelji-Tehrani and Al-Jawad, 2019). Comics are sequences combining pictures and words (McCloud, 1994), and have been used in the Health Humanities at various stages in the research process. They can be used as a method of data elicitation (Al-Jawad and Frost, 2014), to map research processes and to reconceptualise illness and health. In this research we used comics as a tool to aid data analysis, and a way to present this analysis to readers.

Comics have particular properties which make them especially helpful in the analysis of qualitative research data (Kuttner et al., 2018). Drawing comics based on data can illuminate the links between multiple, and sometimes conflicting, stories, ideas and theories (Al-Jawad...
Comics are also thought to tap into unconscious or deep-seated emotions (McCloud, 1994), which can be useful when working reflexively in qualitative research. We included them in the final paper as we feel they provide readers with an accessible insight into our analysis.

MAJ used the analysis notes collected through meetings about the data to construct draft ideas for comics which might represent the key themes and important narratives identified. These drafts were discussed by all three authors and altered, with layers of narrative and imagery added through an iterative process until we felt happy that the images were a representative combination of participants’ stories and our reactions, with theoretical ideas woven through. These comics were then further analysed by the authors to look for any deeper meanings unconsciously included. We hope the comics below (figures 2-5) reconstruct the narratives and views of the participants into coherent works of art which explore their experiences of the project.

**Use of theory in data analysis**

We analysed data inductively, that is, we chose the theories that worked to explore the data, rather than beginning with theory. Having situated ourselves broadly as practitioner researchers and constructionists, we drew on theory from a range of sources. We used the folklore of flowers as the basis for some images (Lehner and Lehner, 2003), but mostly we related the data to psychosocial theories around healthcare. We particularly used those theories which might help us understand the barriers to flourishing such as those of Menzies Lyth (1988). To track and evaluate how far we could see movement towards a flourishing workplace culture, we used threefold concepts from Dewing and McCormack (2017, p.154). These are:

- Compliance/Person-centred moments/Performing
- Improvement/Person-centred patterns/Thriving
- Innovation/Person-centred cultures/Flourishing

We have purposefully used the terms “patient” (denoting a person who is on a ward because they are unwell) and “staff” (denoting a person who is on a ward because they work there). We recognise that these terms might be seen as “othering” (Spivak, 1995) or dehumanising people in some way but the reason for someone being on a ward was an
important distinction for us and these are the most commonly understood words in our current community of practice. We have set out our results around 4 themes (each shown by a comic). We constructed these themes by analysing and reflecting on interviews and observational data. Each theme represents a different perspective on the project, showing degrees of human flourishing and the movement towards a flourishing workplace. These themes are based on those of the participants, but we have reconstructed the data with amalgamated themed quotations and observations of several staff and patients, and our own views, to come up with the final analysis. The process of making comics, even those based on research data, is creative, involving much that is unconscious. Therefore, despite efforts to be reflexive, it is difficult to fully explain how the comics were made in a way that could be reproducible for others. We used flowers as these are potent symbols of many aspects of human life, especially growth and flourishing (Lehner and Lehner, 2003).

The results are presented as 4 comics. We have also included some explanation of the images and words in the comics where this might not be clear to the reader, and some data not included in the comic if significant to the theme.

The first theme is represented by the Orchid.

Figure 2: Orchid

The strip at the top of the image shows a common scenario where a patient has to “board” on a ward. Due to lack of bed spaces, people can be moved from the emergency department on a trolley to the ward before the bed they are due to go into is actually free. In interviews, staff talked of how this can be very difficult as they feel unable to care for the person in the way they want to.

Staff also highlighted their anxiety at not having time to do their job. They especially felt guilty that they didn’t have time to connect with patients and their relatives as much as they wanted to. They said this was due to competing demands of unwell patients, paperwork surrounding the job and constant interruptions to work from phone calls or other staff. We also noted these factors in our observations of the wards. Reflecting on the benefits of the project in interview, there was an admission that being able to give the load of “being with” patients to volunteers, allowed staff to deal with other aspects of the job.
Quite a few people signed up for a staff-focussed hand massage and pampering session but when it came to it we observed that fewer than half those listed managed to attend. When asked about this, as part of interview, the reason proposed by one staff member was they were probably too busy.

There was some negative feeling expressed towards the project in interviews. One participant said “It’s an acute ward not a nursing home” meaning that activities might distract from what they saw the functions of a ward to be. She explained that this was yet another thing for ward staff to do, on top of all that was already expected of them. One staff member mentioned jealousy towards patients, that they were getting “pampering” while staff suffered.

In the next comic we explore the project with a flower that grows more easily than an orchid, however it’s period of flourishing is limited to the spring- the Daffodil. It includes poetry by T.S. Eliot (2014).

Figure 3: Daffodil

One of the people who seemed most engaged with the Small Acts of Friendship projects was a ward clerk, this comic is about her. We were told by a senior nurse that this ward clerk is considered an extremely important team member on the ward, not just to ensure the smooth day-to-day running of the ward but also to assist the connections we make with each other and between staff, patients and relatives. This ward clerk is not clinically trained but we noted on observation that she appeared comfortable with the clinical environment and she bears witness to the same potentially distressing experiences as clinical staff and patients.

One comment included in the comic refers to the age of the patient group and shows that ageism is present and recognised on the wards.

The next theme (represented by the Rose in figure 4) continues to explore how we might see each other as people, outside of illness and professional roles. It differs from the first 2 comics as it is seen more from the perspective of the patient participants.

Figure 4: Rose
At least 2 of the patient participants told us it was important for them to be seen as social beings, as people who had a past and a future, outside of their illness and hospital stay. They told us how important it was for them to be seen this way by staff, relatives and other patients on the ward.

In observations we noticed that although staff were the main instigators and coordinators of the groups, patients would often help with setting up or tidying up after tasks. We observed one particular patient, who was very quiet and withdrawn when on the ward generally, however became very animated in a group setting and particularly when helping to set up or tidy up afterwards.

The patients also told us it was important that the groups and activities did not feel too much “like school”. Once this feedback was received, although there was some structure to groups, this was kept to a minimum.

In interview we were told that some interventions were successful in making people feel they were being taken out of hospital and into another realm where their “mind was stretched” and they were “distracted from illness”. We observed the reduction in levels of distress from hand massage, hairdressing and music for some patients living with dementia or experiencing delirium. The benefits are also there for staff, who sometimes struggled to know how to reduce distress in patients. There was some concern from staff in interview at the start of the project that only patients who were relatively well would benefit from this extra care. Our observations have shown that person-centred interventions are entirely possible and successful with even the most unwell patients.

The last comic uses what might be called a strategic theme. Through the Daisy comic in figure 5 we aim to think about how the Small Acts of Friendship project has encouraged flourishing on the wards as a whole.

**Figure 5: Daisy**

For this comic we started from a point of thinking about what has changed about the ways the wards work and what outsiders might see when they look at the wards now.

There was one particular ward where the changes brought in by Small Acts of Friendship have really taken hold. This was particularly noticeable with the change to doctors’ rounds.
We observed that at first the doctors continued with their rounds as usual but, in interview they told us it felt increasingly uncomfortable to disrupt groups by taking patients out to talk to them about their medical issues. In fact, it was recognised by one of the doctors interviewed that people’s social and emotional needs might be more important at that time than the doctor’s usual clinical agenda.

The most significant change we observed was when doctors and healthcare assistants, often overstretched and short of time, managed to join in with groups for a short period. We also observed medical students taking part in groups. We observed that one of our consultant colleagues started to regularly visit the Small Acts of Friendship area on one of the wards to chat and swap house-plants.

Our observations showed an increase in patients talking to each other, with communal spaces being used for people to sit and share food and drink and talk about the day’s politics or other topics of interest. Based on feedback from patients, we have stopped using the term “group” for the activities we offer as we did not want people to feel a sense of having to participate in a particular way. Relatives helped us decide to move activity times to mornings as some people were too tired to participate by afternoon.

From their comments at interview, most of the patients were pleased to be looked after by people who seemed interested and committed to their jobs.

The Small Acts of Friendship logo has been important to the project as it tells everyone on the ward why the volunteers are there (it is on their t-shirts), adding visibility and legitimacy to the project. This has also been noted by the Trust Executive team and the Care Quality Commission (2019). The Chief Executive mentioned this project when interviewed about the Trust’s “Outstanding” rating for Care by the CQC (Brighton and Sussex University Hospitals NHS Trust, 2019).

Discussion

The discussion is structured according to the theme comics. Keeping in mind the primary aim to explore how Small Acts of Friendship encourages flourishing, we have linked the theme comics to literature around flourishing and the barriers to this. Some of the links are already evident from the comics themselves but we expand and explain further in this
We also link to the theory set out in the background section, as well as evaluating our progress towards a flourishing workplace according to the concepts suggested by Dewing and McCormack (2017): Performing → Thriving → Flourishing.

**Orchid: negative emotions and defence against them**

The Orchid theme contains most of the negative feelings and emotions brought up when discussing and observing the project in action. Some of these might be seen as barriers to the project’s success. We particularly recognised strong feelings of guilt and shame, especially when staff felt unable to act in accordance with assumptions around person-centredness and virtuous practices (Dewing and McCormack, 2017). These feelings could also be understood as moral distress (Jameton, 2013). Moral distress can occur when staff have clear values and expectations about how people in hospital should be treated and are unable to meet these expectations due to the systems of care that are in place. It can contribute to loss of empathy and burnout among healthcare professionals (Berger, 2014).

The participants told us of these feelings, and we suspect talking about the project and reflecting on our aspirations brought these feelings to the fore. Perhaps one way to counter the guilt and moral distress is to be able to offer some person-centred care, akin to the idea of virtuous circles where good practice begets good feelings which encourages more good practice (Ballatt and Campling, 2011). As such, Small Acts of Friendship was seen by some staff as a “ray of hope” which allowed them to act in a way more in keeping with their professional values. It allowed person-centred moments to occur.

There was some evidence that aspects of care which encouraged well-being, such as establishing meaningful relationships and connections, were handed over from staff to volunteers. This might provide some relief to staff in terms of time-demands and even in the short term be good for patients. However we felt that this was not part of a flourishing workplace as staff risk becoming more disconnected from the people they were looking after. In this sense, the project was at risk of discouraging flourishing for staff.

Menzies Lyth (Menzies Lyth, 1988) might see a preoccupation with paperwork and administrative aspects of the job as a defence mechanism to avoid confronting suffering or empathising too strongly with patients. We were hoping that Small Acts of Friendship might
offer staff an antidote to administrative and mechanistic bodily practices and allow staff to connect with other people and flourish, however we recognise this was not the case for some staff.

Psychological defence was also the reason, we believe, that many staff did not attend the hand massage and pampering session they were offered. We heard concerns about having time to go to the session and it is clear that the culture is for staff to prioritise what they perceive as “patient care” over their own well-being and flourishing. The other potential problem with doing something relaxing for staff at work is that it might be difficult for them to “let their guard down” in the work environment. It might be too painful for staff to allow emotion when they are already at the limits of being able to psychologically defend themselves (Firth-Cozens et al., 2009). We know that higher empathy can lead to lower stress levels for staff, but only with support from the team and the organisation (Latif et al., 2008). Perhaps Small Acts of Friendship did not go far enough in offering a supported environment for staff.

It was interesting to us that the staff perceived themselves as “lucky” to have the Small Acts of Friendship project. This suggests that they feel these aspects of care are not essential, we are doing something extra for patients. There is also the hint that this project did not come about through strategy or planning, merely good luck. This is a common view of feminine work done by feminine leaders (Fletcher, 2004). This could be an unhelpful viewpoint as it ignores the work involved in person-centred care and the leadership required to move towards a flourishing environment.

The Orchid comic theme combines the fears, doubts and negative emotions about the project. If we measure according to Dewing and McCormack’s concepts (Dewing and McCormack, 2017), this comic would show us that some people in the NHS are surviving and performing at times, with a few moments of person-centred care and flourishing.

**Daffodil: touching and moving as connecting**

We focussed in this comic on the ward clerk. To us, she embodies the tension between what can be seen as clinical and non-clinical ways of being. The utterance “it’s touching people, but not in a clinical way” felt very meaningful to us. The act of touching is extremely powerful and how and why we touch people is laden with psychosocial significance and has
been recognised as therapeutic within nursing (Krieger, 1975). Touching “not in a clinical way” suggests a human connection, outside of a professional role. This will also have a parallel with the word “touching” in emotional terms.

In the act of becoming part of the poetry group, the ward clerk allies herself with older patients, who might be seen as a marginalised and disempowered group in the hospital (Fraher and Limpinnian, 1999). She performs for them and listens to them perform. She suspends her professional activities to connect with people, she sees the patients as people. She gets no external reward for doing this, and in relying on internal rewards shows that she is moving towards flourishing at work (Dewing and McCormack, 2017). This positive view of older people was countered by some of the ageist views we heard expressed in interviews. While we do not agree with the inference that older people might be less inclined to boredom than younger people, the recognition that patients are people who might be under-stimulated and oppressed by the hospital environment felt like it was a breakthrough in understanding for some staff.

Part of seeing people as people, rather than patients is allowing and giving opportunities for normal movement with purpose. There can be a problem on wards for older people that because there is no reason to get up and move, people spend long periods of time sitting or lying in bed. This can mean falling further into a role of helplessness which worsens the problem. The “end PJ paralysis” (Dolan, 2017) initiative across the NHS encourages staff to get patients out of bed and dressed, but this will only be truly effective if patients have a reason to do so. The project offers reasons to get up, which offers movement towards an inclination for flourishing (Dewing and McCormack, 2017).

Doing activity together is a way of reaffirming selfhood, which can be threatened in the institutional setting of a hospital (Ballatt and Campling, 2011). Nyman and Szymczynska (2016) discuss that communal activities go beyond mere pleasure, meeting fundamental psychological needs. Hearing stories and being heard creates positive connections which are part of human flourishing (Seligman, 2012). Some of the activities promoted as part of Small Acts of Friendship allowed people to use art and creativity as a way to communicate with each other. This is one of the purposes of art (Tolstoy, 1930) and in this project various art forms have been used to strengthen relationships on the ward and in families who visit, as
well as provided a sense of accomplishment, part of Seligman’s (2012) conditions for well-being.

Our analysis shows that for some staff, person-centred patterns of thinking and behaving were persisting. In terms of Dewing and McCormack’s (2017) concepts, the Daffodil comic shows a workplace that is improving and thriving, using the project to overcome some of the difficulties of practice but recognising there is much work to do before person-centred practice becomes the norm.

**Rose: person-centred not patient-centred**

The group activity components of the Small Acts of Friendship project were designed to allow interaction and give space for talking, listening and demonstrations of skills and knowledge (such as Morse code). These were observed and to us, appeared to represent elements of well-being (Seligman, 2012) and hence important in encouraging flourishing.

Our observations of patients expressing their individuality were also seen a positive. For example, if you are the sort of person who likes tidying up, it is encouraged. It was as though some people were given a role where they could assert their personality, despite having been unwell and in a relatively powerless position in hospital (Fraher and Limpinnian, 1999). The visible impact of individualised components of the project encouraged the view that anyone can be part of human flourishing whatever their level of need.

It was recognised that activities that felt too classroom-like might be onerous to some people and this might be a barrier to connection, enjoyment and flourishing so activities were changed. This constant evaluation and flexibility of the project, mainly due to the coordinator role, meant that changes could be made quickly, and their impact evaluated.

This way of evaluating success, through asking about the experience of patients and reflecting on our observations, was a move away from a focus on quantitative data and efficiency. To us this was part of the EBCD process but also a positive choice as part of Dewing and McCormack’s (2017) assumptions for a flourishing culture.

There is no doubt that, like a rose, the project needs attentive and knowledgeable people to tend to it. We believe that through this attention some of the patients and staff experienced
person-centred patterns of work that meant they were able to thrive, according to the concept of thriving set out by Dewing and McCormack (2017).

**Daisy: people not staff**

The previous 3 themes show that there has been variable success in our goal to help the people on the wards flourish via this project. The Daisy represents the best of the project, instances where what we had hoped for was achieved.

The changes to doctors’ rounds and increasing staff participation in groups on one of the wards were signs of a person-centred culture developing, where staff felt valued as people, not just as staff members.

The changes in the set-up of the group activities have meant a move away from the language and culture of institutions, towards the more informal and communal ways of families and friends’ interactions. Connection and kinship are essential parts of a culture which values flourishing (Ballatt and Campling, 2011).

One of the surprising things to us, looking at the patient interviews and feedback, is despite the frustrations and disillusionment of the staff, patients are generally grateful for the care they receive and don’t complain much about what staff might perceive as poor conditions. This affirmed some of the literature around well-being which stresses relationships and engagement rather than environment and systems (Seligman, 2012).

We are not suggesting that the culture we observed was perfect. There is still some frustration from senior staff that despite all this person-centred care, we sometimes make mistakes with simple clinical issues, and communication within teams can be difficult at times. Small Acts of Friendship has shown the leadership team that part of a flourishing culture is that there is constant change and evaluation (Dewing and McCormack, 2017), meaning that although we can celebrate good practice, there is no place for complacency.

On reflection we noted that the ubiquitous Daisy might particularly signify the Small Acts of Friendship coordinator who has been the personification of the culture change we have seen on some wards. To the senior and permanent staff, the coordinator role has been the key to the project’s success and allowed a quiet, persistent positive voice to be present in the workplace. When things are feeling inhumane or staff feel they are wilting, some will
turn to her to help us get back to inclination for flourishing. She integrates the practices and evaluation of the project and uses connections to make more connections through art, music, poetry, conversation and other pursuits.

Having explored how the project encouraged flourishing and evaluating to what level we achieved this from different perspectives we now move on to summarise the answers to our research questions in the next section, implications for practice.

**Implications for practice**

Our data and analysis has explored how we made movement towards a flourishing workplace through this project, Small Acts of Friendship.

In exploring this we considered 3 main questions, which we will answer in summary below. We hope that through these answers, practitioners will realise how they might change their own practice to move towards a flourishing workplace.

1. **What underlying emotions and ways of thinking might represent barriers to flourishing within the project?**

   Emotions expressed by staff included guilt and shame, as well as notions of moral distress when they reflected on their inability to provide person-centred care all the time. Practitioners should bear in mind that a project such as this, with a focus on well-being for all on the wards can bring up defence mechanisms that staff employ to protect themselves from the stresses of ward work. There should be adequate support for staff built in to the project, in retrospect this is something we could have improved at the start of the project.

2. **Can we find evidence of flourishing related to the project?**

   We are convinced that our data shows evidence of flourishing directly related to the project. The 3 components of the project worked together to provide many moments of flourishing and a persistence of person-centred care in some areas. The implication for practitioners is that it is possible to enhance patient and staff well-being and flourishing on wards for older people.

3. **Can we find evidence of movement towards a flourishing workplace on any of the wards?**
There was one ward where the changes we noted were particularly striking. Changes to the ward routines as well as staff behaviours and reports from patients all point towards an area which we might consider a flourishing workplace. Again, the implication is that this is possible, but we would stress the work that has gone in to creating this and the work that will be needed to maintain it. Of particular concern to us is the sustainability of funding for the Small Acts of Friendship coordinator when the 2 years of funding from the Friends’ charity finished. Persuading the hospital executive team that this project was worthwhile required persistence to a point of discomfort for some of us. We feel their agreement is a positive sign of organisational commitment to flourishing.

In the last line of their chapter about creating flourishing workplaces Dewing and McCormack remind us that “for a workplace... to claim person-centredness, it must...have a commitment to creating flourishing organisational characteristics, whilst at the same time recognising that this is not achieved through one-off projects, but instead is embedded in the DNA of the organisation” (Dewing and McCormack, 2017, p.159)
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Figure 1 Evidence based co design
On the ward

Patient "BOARING" on a trolley

I'm sorry your bed isn't quite ready yet

One hour later...

Sorry, it won't be long. I hope, here's some tea

Two hours later...

Would you like to do something whilst you wait?

A RAY OF HOPE?

It's a tiny something to offer, I guess

maybe it's hard to let down defences at work

Staff were also offered "pampering" but not many came

maybe they don't feel they deserve to be pampered?

GUILT

It's only hand massage... but actually I'm jealous

We are lucky to have this.

We don't have ENOUGH staff

It helps because if someone is with the patient...

...I can do the paperwork.

It's nice but I don't have time to participate, I can't stretch it.

i.e. I have other priorities

We do have comfort measures

We are lucky to have this.

Orchid: a bit difficult to grow but beautiful when it does flourish, like NHS staff surviving in adversity

ORCHID
I know they are in their 80's or 90's but they must be bored.

We can see people as people, hear their stories.

It's touching people, but not in a clinical way.

It's a chance to be creative.

ART allows relationships and connections.

Joe, you're walking!?

Got to get to poetry group.

Well it's my physio assessment done!

T.S. Eliot

Macavity’s a mystery cat: he's called the Hidden Paw for he's the master criminal who can defy the Law.

Said with a bit of a cockney accent.

Daffodil: comes in a bound crop once a year, keeps coming back. Forgotten for the rest of the year?

DAFFODIL

Figure 3 DAFFODIL
People can still participate when they are unwell

It's better if it's not too much like school

It stretches the mind, takes you out of hospital

You can see the joy it gives to family members

Your personality is allowed to come out

This is morse code, listen...

It's social

Anyone can help set up & tidy up

Rose: hardy symbol of love, longing and joy. Flourishes for long periods if tended to.

= TAP TAP =

= TAP TAP =

Figure 4 ROSE
The Trust noticed!
The CQC noticed!
Patients, relatives & staff: encouraged to flourish

Connections
make more
Connections
person-centred

books
music
art
poetry
massage
hair
nails

Groups were moved to mornings as people were too tired by afternoon

The thing about Brexit is...

It’s now normal for patients and staff to be sitting around a table, chatting

The aim was more than "service improvement"

On one ward we have changed the culture

Daisy: once established, they flourish so extensively you stop noticing them, they are just part of the lawn

DAISY