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Review : Embedding compassionate care in local NHS practice: developing a conceptual model through realistic evaluation

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Review: Embedding compassionate care in local NHS practice: developing a conceptual model through realistic evaluation

Scientific insights into and knowledge about nursing practice and the psychosocial work environment were primarily focussed on associated variables, and their impact on patient outcomes such as mortality and morbidity as well as nurse outcomes such as job satisfaction and turnover intentions. Deep understanding of how psychosocial work environments have an impact on care providers such as nurses – the largest workforce in healthcare – and in turn on the quality of care and patient safety, is still unclear. Because of the evolving and complex needs of patients as well as the changing socio-economical and financial context, healthcare organisations are in constant transformation. Interestingly, in the last decade more insights have been provided evaluating interventions aiming for professional well-being, quality of care and patient safety. Interventions are mostly based on certain assumptions to improve care processes and outcomes and to what extent these assumptions are linked with and confirm daily practices. These studies are extremely valuable not only to support organisational transformation processes but also to understand better nursing practice and psychosocial work environments.

This reviewed study examined the impact of the complex interventions undertaken by the Leadership in Compassionate Care (LCC) team in order to understand factors that had the potential to embed and sustain compassionate care. In this case compassionate care covers assumptions about nurses' professional attitudes and competencies to meet patients' needs beyond the rationale of focusing on diseases (disease oriented) while also looking to patients' goals and desires (goal oriented). Interestingly, MacArthur et al. stated that rather than seeking to answer whether a programme has 'worked' (or not), realistic evaluation is designed to provide detailed answers to the question of 'why a programme works, for whom and in what circumstances?'. Eight wards were involved and a

qualitative study design was used. MacArthur et al. provided, based on assumptions and their findings, a conceptual model. Although we can question the robustness of using a qualitative approach to develop a conceptual model without quantitative evidence, the study is of added value for practice and research communities. MacArthur et al. formulated an essential conclusion based on their findings that it was evident in the high adopting wards that staff were working in environments where they had shared values, were reflective, respected each other's contribution, were open in their exploration of ways to enhance care, were encouraged to give feedback, supported each other and in turn were supported by their managers. This conclusion covers the necessary agenda for all stakeholders such as executives, administrators, physicians, nursing leaders and managers as well as staff nurses to create and support nursing practice and psychosocial work environments that are focused and adaptive for the best care and patient needs based on aligned goals between organisational and management levels. An interdisciplinary, person-centred approach that embraces compassionate care includes supportive and healthy work environments as well as sufficient training and resources. These key conditions will stimulate staff nurse empowerment and support quality improvement as a continuous process, but only when the dynamics and resources of the clinical teams are respected. Further intervention studies are recommended to confirm and extend these findings.

Peter Van Bogaert is a Registered Nurse and has a Bachelor's degree in Nursing Sciences (1982), Master's degree in Sciences (1989) and a Doctoral degree in Medical Sciences (2009). He has more than 30 years experience in Acute Health Care (Antwerp University Hospital Belgium) as a nurse (1983), a nurse manager (1990), a Director of Nursing (2000) and a researcher (2012), respectively. He is Chair of the Department of Midwifery and Nursing Sciences (2010). As Chair of the research group Centre for Research and Innovation in Care (CRIC), he is responsible for the development and evaluation of regional, national and international scientific collaboration. He supervises various courses in the master's programme in Nursing and Midwifery Sciences. In addition, he is a

member of the Belgian Board of Quality of Nursing Care and member of the Nursing Quality Indicators for Reporting and Evaluation (NQuire) International Advisory Committee Registered Nurses' Associations Ontario Canada. Peter Van Bogaert's research topics are focussed within health services and outcomes research such as nurse practice and psychosocial environments of healthcare workers and the impact on various patient outcomes; implementation of improvement initiatives to enhance quality and patient safety and nurse managers' role in healthcare settings. He is Supervisor of 6 doctoral projects (one completed).