The Humanising Care Project

Supporting a caring and creative culture for patients and staff in a Stroke Service through Being Human

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Aim and objectives

To determine if a **Humanising Approach** (a deep philosophically derived approach) could be used to support humanising practice improvement.

<table>
<thead>
<tr>
<th>Forms of humanisation</th>
<th>Forms of dehumanisation</th>
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<tbody>
<tr>
<td>Togetherness</td>
<td>Isolation</td>
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<tr>
<td>Sense-making</td>
<td>Loss of meaning</td>
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<td>Sense of Place</td>
<td>Dislocation</td>
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<td>Agency</td>
<td>Passivity</td>
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<td>Insiderness</td>
<td>Objectification</td>
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<tr>
<td>Uniqueness</td>
<td>Homogenisation</td>
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<tr>
<td>Personal Journey</td>
<td>Loss of Personal Journey</td>
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<tr>
<td>Embodiment</td>
<td>Reductionist body</td>
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(Todres et al, 2009)

Uses a **Lifeworld approach** (Husserl, 1859 to 1938)
Deep existential level - What makes me feel more or less human?
Method

9 x 90 minute Action Research Groups

Stories and experiences

Service improvement initiatives

5 Service Users
6 Service Providers
4 Researchers

What’s working well

Matching stories to dimensions

Humanising Approach

Centre for Qualitative Research
www.bournemouth.ac.uk/cqr

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Bournemouth University
Practice developments

• Humanising Champions
• DVD of stories
• Toolkit
• Ongoing enthusiasm by staff
• Ongoing service improvements

• Humanisation tree
Caroline Bagnall – Humanising Champion

- the power of small moments both for service users and staff
- drawing on what we already know
- the effectiveness of the dimensions as a continuum rather than a binary approach
- shared space, knowing through being
Jacky Thomas – Humanising Champion

• HCA- Expert Humanising skills now recognised
• Expert Humanising skills now spoken about – sisters meeting
• Shadowed by Director of Nursing to learn from her
• Now confident speak up and talk to anybody on ward – issues / concerns
• Leading sessions – new HCAs

• Staff feel human and valued during the process
Opportunities and potential

- Not learning something new – remembering what we have forgotten
- Staff at all levels - recognised and rewarded
- Motivated / energized staff – increased staff wellbeing
- Increased confidence to improve services

Ward report that

- Even better patient and family experience (Friends and Family 100%)
- Very low number of complaints
- Impact on clinical indicators – i.e. very low pressure related incidents

For more information please

See report:  http://www.btfn.org.uk/our-reports /
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