Post interview 2 – Nurse

PC: Following the programme how do you perceive role and responsibility amongst different professional staffing groups?

P2: Erm, I think it’s probably increase, increased my awareness of the fact that we all play a part in that responsibility, it doesn’t naturally fall on us as nurses, actually it can fall on any healthcare professional that’s entering that house and seeing that patient erm and it’s not that I wasn’t aware of that before but I do think it’s gone some way to consolidating that knowledge, does that make sense, to be more aware of it.

PC: Sure, mmm, and in terms of the different roles err and where you all fit into that puzzle if you like?

P2: Erm, I don’t know if my awareness of other people’s roles increased dramatically from what it was before if that makes sense, I get that everybody has a part to play, everyone has a role to play within it erm, but it’s still very hard to, I think one of the things I particularly took out, if I’m falling off tangent do stop me, but one of the things that I pulled out of the second session that we did, it makes you realise how very important it is to work together and you can see how people fall through the net less when you all work together, what’s frustrating to draw from that is how you then take that forward, how, how we, how being aware of that is going to change the way we do it do you know what I mean, cause I very much came out of the whole thing thinking it had been very useful, but frustrating because you, having got that awareness you now want to take that and do this this and this but actually it’s not always that simple.

PC: So I guess then in your mind it created or identified some of the barriers as well….

P2: Yeah

PC: …to actually doing it, but would it be fair to say that you kind of, or that people on your table perhaps were, could see the benefit of collaborative working?

P2: Yeah, definitely, I think it’s straight, I think it’s one of those that everybody recognises it, we can all recognise it, it’s knowing how to make changes in your day to day that sort of optimise how well you’re doing it.

PC: Sure, so do you think based on the programme now although we’re only a few days post of course, including that 4 week gap in the middle do you think any confidence, attitudes or involvement has changed within the team of different groups?

P2: I think what, I think what we’re practically doing on a day to day basis hasn’t changed so the way we’re still interacting with the other side as it were [laughs] hasn’t really changed since that point. I thought that the month gap between the two was really good because it gave it a chance to think about it in your practice whereas if you’d had the two sessions closer together I don’t know how much time I would have had to put that thought into it if that makes sense and the case studies as well, being able to, it’s pushing you to think whereas so often you go out, you do your job, you come back and it becomes habit doesn’t it and you don’t see outside the box.

PC: So in that 4 week gap/time period, was there a difference in communication between groups do you think, did that increase or not or was it just a personal thing?

P2: How do you mean, sorry?

PC: In terms of, just thinking about collaborative working those who were on the course, after that first session, in that four weeks, did you see any increase in communication about pressure ulcers between different professional groups?

P2: No not really, I think one thing that did come out of it is a lot of the time you speak to these people and you never put a face to a name and I know that sounds really silly, but it gave us the opportunity to meet each other and therefore feel more comfortable at starting those conversations than we would have done with a complete stranger.

PC: Yes, okay, I know previously, in the previous interviews and before erm people mentioned about informal conversations, you know having the ability to actually get together and just chat informally.

P2: I think it helped a lot, I was saying to xxxx [the TVN], there are things that I would see her and I would think oh can I just ask you a quick question, whereas it might not have been considered serious enough for me to email her or to go out of my way to contact her, but because she was there you ask for advice.

PC: So I guess from that perspective bringing different professional roles together then gives that opportunity more generally…

P2: Yeah, definitely an advantage, that was one of the biggest advantages I think for us.

PC: From a therapy point of view I know within your own group on the table do you think there was a wider understanding from the therapy point of view of their role in pressure ulcers, did they get it?

P2: Yeah, I think so, if anything I wonder whether they might have taken more away from it perhaps than us because pressure ulcers is something, I mean we deal with it every day, there’s no escaping it, it’s every day, whereas for them I think maybe it did increase their awareness of the difference that they could make that perhaps they wouldn’t have done already, things that they would reflect upon when they went into the homes that they wouldn’t have done.

PC: Okay, and were there any dissenting voices within that group about being involved in pressure ulcer prevention?

P2: Any what voices, sorry?

PC: Dissenting, just anybody who wasn’t, didn’t feel like it was their role to be doing it?

P2: I think what did strike me, especially as I’m new so therefore I’m still learning everything really, but what did strike me as there does seem to be quite a lot of animosity is probably the wrong word, but there is a lack of understanding about each other’s roles, do you see what I mean. I’ll be blunt so sorry for your voice recorder [laughs], but like the, I think the nursing perspective is very much that the therapists don’t really understand where we’re coming from because their workload is totally different and they can prioritise totally differently. I think the therapists in return very much feel that we nurses think we’re the only ones who are busy do you see what I mean and you can see both, and that’s got to come down to a lack of understanding of each other’s roles really, and don’t get me wrong the induction period that I went through was great and they were very keen for me to spend time, but can you really take that much from it when you’re just spending a day with someone. I’m not, I’m not suggesting any clear alternative but when you’re only spending the day together, don’t get me wrong it was good in terms of I’ve got a better understanding of their role but would I consider it good, probably not quite.

PC: Okay, so I guess that in a more kind of general sense then, meeting together allowed a bit more understanding of just each other’s role, more generally rather than necessarily related to pressure ulcers?

P2: Yeah

PC: Something that came up again previously in interviews and in our focus groups way back when was this idea about a proactive vs a reactive approach to care, do you think there’s been any kind of change in mindset within the team just to be thinking about prevention?

P2: I think it definitely, for me on a sort of personal level, I was, at the first interview I was very much like we are reactive, we are not proactive because as nurses we don’t go into houses, I almost, and still a little bit, I almost see the prevention as being something that therapy could be more effective at than we perhaps could because they can go in and look at equipment and suggest things that would perhaps prevent pressure sores, whereas we don’t go in til there’s a mark, by which point your prevention aspect’s out the window really and you’re working on treating what you’ve got, so.

PC: Okay, and do you think the therapists pick up on that?

P2: I don’t know, sorry, I don’t know any of them particularly well [laughs], I know that’s not very helpful

PC: No, no, that’s absolutely fine, you can only say what you’re aware of, yeah absolutely. Okay, the last question of the last interview was about an ideal world if you can remember back those number of weeks, erm, has your idea of an ideal world, has that changed in any way?

P2: I think, and I’m not saying I wasn’t aware of it before, but I certainly feel more aware of it now, what an added benefit you are from working on an integrated team than say if we were just a nursing team, because the fact that we have the tools at our disposal if you like, to be able to do this well do you see what I mean, you know, it’s not necessarily that I feel that we’re there yet, but when you look at how well you could all work together against the situation we would be in if we didn’t have, certainly I recognise that more.

10:00

PC: And the last one of that section really, do you think there’s a greater awareness of services that area available outside of the team that can kind of come in?

P2: Yeah definitely, that was really useful, particularly in the last session erm, I mean, xxxx, the posture advisor, I wasn’t even aware she existed so things like that were really useful and I do think, you do get, have a tendency to get a bit bogged down in your own job so you focus very much on your role and what you’re doing, whereas in actual fact when you take a step back and see, we could be working more effectively.

PC: Alright, so, some quite general questions. I know you’ve sort of alluded to some things already, but very generally, how did you find the programme?

P2: Yeah I thought it was really good, it was the right kind of length, it was, any longer and I think you would have been at a bit of a risk of us all getting a bit, just because it’s a long time to sit down isn’t it, I know that sounds ridiculous, it is a long time to keep people’s attention, but no, I thought it was structured very well and we moved through it at a steady pace which I thought was really nice. There was no element that you felt really rushed and there was no element that you felt that dragged or anything like that erm and like I say I think the gap between them was really useful as well.

PC: And was that the right length of time?

P2: I would have said so, yeah, I think it’s finding that balance isn’t it, if you do it too close together it’s like I say you don’t the opportunity to reflect really, but if you leave it too far you risk forgetting it all together.

PC: And what did you feel about the format mix if you like, so during the sessions obviously there was some time where it was more group work, sometimes where it was more presentation. What were your thoughts on that?

P2: Erm, I though the… personally I quite enjoyed the group work, but I think it’s always a little bit dicey, because what you tended to find both times is that you would have people that would partake in it and people that wouldn’t and that’s not because they didn’t want to but people are shy, don’t, you know, all that kind of thing, but personally I found the group work quite useful. I don’t know if you from that would have had a viewpoint from every person on that team.

PC: Yeah, okay, and were the facilitators able to bring people in a little bit or not?

P2: Yeah I thought they were very good at making sure you didn’t span off on tangents and that you were all listening to one person’s conversation, rather than three, so no I think they were very good at trying to involve everybody.

PC: Perfect. Do you think the programme’s changed anything for you?

P2: It was a, I know this isn’t probably what you were aiming for, but it was really useful for me, especially having just qualified to consolidate that pressure ulcer knowledge really, because what they touch upon in your training I’ve now come into a role where we’re dealing with it every day, whereas and I know all nurses to some extent when you’re on a ward there, all that kind of thing, it is prevalent in your mind, but in my day to day job I am dealing with that I think a lot more than I would do in perhaps some other role, so it was useful to have something, especially so close to me starting where they sort of consolidated over it and I became aware of the services that were available and the things that we could do.

PC: Right, great, perfect. Do you think the, so just jumping back to that group discussion bit for a moment, did that highlight anything that you were unaware of, during that?

P2: Erm, it was interesting, I mean we didn’t have a totally, and everyone clings to their little groups don’t they, but we didn’t have a total even mix. I think on the last time we had one therapist, assistant and one physio sat with us, so I wouldn’t say it was a, but it was interesting to see that they had the similar frustrations that we perhaps wouldn’t have recognised without doing that, erm, it was sort of facing similar barriers, and in my own team it was interesting to see that things I picked up on other people do feel the same, whereas you can never tell when you’re new can you [laughs].

PC: Okay, so that’s interesting about the barriers, so regardless of profession you all seemed to have the same sort of barriers to practice?

P2: Yeah, actually we’ve got a lot a level ground [laughs], which we didn’t perhaps realise before.

PC: So obviously in that four week gap between the first and second sessions, obviously we asked you to go away and have a think, you know, reflect on what you heard in the first session, but also try and do some joint working essentially and record that. Was that something that you were able to do in that period?

P2: Joint working, no not particularly, where I’m still relatively new my skillset’s still relatively limited so therefore I would have said that most of the cases that involve joint working would still be a little above my head, erm, and of course I’ve also been on shedloads of training because I’m new so [laughs] I’m probably a bit, the wrong one to ask.

PC: Okay, so just in general across the programme, what were the elements that you liked and what were the things that you didn’t like?

P2: I very much liked all of the information that we were provided with, erm, and it helped me see things from different points of view. In terms of things that I didn’t like, there was quite a lot of paperwork, that’s not to say that, that was quite a arduous task [laughs], erm, I came to the end, well I think I actually said it, I came to the end of finishing the second questionnaire and I was really concerned that I might have done worse than the first one, but no I think there was quite a lot of paperwork and that was quite time consuming, but equally I could accept that it needed to be done and that you needed to compare one to the other otherwise you’re not getting anything from this so.

PC: Based on the programme, do you think you and others within your group or whatever, and others perhaps you’ve spoken to, do you think they’re more likely to think about collaborative, joint working now?

P2: Yeah definitely, If was to go out and have queries about equipment, I’m much more likely now to pick up the phone and phone one of the therapists than I would have been before. Before, I probably would have batted it against the other nurses, what do you think, whereas actually we’ve got someone on the other end of the phone and that’s their speciality [laughs], so I think it’s made me much more likely to pick up the phone and I think from what I’ve heard the same could be said for the others as well.

PC: So do you think then, is there a slight change in kind of attitude, mindset if you like within the team to connect with each other?

P2: Yeah I think so, I think it’s almost a question of, and again it’s blunt but you almost, by doing the sessions you force us to come out of our day to day, take your head out of the parapet a little bit and have a, do you know what I mean, and it gave us the opportunity to do that.

PC: Okay, perfect.

P2: I mean one thing I would say and bless you there’s nothing you could do about it, but it would have been nice for all of our team to have had the opportunity to go, a, because we could have discussed it at a larger level so everyone could have been involved and, b, because you almost feel like you’re a little bit of an advantage, do you know what I mean, especially when you do feel that you’ve taken things from it and you recognise the importance of it a bit more, and they haven’t had that opportunity, but like I say I know that’s just how it came.

PC: No, that’s good feedback, yeah because it’s as much about you know what you took from it as well as the kind of the organisational problems if you like to running that type of thing, and that of course is, yeah, always going to be an issue because there’s still patients out there aren’t there and nothing can stop.

P2: Yeah, nothing can stop

PC: Yeah, okay, so actually within that then what did you think about the overall skill mix within the room?

P2: I thought that was very good to be fair, because you had sort of healthcare assistants, you had nurses, OTs, physios, I do think you managed to get a good mix from it. Not only in terms of different professions, but different levels as well xxxx was there, xxxx is a band 7 you know, and you’ve got me whose just started and so I do think it was a pretty good mix.

PC: And would everybody be able to , I know you said that some people are naturally a bit more, a bit quieter in their own personalities, was every profession able do you think to kind of give across their perspective, their thoughts?

P2: Yeah, I think so, because regardless of the level that we’re all at, we have sort of one central aim, the goal is the same regardless of what level that you do it so I think that the information that you gave was applicable to everybody and that everybody would have taken something from that.

PC: Great, I suppose the last couple of questions really, did the programme provide time to highlight the barriers and facilitators to different groups becoming involved in pressure ulcers?

P2: Yeah definitely, we had a very long discussion on that last time [laughs], I feel like I know all the barriers.

PC: And within that, was that then something that you were able to identify that okay these are barriers for all of us, is there something that we can do collectively to improve that?

P2: I think it’s very easy to dwell on the things that you cannot change, we sit there and we say oh we’re in two different places, that makes this, this, this and this difficult, but the fact is that we can’t change that so you have to find a way of working round it don’t you, erm.

PC: So, was there discussion to that effect, that sort of, okay this is a barrier, but how could we…?

P2: My experience was that it wasn’t, god that’s xxxx, that we were more spending time dwelling on what the barriers were, that’s I think why I ended up frustrated at the end because we were all very aware of what the barriers were, but it’s how we’re going to then move that forward, because you, you know you can sit there forever can’t you and say oh we can’t do it because of this, well actually no, how can we do it despite this.

PC: Yeah, were there many facilitators, you know, identified?

P2: What as methods of moving forward?

PC: Yeah

P2: Not terribly many, no [laughs]

PC: Alright, so erm, really finally, I mean, any further comments, anything else you wanted to kind of add and anything that you would change for the future if the programme was going to be?

P2: I have to say, I mean the way it was set up, I really had no concerns or issues with it whatsoever, I didn’t come away from the set up or the way it was structured or organised thinking oh do you know what it would have been better if they did it like this, this and this. I think the idea of it was very good. I wonder if, and I don’t know if this defeats the aims of what you’re doing but it would have been helpful I think for me if we’d have had a period of time where we were pushed into thinking of ways that we could improve our practice in the future, because people won’t have that discussion on their own. We’re all whingers aren’t we, we’re British so if we’re going to do anything, we’re going to sit there and dwell on it aren’t we, so I think it would have been nice if we’d sort of been pushed in that direction and then I wonder if even maybe a meeting further down the line, sort of three or four months after so you know, has this you know, has what you’re doing changed on a day to day basis since we sat through this, it would be interesting to see I think.

PC: Yeah, to have that kind of longer term outcome

P2: Yeah

PC: …review if you like of, okay. Alright, that’s lovely, thank you.

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