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Creating Learning Environments for Compassionate Care

Submission date
15/04/2015

Recruitment status
No longer recruiting

Registration date
15/04/2015

Overall study status
Completed

Last Edited
17/05/2023

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
There is widespread public concern about the lack of compassion in hospital nursing care experienced by older people. This study aims to put CLECC (Creating Learning Environments for Compassionate Care) into practice and do the groundwork needed for a future study to test that it works. CLECC is a nursing practice development programme to promote compassionate care for older hospital patients. Education is often put forward as one solution to the problem, but the best approach is not known. Previous research indicates that workplace learning and a focus on ward nursing teams may be the best approach, but no research to date has looked at the impact of such programmes on the quality of care. This study aims to begin to address this gap.

Who can participate?
Staff and patients in either Southampton General Hospital or Queen Alexander Hospital, Portsmouth.

What does the study involve?
Participating wards are randomly allocated into one of two groups. CLECC is implemented in those wards in group 1. Wards in group 2 act as controls (that is, run as “business as usual”). CLECC is targeted at registered nurses (RNs) and care assistants (CAs) working in hospitals. The ward, rather than the classroom, is the main place for learning for staff and the learning is led by a senior nurse for education. CLECC focuses on creating ward manager and nursing team ways of working (“practices”) that support individual nurses and care assistants to be compassionate with patients. These team practices include regular discussions on improving compassionate care and responding to patient feedback. Each ward manager/sister attends learning groups with other managers to develop their compassionate care leadership role. “Care makers” volunteer from the ward team to receive additional training in doing observations of care and feeding back to colleagues. All nurses and care assistants also attend 8 hours of classroom learning, with patient input and a focus on understanding patient experiences. During and after the 4 months that CLECC takes to implement, we interview CLECC ward nursing staff, patients and visitors about CLECC. Interview data is then used to understand if CLECC can be easily put into practice and what factors influence its workability. This may lead to some changes to CLECC before it is used again.

What are the possible benefits and risks of participating?
Not provided at time of registration

Where is the study run from?
The trial is run by Southampton University (UK) and takes place at Southampton General Hospital (UK) and Queen Alexander Hospital, Portsmouth (UK).

When is the study starting and how long is it expected to run for?
March 2015 to October 2016

Who is funding the study?
National Institute for Health Research (UK)

Who is the main contact?
Dr Lisa Gould

Contact information

Type(s)
Scientific

Contact name
Dr Jane Frankland

Contact details
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Additional identifiers

Protocol serial number
18140

Study information

Scientific Title
Creating Learning Environments for Compassionate Care (CLECC): a feasibility study

Acronym
CLECC

Study objectives
CLECC is a unit/ward-based implementation programme focused on developing leadership and team practices that enhance team capacity to provide compassionate care. This is a feasibility study and as such has no specific hypothesis however its objectives are to:
1. Create an expansive workplace learning environment that supports work-based opportunities

for the development of relational practices across the work team;
2. Develop and embed sustainable manager and team relational practices such as dialogue, reflective learning and mutual support.
3. Optimise and sustain leader and team capacity to develop and support the relational capacity of individual team members;
4. Embed compassionate approaches in staff/service-user interaction and practice, and continue to improve compassionate care following the end of programmed activities

Ethics approval required
Old ethics approval format

Ethics approval(s)
Social Care REC, 03/12.2014, ref: 14/IEC08/1018

Primary study design
Interventional

Study design
Randomised; Interventional; Design type: Process of Care

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Topic: Dementias and neurodegeneration, Ageing; Subtopic: Dementia, Ageing; Disease: Dementia, All Ageing

Interventions
CLECC has been designed for use by ward nursing teams in inpatient settings for older people. The implementation programme takes place over a 4 month period but it is designed to lead to a longer-term period of service improvement. The behavioural intervention in this study aims to improve compassionate care by delivering a intervention which involves improving the workplace environment and the work team.

Intervention Type
Behavioural

Primary outcome(s)
1. The quality of staff-patient interactions using QUISS, a time sampling tool that gives a measure of both the volume and quality of interactions; Timepoint(s): Timepoints 1 and 2 (pre and post intervention).
2. Patient-reported evaluations of emotional care measured using PEECH and PPE-15
2.1. The Patient Evaluation of Emotional Care during Hospitalisation (PEECH) survey tool focuses on the nature of interpersonal interactions with hospital staff and patient-reported assessment of the extent to which therapeutic emotional care has occurred. Questionnaires will be distributed to all eligible patients over a 4 week period at each assessment period and response rates will be assessed on an ongoing basis.
2.2. Nurses' self-reported empathy will be established using the Jefferson Scale of Empathy (JSE) (Physician/HP version). All nursing staff currently working on each ward will be invited to complete the written questionnaires at each assessment period.

Key secondary outcome(s)
1. Climate for Care (CC) and Factors that Enable Climate for Care (FECC) questionnaires will be administered.
2. We will also assess nursing staff perceptions of workload using items from the International Hospital Outcomes Study battery (IHOS)
3. Perceptions of improved quality of care could also lead to higher job satisfaction and reduced burnout so we will measure levels of burnout using the 22 item Maslach Burnout Inventory (MBI). The target sample is 40 nurses per ward recruited, so a total of 120 per site.
4. Further all eligible carers/visitors on each ward over a four week period will be targeted and invited to complete a Carer Experiences of Care (CEC) questionnaire. The target sample is 16 carers/visitors per ward per assessment period.

Completion date
31/10/2018

Eligibility

Key inclusion criteria
1. Wards: The two adult medical inpatient wards in each NHS hospital trust with the highest proportion of patients aged 65+ years will be included in the study. These are likely to be medical wards specialising in older people's care. In addition we will include the medical/surgical ward with the highest proportion of older patients that is not a medicine for older people ward. This ward mix will enable us to explore feasibility in a mix of medicine for older people and nonmedicine for older people wards.
2. Staff: All nurses and care assistants (CAs) (health care assistants, assistant practitioner, nursing auxiliaries) working on participating wards during any data collection period will be invited to be interviewed and eligible to complete the nursing questionnaires. For the observations, all interactions between patients and staff (of any discipline) working on the ward or visiting the ward will be recorded during the planned periods.
3. Patients: All adult patients on participating wards will be eligible to take part in the qualitative interviews, to be included in observations of care and to complete the questionnaires. Routine collection of age and cognitive status data will enable assessment of the relative participation rates of different groups. Only people who are able to complete a questionnaire in English with interviewer help (as assessed by the researcher and/or ward staff) will be invited to take part in the patient survey. The decision to focus on including people who understand English is a practical one, in that we anticipate some communication difficulties in relation to old age in a high proportion of the sample, and we are concerned that the likely small sample of people with language differences will not enable us to properly represent the views of people who have language difficulties. Ability to speak English will not determine whether or not patients are invited to have their care observed. Only people who speak English and who have the cognitive and communicative capacity to agree to take part in a research interview and to be interviewed (as assessed by the researcher and/or ward staff) will be invited to take part in the qualitative interviews.
4. Carers/visitors: Primary family carers of patients on participating wards or, where there is no primary family carer, regular visitors (visits 3+ times per week).

Participant type(s)
Mixed

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Total final enrolment
1038

Key exclusion criteria
1. Wards: Critical care units will not be included. Wards will be excluded if departure of ward manager is anticipated in the subsequent 6 months of attempted recruitment
2. Staff: all nurses and care assistants (CAs) (health care assistants, assistant practitioner, nursing auxiliaries) working on participating wards during any data collection period will be invited to be interviewed and eligible to complete the nursing questionnaires. Nursing students, bank and agency staff will not be eligible. For the observations, all interactions between patients and staff (of any discipline) working on the ward or visiting the ward will be recorded during the planned periods.
3. Patients: Patients will be excluded if they:
3.1. Are assessed by the recruiter or by clinical staff who know the patients as lacking capacity to decide about taking part in the research and/or unable to communicate their choices about taking part in the research AND
3.2. A consultee (as defined by the Mental Capacity Act) cannot be consulted (NB patients who lack capacity will be included if a consultee advises this is appropriate and the patient indicates that they are happy for data collection to proceed)
3.4. Patients who indicate either verbally or nonverbally that they do not wish to take part
3.5. Patients who are unconscious or where there are clinical concerns that may preclude them from being approached
3.6. Patients receiving continual clinical care that would impair their capacity to make a decision about taking part that is free from distraction
3.7. Patients with communication difficulties, including e.g. language differences, auditory impairments, that impair the recruiter's ability to communicate the research or the patient's ability to communicate their choice about taking part
3.8. Patients are unable to complete a questionnaire in English with or without interviewer help
3.9. People will be excluded from the qualitative interviews if the researcher and/or clinical staff assess them as lacking the cognitive and communicative capacity to be interviewed

Date of first enrolment
05/03/2015

Date of final enrolment
31/10/2016

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Southampton University
University Road
Southampton
United Kingdom
SO17 1BJ

Study participating centre
Southampton General Hospital
Tremona Road
Southampton
United Kingdom
SO16 6YD

Study participating centre
Queen Alexander Hospital
Southwick Hill Road
Portsmouth
United Kingdom
PO6 3LY

Sponsor information

Organisation
University of Southampton

ROR
https://ror.org/01ryk1543

Funder(s)

Funder type
Government

Funder Name
National Institute for Health Research

Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are not expected to be made available due to there being no consent for sharing.

IPD sharing plan summary
Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/12/2017		Yes	No
Results article	results	22/02/2018		Yes	No
Results article		01/09/2018	17/05/2023	Yes	No
HRA research summary			28/06/2023	No	No
Protocol file	version v4	30/10/2016	01/11/2017	No	No