

S12.3

Going an Extra Mile for Staff

14:30 Room 221

**Building and Sustaining a Caring Cluster**

Chung TK<sup>1</sup>, Ho PYB<sup>1</sup>, Chan SP<sup>1</sup>, Tong CM<sup>1</sup>, Hau WL<sup>2</sup>, Wong TW<sup>3</sup>, Lam KY<sup>4</sup>, Cheng MYA<sup>5</sup>, Lu TLA<sup>6</sup>, Chan CL<sup>7</sup>, Chan WM<sup>8</sup>, Chan YH<sup>9</sup>

<sup>1</sup>Central Nursing Division, New Territories East Cluster, Hospital Authority, <sup>2</sup>School of Midwifery, Prince of Wales Hospital, <sup>3</sup>Department of Surgery, Prince of Wales Hospital, <sup>4</sup>Department of Obstetrics and Gynaecology, Prince of Wales Hospital, <sup>5</sup>Department of Orthopaedics and Traumatology, Alice Ho Miu Ling Nethersole Hospital, <sup>6</sup>Medicine and Geriatrics Department, Tai Po Hospital, <sup>7</sup>Department of Medicine, North District Hospital, <sup>8</sup>Department of Medicine and Geriatrics, Shatin Hospital, <sup>9</sup>Infirmity Unit, Cheshire Home, Shatin, Hong Kong

**Introduction**

Caring is the core component of healthcare services. Both caring for staff and patients are the prime concern of New Territories East Cluster (NTEC). Staff caring programmes such as one-nurse-one-plan training and development programme, nurse companion programme and caring forum have been promoted for years. On the other hand, every patient in hospital deserves to be comforted. Traditionally, the concept of patient comfort has a firm association in nursing responsibilities since nursing has been regarded for providing direct basic care to patients. To better understand the effectiveness of the past efforts and explore the key elements for planning and sustaining a caring cluster, two surveys were conducted separately in 2012 and 2014 to explore nurses' and patients' perspectives on these aspects.

**Objectives**

To inspect, consolidate and sustain nurses' and patients' caring cultures programmes in NTEC hospitals.

**Methodologies**

For nurses' perspective, an exploratory study with questionnaire was used to explore nurses' perception of the caring culture. To increase its validity, the questionnaire was developed according to a well-established caring model. All nurses in NTEC were invited to share their views in March 2012. For patients' perspective, a structured interview of inpatients by using self-developed questionnaire was performed. There were 65 pupil nurses and 22 summer volunteers recruited as the interviewers in this study. The period of the study was scheduled in August 2014. Based on the survey findings, initiatives were established to build and sustain the caring culture.

**Results and Improvement**

From nurses' feedback, 2,259 nurses were included in the study and the response rate was 68%. The top three caring dimensions identified by subjects were "knowing", "acting together" and "promoting quality"; and the top three caring activities perceived were "sponsorship for training", "official release for in-service training" and "exemption of night duty for nurses with age greater than 50". Positive rating on caring culture and job satisfaction were noted. Qualitative comments were interpreted in light of "Maslow's hierarchy of needs". For our nurses, their primary concerns were physiological and safety needs such as duty and leave, salary and sponsorship, manpower and wellbeing issues. Results would have high implications for cluster management to plan for subsequent caring activities. Hence, some initiatives such as minimum hours of authorised release for study day were introduced with regular monitoring.

From patients' feedback, 1,253 interviews were done. Personal hygiene was the highest concern for patients. A followup stock take on basic nursing care was conducted and the areas for improvement were identified. Standardisation of service pledge in the frequency of personal hygiene such as mouth care and body cleansing was established.