Abstract

Recent reports have expressed concerns over the quality of care delivery in care settings and the homes of older people. This study aimed to focus on the micro-relationship in the delivery of care. The quality of nursing care has been considered in the Francis report (2013), which has raised concerns about the nature of the caring relationship in the delivery of clinical care. The importance of the micro-relationship in care delivery is often lost in the discussion on the quality of care and not on the relationship that is taking place in the unique interaction between the carer and the cared for. The following study was carried out using qualitative methods to gather data on the interpersonal processes involved in the delivery of domiciliary care to vulnerable older people. Three key themes were developed as a result of this analysis:

• The need for social interaction beyond the delivery of clinical healthcare tasks
• The need for consistent care staff in order to develop a working relationship
• The need for the older patient to feel they had some control over how their care was delivered

The process of data collection involved two interviews. The initial interview was used to explain the research and ensure that the service user was fully aware of the use of the data and give their consent to take part in the study. In addition to the explanation of the project, the interview was designed to gather background data and also establish a relationship between the patient and the researcher. The second interview followed a semi-structured framework, as outlined by Kvale (2009). All the patients were asked the three set questions for all patients and were given the opportunity to expand. This free-flowing element allowed the individuals the chance for self-expression and the ability to expand on the experience of having intimate care delivered in their own homes.

Table 1. Set questions for all patients

• What do you feel is the most important part of the care you receive?
• What makes the delivery of care a positive experience for you?
• What aspects of the care you receive make your care experience less positive?

Background

The concept of close relationships occurring when care is provided to older people over an extended period. This concern about consistency came across in all the interviews, as did the difficulty the constantly changing staff gave the patients in forming a relationship. The impersonal nature caused by this lack of consistency was identified in all the interviews.

Main Study

This study followed on from a smaller pilot study conducted within a deprived borough of Greater Manchester. This study used a qualitative design (Cresswell, 2009) and was conducted with 30 older adults who were considered to have critical and substantial care needs (Department of Health (DH), 2002). The interviews were analysed thematically (Crabbteen, 1999). The study went through the ethics committee of Cardiff University and also the relevant local authority’s ethics committee. The sample was purposively selected, with participants being directly recruited by their care managers (district nurses/social workers), who acted as gatekeepers and chose patients who had recently gone through re-ablement services and were in the transition to homecare. The sample had a mean age of 74 and was 52% female. The majority of the patients had limited social contact, with their main human contact being provided by the professional healthcare staff. No patients were accepted onto the research who were considered to lack mental capacity (DH, 2005).

Findings

• Finding 1
  These three themes emerged from the analysis of data:
  • The need for social interaction beyond the delivery of clinical healthcare tasks
  • The need for consistent care staff in order to develop a working relationship
  • There is a need for the older patient to feel they had some control over how their care was delivered.

Methods

The process of data collection involved two interviews. The initial interview was used to explain the research and ensure that the service user was fully aware of the use of the data and give their consent to take part in the study. In addition to the explanation of the project, the interview was designed to gather background data and also establish a relationship between the patient and the researcher. The second interview followed a semi-structured framework, as outlined by Kvale (2009). All the patients were asked the three set questions for all patients and were given the opportunity to expand. This free-flowing element allowed the individuals the chance for self-expression and the ability to expand on the experience of having intimate care delivered in their own homes.

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Results

• Finding 2
  There is a need for consistent care staff in order to develop a working relationship

• Finding 3
  There is a need for the older patient to feel they had some control over how their care was delivered.

Conclusions

Focus on the micro-relationship in the delivery of care

Nursing and care relationships have been a subject of study within the healthcare arena for some time, and especially in the field of chronic illness, where the potent influence of the care relationship has been established (Nolan et al., 2003; Robinson, 1998), with the concept of person-centred care being a central pillar of healthcare delivery and policy. However, as Nolan et al. (2003) explain, there is an equifinal relationship, in that the healthcare professional’s role is to provide care that minimizes the impact of disability on the patient. As such, the role of the healthcare assistant or the assistant practitioner discussed how the care could be carried out in the most dignified and least negative way.