

Small acts of friendship

Paola O'Sullivan and **Gemma Buckley** explain how the introduction of activities on elderly acute wards has improved patients' emotional and social wellbeing whilst in hospital

The Small Acts of Friendship project was introduced on the elderly care wards at the Royal Sussex County Hospital to enhance the wellbeing of inpatients.

The idea originated from the elderly care medicine consultants, who wanted to further support patients' social activity, mobility and dignity while in hospital.

In parallel to setting up this unique programme, there was an NHS Experienced Based Co-Design (EBCD) methodology to support the development and evaluation of the project work.

This involved a process of observing four elderly care wards and interviewing patients, staff, and families about their hospital experiences and what would have made a difference to their stay.

A number of themes were identified, including boredom, social isolation, loss of independence, limited choice, lack of stimulus, loss of confidence and poor environment.

Many of these factors became the key drivers for change. The focus for the Small Acts of Friendship programme naturally evolved into three areas – group activities, self-care activities and the ward environment.

Group activities

A weekly activity timetable was introduced on the dementia ward. Each group was run for one hour by a therapist and a facilitator and included activities such as art therapy, poetry, a sing along and reminiscence work.

Working within the Small Acts of Friendship project we were able to understand more about the person behind the patient. This enabled us to organise activities with a graded approach, adjusting the tasks and environment for visual, hearing, cognitive impairments and non-verbal communication.

Where possible, we adapted tasks to patient's unique needs and interests, using resources such as jigsaws, books, games, music, and sensory objects.

Ultimately, having a diagnosis of dementia does not stop a patient engaging in meaningful activities, enjoying a social connection, and learning new or old

skills. In one case we had a female patient who in the past had an interest in poetry; with limited verbal communication she engaged in the poetry group by listening and occasionally adding comments.

By the third week, however, the patient was able to read out one short verse of a poem, which really surprised her daughter.

Although many of our patients on the dementia ward may not recall the groups, or activities that they have engaged in, they will however experience being in the present moment, their own joy of doing an activity, of sharing stories with others, and a sense of belonging such as holding hands or supporting each other.

We aim to provide a safe environment and opportunity for their sense of self to shine through.

In one case we had a female patient who in the past was a social worker, so when she came to our groups she would often care for others, reassuring them and mothering them.

Nyman and Szymczynska (2016) discuss that activities go beyond mere pleasure, meeting fundamental psychological needs. This correlates with findings from the Health Innovation Network South London in 2017, which described seven outcomes that matter most to people with dementia, as part of the National Dementia Declaration.

It included factors such as having an enabling and supportive environment, feeling valued and understood, and a sense of belonging.

In one case we had a male patient who participated in our groups. He would often tell his own life story of being in the Navy during the war and on one occasion he showed others in the group how to do Morse code by tapping on the table.

Patients and the Small Acts of Friendship team all enjoyed listening to him, giving him a sense of being supported and valued.

Some of the themes from the patients and family feedback were that they enjoyed reminiscing, being listened to, appreciated the kindness and friendliness of the team, grateful to have participated in an activity, and to have a forum for humour and social connection.

In some cases patients wanted an end product, for example a card that they could enjoy by their bedside or give to their grandchildren, or a painting to show ward staff or hang on the wall.

Self-care activities

The introductions of self-care activities by the Small Acts of Friendship team on the elderly care wards – including hairdressing, hand massage and facials – were also found to improve patients' mental and emotional states.

The provision of comfort, connection and therapeutic touch allowed patients to feel more relaxed, reassured and cared for. This is especially important in hospitals where patients are often only touched when there is a medical intervention, personal care or moving and handling. One male patient reported after a hand massage: 'You miss these mothering things'.

Edvardsson et al (2010) reported that person centered care was about 'promoting a continuation of self and normality'. This can be difficult to maintain in a hospital environment where patients' choices and routines are severely restricted.

It is important to see things from the patient's view and perspective, and with the establishment of self-care activities on wards it enabled better person centred care by giving patients more opportunities to do likeable things with more choices.

Loneliness can also be a huge factor in hospitals, where patients may already feel vulnerable and isolated.

Self-care treatments presented patients with opportunities for one-to-one communication and a forum for therapists to acknowledge patients' needs and validate their feelings.

If patients found it difficult to speak, treatments aim to show communication without words, but with therapeutic touch instead. Therapeutic touch can communicate so much, but particularly, warmth, care and connection. This was relevant for some end of life care patients and their families.

Self-care treatments can positively influence mood and behaviour, and improve sleep.

Suzuki (2010) evaluated the effects of hand massage and found that both aggressive behaviours and stress levels fell significantly in those patients that received it.

Massage can also help improve circulation and reduce physical aches and pains. Patient's with arthritic hands or joint deformities often reported improved function and less pain after a hand massage.

Mok (2004) found that massage significantly reduced the patient's levels of pain perception and anxiety levels.

Themes from patient feedback after treatments included feeling calm, pampered and comforted, with improved self-worth and self-esteem.

In one case, a female patient reported that she enjoyed getting her hair done as it made her feel lighter, 'lifted up like Mary Poppins'. This experience was so important to her wellbeing that she cancelled her friend's visit so as not to be interrupted while having a treatment. As part of the EBCD interviews, staff reported that, after the groups and treatments, it positively impacted on

patients' behaviour, with people eating and sleeping better, smiling more, being calmer, and willing to socialise more.

Staff also recognised that this was beneficial to them, so although they did not have the time to participate directly they could still share in this experience.

Environment

The ward environment was a challenge to overcome. Some of the elderly wards provided no areas for socialisation because of their design and layout. Often clinical equipment and other furniture would be dumped in potential socialisation areas.

On two of the wards a designated area was made into a space where patients could go to socialise, take part in groups, or have a space where they could be with their families.

One of these areas was refurbished with comfortable furniture, plants, books and a Smart TV. It was completely transformed from a medical room to a calm, peaceful and homely environment.

Patients have welcomed this room as another place to go to, other than lying in their beds or sitting in their chairs on the ward. For example, we have had a musician come and play guitar, had film showings, afternoon tea, and family and loved ones have used it as a space to wait while loved ones received clinical care.

We received one thank you letter from a family who were very grateful for this room, saying 'it gave great peace' and that 'the Small Acts of Friendship initiative gave comfort and hope to us all with professionalism, tenderness and grace'.

Main challenges to the project, which was funded for two years by the charity Friends of Brighton and Hove Hospitals, were lead time to get the right team on board, continued funding and the lack of uptake of volunteers.

References

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