



Employee Gentleness in Care Settings

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Introductions



“I would like to thank the staff, patients and residents who made us feel welcome as we spent time being and talking with you. Being involved in this research project was both enjoyable and fruitful, as I gained a deeper understanding of the complexities of care giving and gentleness and a deep respect for the skills and dedication shown by staff.”

– David Holman



“I have come away from the research with a sense of admiration and appreciation at how care staff manage the complex tasks of looking after patients and residents. Many thanks again to everyone at all three sites who allowed us to hang around and observe, and who put up with all our questions!”

– Clare Mumford



“My previous work on community palliative care suggested patients didn’t always ask for the care that they needed because they felt that staff were ‘busy’. I was convinced staff must juggle being busy with providing high quality care. Undertaking this work has helped me understand what strategies help produce a gentle ‘soft and slow’ approach. I hope that this report helps staff reflect on the skills they have in slowing down care and working in a gentle way.”

– Maurice Nagington



“When visiting the care organizations I appreciated their sense of openness and the willingness of staff, patients and residents to welcome us into their worlds. Care staff were clearly highly dedicated and found all kinds of ways to humanise the care settings. I greatly enjoyed listening to staff, residents and patients reflecting on what care meant to them, and to witness care and gentleness in action.”

– Leo McCann

Executive Summary

High quality care is important across all health and social care settings. Whilst we know people value things like empathy when being cared for, there is very little written about what it means to be gentle when caring in a professional role. Therefore, we wanted to develop our understanding of what it means to be gentle, and to understand how organisations can support it. To do this we observed practice and interviewed staff, patients and residents at a hospice day care centre and two care homes in the North-West of England.

We would like to thank the staff, patients and residents within each organisation for their support and involvement in this study, and also Lord Alliance whose generous donation to Alliance Manchester Business School funded this research.

What is gentleness?

Being gentle combined guiding people to achieve specific things (such as talking about emotional difficulties, or even something as simple as washing and dressing) with maintaining a close relationship with clients. The most important aspect of being gentle was taking a soft and slow approach. This included a wide range of behaviours such as:

- *Speaking in a soft and quiet manner*
- *Softly touching hands or the lower arm*
- *Keeping an open posture (i.e. not crossing arms)*
- *Sitting or crouching down to talk with clients*
- *Generally not rushing care delivery or decisions*

Guiding people

When guiding people, three things seemed most important. Firstly, being friendly helps build a detailed understanding of who clients are and their needs. A lot of the time this meant letting clients lead the conversation and using lots of open ended questions to encourage them to talk. When being gentle, clients were given plenty of time to think and respond at their own pace.

Secondly, offering support was essential and focussed on giving people advice, assistance and encouragement. When being gentle there was an emphasis on explaining and discussing what

needed to happen and making sure the support was individualised. We also noticed that support seemed to be most gentle when there were no other distractions for the caregiver.

Thirdly, managing emotions was crucial. Caregivers did this in two ways. Where possible, they sought to reduce clients' negative feelings like anxiety or worry and promote positive feelings like happiness or comfort. They did this by getting clients to talk about how they were feeling. Sometimes this crossed over with just being friendly, at other times humour was used to distract people or help them see a bad situation in a different light. However, caregivers also needed to manage their own emotions.

This meant expressing sadness when clients disclosed something distressing, or being cheerful in front of clients even when they may not have felt cheerful 'inside'. Caregivers felt this was important so as not to let any of their emotional difficulties impact the client's well-being. We discuss later on the wider support some staff had for managing their own emotions.

Maintaining a close relationship

As we said above, being friendly was important, but we also noted there were some close

relationships between caregivers and clients that seemed central to giving gentle care. In particular caregivers showed they were paying attention by maintaining eye contact, leaning forwards, nodding their heads, and saying things like “*hmm-mmm*” or “*I see*”. Also, just caregivers making it clear to clients that they understood and acknowledged the difficulties they were experiencing helped foster close relationships by showing empathy.

There were other times when praising and complimenting clients gave an important boost to how they were feeling. Finally, a generally ‘non-judgemental’ approach was taken, especially when disclosures about sensitive or upsetting information was given. All these qualities meant that clients felt a closeness to the caregivers, and overall this led to a gentleness in the way that they related to one another.

Why be gentle?

Being gentle helped with three key aspects of care. Firstly it helped ensure that clients and caregivers could discuss and disclose complicated, and at times, emotional topics. Being gentle in these sorts of situations involved caregivers slowly exploring issues over time. This helped to build trust and generally

meant that clients were given the chance to fully express themselves. It also avoided the possibility of caregivers imposing their own views on clients.

Secondly, being gentle helped with persuading clients to do a particular task such as eating, getting out of bed, or taking medicine. Initially this took the form described above of “friendly enquiry” where clients’ concerns were explored. However, when trying to persuade clients to do important tasks this approach changed and caregivers offered advice and explained what may happen if they didn’t change their mind. For example, one client was persuaded to have lunch, the caregiver remained very attentive to the resident, and patiently suggested a range of different options for lunch. She also positively reframed the situation and reminded the client how much she had previously enjoyed eating at this time. Eventually the resident agreed.

Thirdly, a gentle approach meant giving comfort when clients were upset or in pain, with the aim of making them feel better, even if only for a short time. In particular, it was used to help in the short term, whilst longer term solutions were being explored. Sometimes this was as simple as just being with a client, at other times it meant holding their hand and encouraging them to talk about whatever it is that was causing them discomfort.

How can we be more gentle?

There are several ways that healthcare organisations can help staff take a gentle approach to the care that they provide:

- *Sharing a belief in a person-centred care approach with other employees.*
- *Allowing staff discretion to decide what tasks to do when, and for how long so that client needs can be met.*
- *Having supportive colleagues and managers who will redistribute care/other tasks when caregivers need to spend extra time with clients*
- *Sharing knowledge of clients at handovers, team meetings etc. This helps everyone stay up-to-date with the current needs of a client and decide an appropriate approach to care. The wider the staff participation, the better, as this helps employees to gain different perspectives and ensures shared decision making.*
- *Low workloads and few interruptions (that were not client-related) allowed caregivers to spend extended and uninterrupted time being gentle with clients. Establishing ways of reducing interruptions to care may be useful. ■*

Main Report

Background and Aims

Across the UK, providing high-quality care is central to health and social care organisations. Although previous research has identified some of the key characteristics of care giving (e.g., empathy, support, offering advice, enquiry), some aspects of care giving are less well-known.

Specifically, little is known about employee gentleness, even though it is a type of care that patients value and employees seek to provide. As such, the aims of this research were:

- *To develop our understanding of employee gentleness.*
- *To understand how employee gentleness is fostered in organisations.*

Method

The study collected data from three organisations located in north-west England, a hospice day care centre and two care homes. Within each organisation, we collected data by observing and following the daily lives of employees and patients/residents (known as an ethnographic approach) and interviewing a selection of employees.

The study has ethical approval from the University of Manchester Ethics Committee and results are reported in a way that protects participant confidentiality.

Findings

Across each site we witnessed many examples of high-quality care. We focus on one particular type of high-quality care, namely gentleness, that helps staff and organisations to achieve person-centred care and develop therapeutic relationships.

Our findings are set out in three sections. The first focuses on describing employee gentleness, the second defines different types of gentleness, while the third section sets out the factors that foster employee gentleness. ■



1. Employee Gentleness

Our findings suggests that employee gentleness can be broadly characterised as a soft-and-slow approach to care giving that combines;

- *Guidance care behaviours to direct the care process and achieve care objectives, e.g., improved welfare, disclosure.*
- *Relational care behaviours to develop and maintain a close relationship with the client.*

Furthermore, our research identified that employees used three different types of gentleness, namely, ‘enquiry-based’, ‘persuasion-based’ and ‘comfort-based’. Briefly, all three types of gentleness are characterised by a soft-and-slow approach but differ with regard to the nature and use of guidance and relational care behaviours. In particular, attempts to guide the care process appear most prevalent in ‘enquiry-based’ gentleness and least prevalent in ‘comfort-based’ gentleness.

We will now describe the main characteristics of employee gentleness and then go on to discuss how these differ between each type of gentleness.

A Soft-and-Slow Approach

“When she got upset just sitting right next to her and I just held her hand briefly just to reassure her, and then she carried on speaking.”

A key characteristic of employee gentleness was a soft-and-slow approach to the delivery of care. A soft approach involved speaking in a quiet, soft manner and the use of soft touch (e.g., light touches on the hand or lower arm) to communicate empathy, understanding and concern, and friendliness. A further important element of a soft approach was the use of body language to communicate interest in and openness to the client (i.e., a patient or resident), such as open hand gestures, eye-contact, not sitting with folded arms and, typically, positioning oneself ‘on the same level’ as the client.

In addition to a soft-approach, gentleness had a relatively slow pace and rhythm that involved spending time with clients and ensuring that clients were given ‘enough time’. As such, gentleness did not involve rushing the delivery of care or forcing the pace of care by, for example, insisting that a client made a decision quickly.



Guidance Care Behaviours

Our research suggests that, when being gentle, employees typically used three sorts of guidance care behaviours to steer the care process and to deliver care itself. They are friendly enquiry, support, and affect management.

“They come over and they talk to me, ‘Have you had a good week?’ Kind of, that way, just little prompts and the next thing it’s all come out and you think ‘Oh, I wasn’t going to say anything this week, it’s one of those ones’. Yeah, it’s like that....I think it’s very, very gentle.”

1. Employee Gentleness

Friendly Enquiry

Developing a good understanding of clients and their needs is central to care giving. When being gentle, employees used friendly enquiry to aid their understanding of clients. A key part of gentle enquiry was the use of open questions that invited the client to talk about a particular issue and such questions were an important means instigating care. However, although employees used friendly questioning to instigate conversations, during a gentle interaction the emphasis would switch to a questioning approach that responded to client comments and concerns, thereby enabling the interaction to become client-led to a greater extent. One employee commented that “You just go very gently with it because we facilitate and provide a safe place but we don’t lead the discussions. We can ask questions but it’s not about our agenda.”

“If they say that they don’t want to answer questions... You just have to tailor that and refashion it if you will, because very often if you just continue to explore over time, they will answer your questions, without you having asked them, in the storytelling, or revealing on a different day.”

The process of gentle enquiry also involved giving clients enough time and not forcing an immediate response. But this did not mean that employees stopped pursuing care objectives. Rather a long-term strategy was adopted in which issues would be returned to over the course of the interaction (or several interactions) and at times when the client felt comfortable enough to respond. One patient described this as a process of ‘chipping away at a stone’, while a nurse’s account of this is shown above.

Support

A fundamental part of care is to support others by providing assistance and resources. Support can be provided in many different ways but in gentleness we noticed that it tended to involve advising and explaining, assisting with practical tasks, and encouragement.

Giving advice and information to others is one form of support. However, in gentle interactions, employees went beyond simply giving information and advice and placed much emphasis on explaining the information given, helping the client to interpret the meaning of the information with regard to their personal circumstances, and fostering a discussion of the advice given. Another hallmark of employee support during gentleness was the employee’s patient assistance with practical tasks such as walking, washing and feeding. Particularly noticeable features of this gentle assistance were the employee’s full and attentive engagement in the task with the client, and the performance of tasks in ways supported or developed the client’s independence and dignity. The third aspect of employee support during gentleness was encouraging a client to perform a particular task.



Emotion Management

A core theme in gentleness is the management of emotions. This occurred in two main ways. First, employees sought to manage clients' emotions and feelings by reducing negative emotions such as anxiety, worry, fear and guilt, and by promoting positive emotions like calmness, contentment, happiness and comfort. Employees adopted a range of strategies to help clients express and manage their emotions in gentle interactions. A common strategy was to simply acknowledge and recognise the importance of the client's feelings.

“I think we have to acknowledge her feeling, if it's obvious, it's the most important thing to acknowledge a feeling. Whatever that feeling may be and you would just say that I don't know, 'it looks like that makes you sad', or, you know, 'you sound angry, is it making you angry, all of this?' And it's just a gentle probe isn't it.”

This is nicely illustrated by the quote above, which also shows how emotion regulation could also be used as part of friendly enquiry. At other times, a more active approach to emotion management was adopted that

helped the client manage their emotions by rethinking or reappraising their situation, through humour, or through distraction strategies (e.g., going for a walk) that refocus the attention of the patient on to something more pleasant, reassuring, or comforting.

“It's very difficult isn't it, because it's trying to show that you sympathise with them and that you want to help them but maintaining that professional demeanour at the same time. If you got upset every time you'd had an interaction where somebody's sad or upset you wouldn't be able to do this job, so it's finding that balance between the two.”

Second, as well as trying to manage client's emotions, employees sought to manage their own emotions both before and during client interactions to generate appropriate emotional feelings and expression, such as appearing calm and professional, expressing sadness in response to patient distress, or cheerfulness in front of residents. Nurses in particular reported doing this so that their emotions did not have an adverse effect on the patient or therapeutic process. In addition,



employees also recognised the potential problems that feeling strong emotions might have for their ability to deliver care and their long term well-being. Thus a key part of being gentle is an ability to feel and express appropriate emotions whilst ensuring that these feelings are not too strong and do not last too long.

1. Employee Gentleness

Relational Care Behaviours

Relational care behaviours help to build and maintain a close relationship with clients and thus are an important part of the care process itself. Our research suggests that four main types of relational care behaviour are central to gentleness. They are attentiveness, demonstrating concern and empathy, validation and non-judgemental acceptance.

Attentiveness

Being closely attentive to others is a hallmark of gentleness, as it enables the employee to notice and respond to client needs as well as communicating to the client that the employee is available to care for them, is concerned with their welfare, and that the client is valued. Employees showed their attentiveness to clients both verbally and non-verbally through a combination of, for example, touch, being close, eye-contact, smiling, leaning forward towards the client, as well as head-nodding and verbal attentiveness ('hm-hms').

“Touch, it just gives them that...you know, if you sit relatively reasonable, without overstepping the line really, but if you sat with somebody and you're close, and either a hand on theirs, or on their arm, I think it shows that I've got time for you, I'm listening.”

Demonstrating concern and compassion

Feeling concerned, empathetic and compassionate are necessary for gentleness. But gentle interactions were also characterised by employees explicitly demonstrating concern and compassion to clients. In gentle interactions this was primarily achieved by stating one's concern and understanding of the client's experiences and difficulties, by demonstrating attentiveness and listening (e.g. head-nodding, short comments), by reflecting client's comments back to them, acknowledging the patients emotions and experiences, and by showing warmth and affection non-verbally, e.g., with touch and appropriate emotional expression.

“He just needs that gentle approach, where somebody is listening to him and just, sort of, understands where he's coming from really.”

Validation

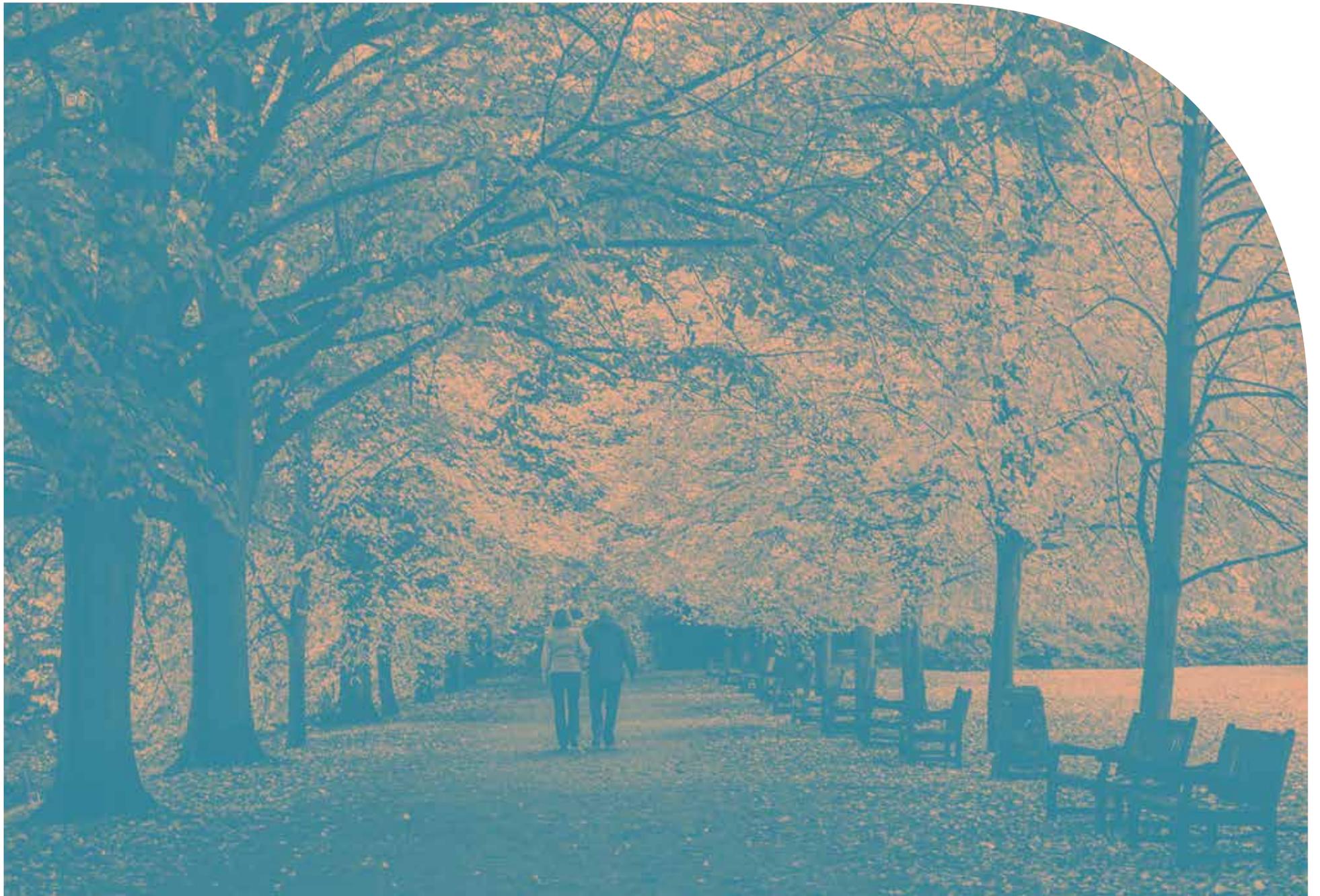
Being gentle typically involved validating and reinforcing the client's sense of self-worth by praising and complimenting, as well as communicating respect and appreciation. The first quote below illustrates how this was bound up with a soft and slow approach, while the second shows the importance of validation to clients.

“I just have so much trust and confidence and, yeah, trust and confidence and there's lots of sympathy shown to you, but without it being, you know, over the top, it's very sympathetic and, yeah. I feel very special when I go there and no matter what happens, I always feel very, very special.”

Non-judgemental acceptance

Gentle interactions were further characterised by the non-judgemental acceptance of client disclosures. A non-judgemental approach was seen as an important means of helping clients to disclose information about which they may feel embarrassed, or ashamed, or which they feel might harm others or their relationship with others.

“They need to know they won't hurt you, because we're kind and we're providing a lovely place, and they need to know that they're not going to hurt us because it would cause them to withhold things”. ■



2. Types of gentleness

Our research suggests that employees use three different types of gentleness, which we call ‘enquiry-based’, ‘persuasion-based’ and ‘comfort-based’ gentleness. Common to all three types of gentleness was a soft-and-slow approach and the extensive use of relational care behaviours. Key differences concerned the use of guidance care behaviours and the aims of the gentle interaction, which we will now illustrate.

Enquiry-based gentleness

A key aim in enquiry-based gentleness was to encourage clients to discuss and disclose difficult or upsetting issues such as a recent diagnosis, future care planning or a difficult family situation. As such, a distinguishing feature of this type of gentleness was the use of friendly enquiry, and advice and explanation, to slowly explore issues over time.

“We had to go very slowly... to make her realise how important she was... it’s about building the relationship, it can’t happen in one session... I wouldn’t try and make somebody speak of something that they can’t speak about. You just do go very gently with it, because we facilitate and provide the safe place... we’re here to support and explore, if a patient would want to.”

Furthermore, this slow exploration is built on a trusting relationship developed through the use of relational care behaviours. This is illustrated in the previous quote. In enquiry-based gentleness there was also an emphasis on advice and explanation such that issues were extensively ‘talked through’ to help the client make choices rather than to indicate an optimal choice for them. Indeed, in gentle-enquiry, employees appeared particularly aware of trying not to impose on or overly influence client decisions.

Persuasion-based gentleness

In this form of gentleness, the aim was to gently persuade a client to engage in a particular task relevant to their care, such as eating, getting up from bed, or taking medicine. In the initial stages of persuasion-based gentleness, friendly enquiry was used to establish the clients’ immediate concerns and needs. But the main emphasis in persuasion-based gentleness was offering advice and explaining the implications of various choices that the client might make, encouraging the client to perform a particular task, and assisting clients to perform a task once a choice had been made.

One example concerned gently persuading a resident who did not want to eat, to have lunch. The employee, who was extremely attentive to the resident, took a great deal of time to enquire how the resident felt and why they did not want to eat, to patiently suggest a range of different options for lunch (e.g., sandwich, type of bread, type of filling etc.) and sought to encourage the resident to eat by reminding her of how she had previously liked a particular lunch and the benefits of having something to eat at this time. Eventually, after some time, the resident agreed to eat a sandwich and then the employee patiently repeated the list of lunch options, and helped the resident to choose what type of sandwich she wanted.

Comfort-based gentleness

In both the hospice and care homes, clients sometimes experienced acute feelings of distress (e.g., anxiety, worry, fear) and/or physical discomfort (e.g., pain). Comfort-based gentleness was used in an attempt to alleviate these acute feelings of distress and discomfort,

even if only to reduce the suffering of the client for a short period, and often appeared to be used in circumstances when it was not appropriate or not possible at that moment to address the long-term underlying cause of the client's distress. The soft-and-slow approach of comfort-based gentleness typically involved being attentive and expressing empathy.

But perhaps the most significant characteristic of comfort-based gentleness was the attempt to reduce the client's distress through various strategies of emotion management. These included acknowledging and validating the client's emotional experiences (e.g., 'it's normal to feel upset'), reassuring and offering hope (e.g., 'these feelings go away with time'), through distraction (e.g., getting the client to engage in a pleasant activity) and by helping the client to reframe the situation.

There were, however, differences in the approach taken to comfort-based gentleness. Sometimes, it just involved 'being-with' a person – holding their hand, being attentive, empathetic, and reassuring – whereas at other times employees made a more active attempt to comfort the client by using a greater range of emotion management strategies.

An example of comfort-based gentleness, taken from field notes, is described in the following "One of the residents had started to sob, as she was sat in the lounge. Then she wailed, 'I want to go for a walk'. The care assistant went over to her, and they started talking, the carer squatting in front of her on the ground, holding the resident's hand. The carer talked quietly with her, so no-one else could overhear the conversation about who different members of her family were that came to visit.

The carer was now kneeling, leaning against the arm of the chair, listening to the resident talk about her family. The woman's sobbing had stopped temporarily, but started again a couple of minutes later. Each time the resident started crying, the carer's voice remained calm and light, no sign of impatience.

The carer asked, 'Do you want to go for a walk?' The resident replied, 'It's too much trouble and no-one wants to be bothered.' 'It's no trouble,' said [the carer] 'do you want to do that?' Another carer came into the room at that point, and when the resident said 'Mm' to the suggestion of going for a walk, the first carer fetched a wheelchair for her, and the two

carers together helped her to 'go for a walk' out of the lounge and into the hallway.

In the hallway, the resident was now crying hard, 'no-one wants me, I've got nowhere to go'. The carer spent time with her and, using a quiet, sympathetic voice, explained, 'It's not that they don't want you, it's just that they've got so much to do and they wouldn't have the time to look after you properly.' They continued talking and the resident became calm." ■



3. Fostering Gentleness

Being gentle depends largely on the ability and motivation of the employee to be gentle when the opportunity arises. However, our research indicates that there are certain organisational practices and conditions that encouraged and fostered employee gentleness.

Shared Belief in Person-Centred Care

Gentleness is primarily motivated by an employee's commitment to providing high-quality person-centred care. But shared beliefs in person-centred care across all employees also helped to promote employee gentleness because these shared beliefs give employees confidence that taking the time to be gentle is valued by others in the organisation. Publicly expressed commitments to person-centred care by the organisation and managers were therefore important, as they reinforced the message that person-centred approaches to care such as gentleness are appreciated and prioritised.

Job Discretion

Across all three sites, but particularly at the hospice, employees had relatively high levels of job discretion to decide what tasks to do, how best to meet client need, and how long to spend on a task. This is important for

gentleness for two reasons. First, employees need to have discretion to decide when to be gentle. Second, because being gentle takes time, employees need to have discretion over how long to spend with a client. Indeed, without high levels of job discretion, it would be difficult for employees to be gentle.

Supportive Colleagues

When an employee spent time being gentle with a client, it sometimes meant that they had difficulty completing other tasks for which they were responsible. As such, supportive and understanding colleagues who are willing to adjust their work by taking on additional tasks (even those that are not part of their normal role) are important for fostering gentleness, as are employees recognising and showing appreciation of the support received from colleagues.

Also important were managers being seen to support employees' decisions to spend time with clients (when appropriate) and the redistribution of work that this sometimes entailed. Overall, the support that colleagues received from each other helped to create a culture of 'caring for the carers', as well as a culture of client care.

Knowledge-Based Practices

Within all three organisations, 'knowledge-based practices' such as debriefing meetings, handover meetings, care planning, and record keeping were used to record and share information about clients, and to discuss work related issues. These knowledge-based practices help employees to gain an in-depth understanding of client histories, preferences and needs, to be alert to the current and specific needs of clients, and, as a consequence, to help decide when a gentle approach might be appropriate.

Knowledge-based practices also helped employees to discuss and solve work-based problems in an open manner. However, the effectiveness of these knowledge-based practices appeared to depend on two factors. First, they appeared to be more effective when a wide range of staff participated in them. For example, at the hospice both care and ancillary staff were present at weekly meetings in which patient needs, progression and future care planning were discussed in depth. Second, the quality of knowledge-based practices was greater when all employees were fully engaged in them.

This engagement helped employees to focus on the client personally by sharing information, discussing and debating issues arising (e.g., about the best way to care for a patient) and using the information gained to improve and develop client care. Engagement also helped employees to discuss different approaches to solving work-based issues, to appreciate different perspectives, and to collectively agree on solutions. Thus, the opportunity to participate and willingness of employees to actively participate and engage in knowledge-based practices was crucial to their effectiveness in promoting gentleness because it improved employee's understanding of clients and aided the delivery of care.

Workload

Low workloads, few interruptions and high staffing levels are all factors that made it easier for employees to spend extended and uninterrupted time being gentle with clients. This was especially evident at the hospice where staff-client ratios were low (e.g., 1:1 or 2:1), staff had few interruptions (e.g., client alarms) and the pace of work was (deliberately) slow. However, in the care homes, workload was high and interruptions far more frequent.

In this context, job discretion and support from colleagues and managers became all the more important for fostering gentleness, as they enable employees to 'carve out' the time to be gentle. Likewise, engaging in knowledge practices was especially important when workload is high, as it helped employees to develop close working relationships and agree on supportive solutions to work-based problems that in turn can promote high-quality care. ■

