“I feel valued when I am consulted and asked rather than told to do something. It’s about working as a team and understanding that we are all human!”

Part of “connecting with” is acknowledging the reality of working in hospitals. Connecting with the humanity of patients and that of other staff is an essential part of giving and sustaining dignity. Below are some practical suggestions that have emerged from talking to and working with nurses on the wards. Their aim is to help other nurses both reflect on and develop everyday practice to connect with the people being cared for and the staff they are caring with. For ease these are considered under the following headings and summarised in Table 1.

- Connecting with and creating values around caring
- Putting yourself in another’s shoes
- Promoting communication that connects with the person

### Connecting with and creating values around caring

The culture of the unit, that is, the way we work with others and our shared understandings about the jobs we do, is vital in shaping the type of care we give (Baillie, 2009). Yet often our values on care are individual and unspoken.

Relationships with patients are not a matter of individual commitment but a vital component of professional accountability that can be linked to better quality care (Weinberg, 2006). As such, articulating the relational aspect of nursing work, where time is taken to know the individual and their unique perspective and history, is important.

**What do you believe in?** In this project we used a modified beliefs and values questionnaire (Manley, 1997) to help different staff groups to consider and develop a shared understanding of care. We asked ward staff to complete three sentences:

- If I were a patient on this ward/department I would like...
- If I were a relative/significant other of a patient I would like...
- As a member of staff on this ward/department I would like...

The nurses who asked the questions found the process of carrying out the questionnaire helpful. New ways of relating as colleagues emerged as staff exchanged ideas and experiences around giving and receiving care. In bringing the answers together and identifying themes, some ward leaders were struck by the similarity of the professionals’ answers. The questionnaire helped to identify the strengths they already had as a team and identified areas of development.

**Connecting with colleagues** finding ways of hearing what it is like for nurses to do their job is an important aspect of creating connections. The Assessment of Work Environment Schedule (AWES) tool (Nolan et al, 1998) is a structured tool to measure nurses’ work environment. It has 34 questions, which are clustered around six themes:

- Recognition and regard;
- Workload;
- Continuing professional development;
- Quality of care;
- Working relationships;
- Autonomy/decision making.

We used AWES primarily as a way to begin conversations about the importance of ward culture to the practice of giving and sustaining dignified care. Ward staff found the tool easy to fill in and it created a space to discuss the work environment and the challenges and possibilities of ward culture in giving care.

**Putting yourself in another’s shoes**

The act of empathy – seeing and feeling the situation from the other’s unique perspective – is a key part of giving dignified care. What did become clear from project interviews was the impact on nurses and their care as a result of being on the other side, as a patient or relative:

**“Since my mum was ill it is different, I see her in other patients, I want to check out that they are OK, that’s what I wanted for her.”**

Although it is necessary to step back into professional roles in order to care well, keeping connected to others’ perspectives and their individual experience is important.

**Connecting with patients/carers** in the project we use a variety of creative techniques to think about the experiences of others. One example is the use of drawing to help nurses explore their own feelings and expectations about older age. A group of nurses were asked to think about and then draw themselves aged 80 (Roberts et al, 2003). They were invited to explain any aspects of their picture to their colleagues. The physical characteristics of ageing were an obvious focus of many pictures and led to discussions around nurse attitudes and how they keep nursing leadership connected to others.

<table>
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