Nurses need to connect with patients and form a relationship from which shared decision making can flow.

- **Working in a way that affirms personhood:** a central theme of the project is appreciative inquiry (Cooperrider and Whitney, 1999). This means that, to understand a situation or person, an open, curious and inquiring attitude is needed. The underlying beliefs are that each person’s voice and experience is important and that seeking to involve people will enhance current and future possibilities. This underpins our project slogan “everybody matters”.

Nurses may want to think about how they involve patients in their care. Giving them information is important and can be as simple as letting patients know who is caring for them. Some units have a whiteboard in each bay giving the name of the nurse; in others, nurses make a point of introducing themselves at the start of a shift.

Other units have involved patients and their families on ward rounds. Engagement with the multidisciplinary team has been important in addressing the challenges of timely rounds, which allow patients to be involved in decisions about their own care.

Our observations suggest that involvement is particularly difficult when nurses are unable to give precise information, such as the time of a scan. It seems difficult for them to say “I do not know” or to acknowledge the anxiety that not knowing can cause patients, carers or, indeed, nurses themselves. Instead, needs for information are ignored or not followed through:

“They are all very kind and so busy… but I still want someone to help me find out about my appointment. They are all well meaning and say they will find out but nobody ever gets back to me.”

This patient comment came in the middle of an interview praising staff kindness and the good job they did. The patient was at pains not to be seen as complaining, yet she was clear that her need for information had not been met.

“Getting back” to people means holding a balance between the focused needs of a particular patient group and the need for a ward culture that invites involvement from all patients, staff and relatives.

- **Involving older people:** people over 65 account for two thirds of hospital admissions (Department of Health, 2000), so all nurses working in adult services will care for older people. Yet the literature suggests that involvement of older people in decisions about care is a common challenge (Bridges et al, 2010; Flatley and Bridges, 2008).

A number of factors are involved in this – not least ageist attitudes. Valuing the expertise of this group and their capacity is important when an ageing body may suggest deficit. This is the case even when someone is acutely confused or has cognitive deficits.

The following extract from field notes illustrates something of the complexity associated with negotiating care with a woman diagnosed with dementia: “Yvonne” was very frail. She was sat in bed, constantly plucking at the sheet. I hesitated as to whether to take her blood pressure and kept looking at her hand away from my arm and began to pluck at the sheet. I hesitated as to whether to take her blood pressure and kept looking at her<br>pressure and she clearly said: “Who will talk to me?” I replied (surprised) I would, and she said something incoherent, moved her<br>was very frail. She was sat in bed, constantly<br>plucking at the sheet. I hesitated as to whether to take<br>her blood pressure and kept looking at her hand away from my arm and began to pluck at the sheet. I hesitated as to whether to take<br>her blood pressure and kept looking at her<br>pressure and she clearly said: “Who will talk to me?” I replied (surprised) I would, and she said something incoherent, moved her