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Older Adults Perspectives of Bathing

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Background

Maintaining the health and well-being of patients through activities of daily living (ADLs) are important for health care providers to consider. ADLs include provision of oral care, hair care, dressing eating, toileting, bathing, and other areas of personal care hygiene (Potter & Perry, 2013); however, during illness it may be difficult for individuals to attend to their own personal hygiene without assistance (Jones, 2014). Patients who are not able to perform bathing activities due to an illness, surgery, or sudden trauma indicate that bathing helps with feeling better and resting (Ahluwalia, Gill, Baker & Fried, 2010).

Vedel et al. (2000) found that for end-of life (EOL) patients' and their families; the simple act of bathing and grooming hair can lift the spirits of dying patients because there is a perception of enhanced physical appearance. Kane (2001) found that dignity, privacy, individuality, and autonomy were key to a good quality of life (QOL) for long-term care (LTC) residents who have to rely on assistance with their ADLs. Patient support workers indicate that providing hurried, task-oriented care while bathing patients with dementia leads to increased agitation and protective response behaviors such as calling, hitting and resistance , whereas providing familiar and comfortable bathing techniques appear to lessen the behavioral discomfort responses (D'Hondt, Kaasalainen, Prentice & Martin, 2011).

Evidence suggests that bathing is important in the healing process; however, recent studies suggest that bath basins harbor pathogens that could increase the occurrence of nosocomial infections (Petlin et al, 2014; Johnson, Lineweaver & Maze, 2009; Marchaim et al, 2012; Howard, 2012; Powers, Peed, Burns & Ziemba-Davis, 2012). Many healthcare facilities are moving away from the traditional bathing techniques with soap, water and bath basins to premoistened wipes (Hancock, Bowman & Prater, 2000). These studies certainly support current national patient safety goals of reducing the risk of healthcare-associated infection (TJC, 2015) –

but these practice changes have taken place without consideration of patients' preferences and values.

Over the past decade, there has been a move toward patient – centered care (AHRQ, 2015; IOM, 2001). The Institute of Medicine (2001) defines patient-centeredness as encompassing the “qualities of compassion, empathy and responsiveness to the needs, values, and expressed preferences of the individual patient” (p.48). According to Suhonen et al. (2011), nurses should perform basic nursing care based on the patient's individualized needs and what the patient perceives as “good nursing care” (p.1156). Current evidence related to bathing appears to overlook individual patient preferences, perspectives and values. There is a lack of studies that focus on patients' perspectives of bathing and personal hygiene and there are no studies that explore this topic from the perspective of older adults. To ensure that nurses provide truly patient – centered care, patient perspectives must be considered.

Purpose and Question

Examining studies of bath basins versus alternative methods could be important in controlling the spread of nosocomial infections. However, there is not sufficient evidence evaluating the patient perspective of assistive bed bathing and interactions with nurses and nursing support persons. The purpose of this pilot study is to explore the patient perspectives about what it is like to receive a bed bath. Asking the patient to describe their bathing experiences will allow them to give open-ended answers and provide insight into the care that they have received. This information can provide healthcare providers, especially nurses, with a better understanding of patient preferences and values. It also supports the national healthcare approach towards patient-centered care. The research question for this pilot study is:

What is the older adult perspective of receiving a bed bath?

Literature Review

Evidence suggests that the use of regular bath water and soap is potentially contaminated with nosocomial pathogens such as *Enterococcus*, *Staphylococcus aureus* strains of Methicillin-resistant *Staphylococcus Aureus* (MRSA), Vancomycin Resistant *Enterococcus* (VRE), and other microorganisms (Marchaim et al, 2012). Patients with urinary catheters are at higher risk for infection due to prolonged use of the urinary catheter, leakage and malfunction, and to improper cleaning around the catheter insertion sites (Wilde et al, 2013). A study evaluating the use of chlorhexidine gluconate (CHG), a bacterial, virucidal, and fungicidal antiseptic solution, with the use of bath basins, especially those used during bathing of patients with urinary catheters, showed a decrease in the number of microbial growth on bath basins (Powers, Peed, Burns & Ziemba-Davis, 2012). CHG bathing protocol also indicated that it was cost-effective and easy to implement into care routines (Petlin et al, 2014).

Evidence also suggests that using bath wipes decrease the amount of microbial growth and a decrease in the rate of nosocomial infections in patients compared to the bath basin bathing technique (Hancock, Bowman & Prater, 2000). Aremellino et al. (2014) explored MRSA transmission rates in the intensive care unit (ICU) with the intervention of the CHG bathing solution. The authors concluded that using a CHG bathing protocol three times weekly decreased infection rates of MRSA and patients with central venous catheters (CVC) (Hancock, Bowman & Prater, 2000). Approximately 380,000 residents in long term care facilities die each year from healthcare associated infections (HAI), the most common being urinary tract infections, diarrheal diseases, and antibiotic resistant infections (Center for Disease Control (CDC), 2014).

Mansfield and Jensen (2005) examined preferences and importance of bathing, toileting and mouth care habits in the older adult populations. There were 58 participants total with the

mean age of 81 for males and 79 for females. The results indicated that participants preferred showering instead of taking a bath with a 4:1 ratio. A potential concern is if the individual is immobile or unable to tolerate getting a shower. Individuals who are frail and those near the end of life may become physically exhausted or may not be able to tolerate the demands of the showering process (Radar, et al, 2006). The movements required during bathing can cause pain, fear and discomfort especially those with chronic illnesses such as arthritis, osteoporosis, and generalized joint pain caused by natural aging (Radar, et al, 2006). However, the same authors reported that a towel bath provided to patients with dementia supports interaction by “focusing on the person and the relationship rather than the task” and greatly reduced discomfort and behavioral symptoms” (Radar et al., 2006, p. 43).

The rapport and relationships that nurses establish with their patients in a clinical setting is well documented in the literature (Jones, 2014). Provision of basic nursing care is essential to strengthening the nurse-patient relationship (Jones, 2014) and bathing a patient is a basic nursing responsibility. Naik, Concato & Gill (2004) and Murphy, Nyquist, Strasburg & Alexander (2006) coined the term “bathing disability”. According to these authors, the most common reasons for bathing disability in older adults are falls, problems and anxiety related to balance, and the fear of falling or slipping while transferring or ambulating (Naik, Concato & Gill, 2004; Murphy, Nyquist, Strasburg & Alexander, 2006). Gill, Guo, and Allore (2006) conducted a study over a 6-year period over 750 participants. These authors showed that 58.4% of the participants had at least one incidence of a bathing disability. The authors also showed that 34 % of the total participants had multiple incidences of bathing disability that averaged about six months in duration (Gill, Guo & Allore, 2006). Verbrugge & Jette (1994) define ‘disability’ as being the gap between the environmental demand and the personal capability of the individual. It is

suggested that there is a high incidence of bathing disability in older adult populations due to acute or chronic illnesses (Gill, Guo & Allore, 2006). A potential patient-centered care approach to bathing disability would be to understand the thoughts and concerns of older adults when it comes to assistive bathing activities.

Maintaining healthy hygiene along with using methods that prevent further infections are evident in the research but what is not evident is the patient's perspective of their bed bathing experience. Nurses should take into account the needs and values of all persons in all professional relationships (AANA, 2001), but the patient's perspective of bathing are not yet explored. Crandall, White, Schuldrehs, and Talerico (2007) state, "elements of person-centered care include personhood, knowing the person, maximizing choice and autonomy, comfort, nurturing relationships, and a supportive physical and organizational environment" (p. 47). Patient-centered care is one of the current trends in healthcare. Understanding the patient's perspectives of their bathing experiences may help nurses provide truly patient-centered care.

Research Design and Data Collection Strategy

Research Design

In this proposed pilot study, an interpretive descriptive research design using conventional content analysis is warranted due to the lack of information that currently exists about the patient's perspective of bed bathing. Interpretive research should be used to explore a topic that little is known about, that has not been previously studied, and one in which the participants have personal experiences (De Chesnay, 2014). The participants had open discussions with the primary investigator about their experiences and thoughts on the assistive bathing activities in which they have been involved.

Inclusion and Exclusion Criteria

The participants were at least 60 years old or older, spoke, read, and understood the English language. Participants were alert and oriented to person, place, and time. They also had a score of greater than or equal to 27 on the Mini-Mental Status Exam (MMSE) (Potter & Perry, 2013). The participant must also have received a bed bath using either soap with water or bath wipes within the past month of the interview date. This limitation will allow the participant to recall the experience (Mastin, 2010).

Sampling and Recruitment

A non-probability convenience sample was used (Wood and Ross-Kerr, 2011). The inclusion criteria were provided to the Director of Nursing (DON) at a skilled nursing facility. The letter of support from the facility regarding this project can be found in Appendix D. The DON generated a list of potential participants and gave this list to the primary investigator (PI). This list guided the distribution of an informative flyer (Appendix E). The informative flyer was inserted into the resident's weekly newsletter for three consecutive weeks by the PI to maintain confidentiality of potential participants. At no time were the DON or other facility staff actively recruiting participants, nor were they informed of any person's participation or lack of participation in the study. As the primary investigator, my contact information was provided for potential participants to set up an interview time and date. When a potential participant contacted me, their name, contact number, and a date, time and location for an interview was recorded on a password-protected computer document kept on a password-protected computer in the possession of the PI. Only the PI and the faculty advisor, Dr. Katherine C. Hall, had access to this document. Because this is a pilot study, a sample size of 3 to 4 was desired.

Data Collection and Setting

When potential participants contacted me, as the PI, a time and date were arranged a time and date for the interview at the participant's discretion. Participants may or may not have been current residents of the skilled facility. It was possible that over the course of the recruitment period, those participants were discharged from the facility. Therefore, the location of the interview was at the discretion of the participant. The PI contacted participants 24 hours ahead of the scheduled interview to verify interest in completing the interview and to answer any questions the participant may have prior to the interview. On the day of the scheduled interview and just prior to the interview and in person, informed consent took place. The informed consent form (Appendix A) was provided to the participant, who was allowed to read the informed consent document and ask any questions of the PI or the faculty advisor who was on-site and present during each interview. If, after this, the participant consented to participation, the informed consent form was signed and the interview began.

Participants had the right to withdrawal from participation at any time during the interview. Interviews were conducted in a location of the participant's choosing. If the interview was in the skilled nursing facility, the interview took place in a private room with the door closed. There was also a 'Do Not Disturb' sign (Appendix B) placed on the door during the interview to prevent anyone from entering the room during the interview process. If the participant had been discharged from the skilled facility, the faculty advisor and the PI ensured the location is appropriate to maintain the participant's confidentiality and privacy.

Conversations were recorded using two digital recorders to ensure that all the conversation was captured and in case of mechanical failure of one of the recorders. Interviews lasted approximately one hour. A semi-structured interview guide (Appendix C) was used to

allow for open-ended answers and to keep the interview focused on the proposed question. In addition to audio recording the interviews, detailed field notes and memos were kept to assist in data analysis and enhance credibility (Miles & Huberman, 2014).

Safeguards to Confidentiality in Documents and Recordings

All interview recordings were uploaded as an encrypted, password-protected audio file on a password-protected private computer in the possession of the PI within 24 hours after completion of each interview. Only the PI and the faculty advisor had the known password and access to the interview recordings. The interview recordings were deleted from the two digital recorders after safe, successful uploads to the computer. Audio files were transcribed by the PI within one week after completion of the interview. If during transcription, names of persons or places were mentioned, these names were redacted. If it was determined that use of a name was necessary for context, a pseudonym was used. After successful transcription of interviews, audio files were deleted from the PI's computer. Additionally, the PI and the faculty advisor completed the Collaborative Institution Training Initiative (CITI) Training for Human Research. These documents are on file with the ETSU Institutional Review Board (IRB).

At the completion of the data analysis, paper transcripts, field notes and memos, and signed informed consent forms were turned over to the faculty advisor who will submit these documents to the ETSU College of Nursing Center for Nursing Research to be retained for the duration indicated by ETSU.

Risks and Benefits

Anticipated risks to participants were minimal; however, as with all research, they did exist. The primary risk was related to potential feelings of discomfort when discussing the experience. If the participant began to experience untoward feelings or demonstrate discomfort,

the interview was concluded. The faculty advisor would have intervened to assist with resolution of these feelings. If the determination was made that further assistance was needed to manage these feelings, the PI and the faculty advisor would provide the participant with a name and contact information for a doctorally-prepared advanced practice nurse with certification in Psychiatric-Mental Health nursing.

Benefits related to participation were also minimal. The participant may have experienced a relief at the opportunity to discuss the experience of bathing. Primarily, benefits were related to the expansion of nursing knowledge regarding nursing care.

Data Analysis and Rigor

In this pilot study, conventional content analysis was used to analyze the data. De Chesney (2014) explains that using conventional content analysis would allow for integration of both textual and visual data. Content analysis is “based on the participants’ unique perspectives and grounded in the actual data” (Hsieh & Shannon, 2005, p. 1280). Conventional content analysis was used to allow open-ended interviews to reveal patterns and concepts that participants have had about experiences (Hsieh & Shannon, 2005). Conventional content analysis allowed the primary investigator to explore and examine words, phrases, and conversations from participant interviews for content-related categories that could bring forth new knowledge, insight or new understandings of the proposed question (Elo & Kyngas, 2007). Creswell (2007) suggested keeping detailed field notes and using a high-quality recording device to enhance the reliability of the data collection. Transcribing the audio-recorded interviews from a high quality recorder onto a word-processing document gives the PI the ability to be immersed in the data by repeatedly reading the content to achieve a sense of the whole (Hsieh & Shannon, 2005). This was referred to as constant comparison (Creswell, 2009). The PI performed all

transcription of audio files onto word-processing documents. The PI then could highlight key words and phrases to capture thoughts and a coding theme that may have emerged from the text.

For this pilot study, transcripts, field notes, and memos of the individualized interviews served as multiple sources of data to support credibility of the study. To further support credibility, transcripts were read several times by the PI and the faculty advisor while using constant comparison to ensure that the codes are interpreted accurately. Creswell (2009) entails that constant comparison be used to ensure that as the PI codes, passages that support the definitions of emerging codes do not shift from the original definitions. Dependability was enhanced by having the PI lead data collection, including interviews, and data analysis (Kidd & Parshall, 2000) with the assistance of the faculty advisor. All the above stated strategies supported the overall trustworthiness of this pilot study.

Findings

This pilot study focused on the patient's perspective of bathing with an emphasis on the overall bathing experience. Data was collected and analyzed data from three face-to-face interviews with individuals who had been in the hospital or a care facility within the past month and had received a bed bath during that healthcare stay. All participants were female and within the age range of 65-85 years. The following question guided the study:

1. Can you tell me about your experience of what it is was like to receive a bed bath?

Emphasis was placed on exploring first-hand perceptions of what it is like to receive a bed bath, specifically the environment, relationship, and physical and emotional well-being before and after the completion of the bed bath. In this section, findings were reported based on content

analysis of qualitative data. There were three major categories identified: 1) Clean vs. Unclean, 2) Personal vs. Impersonal, and 3) Dependent vs. Independent. These categories serve as the major headings for the findings.

Clean vs. Unclean

The first category identified is related to the participants' descriptions of how the bed bath made them feel regarding their physical being. All three participants used the phrase "feel clean" in the interview to describe what it is like to receive a bed bath or a shower. Participant One used the word "clean" 22 times throughout the transcribed interview. The word 'cleaner' or phrase 'more clean' was used in describing the feeling after the completion of the bed bath. For example, Participant Three stated:

"I felt clean. There is [sic] no worries you are going to smell bad or if you perspire it is going to be okay. Basically, I just felt clean and it is just a good atmosphere setting and there is just nothin' [sic] out there to bother you in the atmosphere."

Participant One stated, "I felt better, well I had been passed out for three days. So at least I felt cleaner, it made feel cleaner, a little bit more fresh, you might say."

Feelings of being unclean were also reflected in the participants' words. For example, Participant One said:

There's a world of difference. Bed bath, you feel you are half cleaned, I don't know what it is, I guess it might just be in my head. I don't know. But when I take a shower and I'm cleaning myself, I know I'm clean. You can't do a good job with a bed bath as you can a shower.

The concept of feeling physically clean was important to all three participants.

Personal vs. Impersonal

The second category identified is Personal vs. Impersonal. Here, participants spoke of or referred to the interactions between themselves and the persons assisting or providing the bed bath. Participant statements were categorized as reflecting either personal connections or impersonal connections. For example, Participant One describes her impersonal experience:

Uh...they just kind of wet me down and then took a cloth and wiped me off. And that was about it. I mean it was like a quick, running a car through a car wash, that was what it felt like.

She reiterated the impersonal nature of that experience and repeated the car-wash sentiment a second time. She also expressed the value of being included in bathing preferences when she said:

The only thing I can think of is the nurses could at least, I don't know, ask you, ask you [sic] is there any certain way you want to [be] washed, or just talk to, say something to ye [sic], not just come in and jerk everything off and throw water all of [sic] you, wipe the water off and wipe the bed off, it feels like a mechanical car wash. That's how I know to explain it.

When asked about the conversation between herself and the bathing assistants, Participant One said:

They just come in and asked if I would like a bath and I said yes I would. So that was about it. We didn't talk about anything. They didn't ask me any questions, how I was, felt or what was wrong with me. It was just slam, bam and thank you ma'am and out of here.

Participant One continues by stating, "That's the way it was. There was no conversation between us. Nothing." Participants Two and Three expressed different sentiments that were based on a more personal experience. For example, Participant Three reflected on the laughter that occurred during her bath:

We laugh and cut up and I really enjoy their company. The ones here with Rehab B especially. They laugh a lot and joke and then we talk about things that has happened in our own life that is kind of funny.

Participant Three also expressed a level of comfort with her bathing process when she said,

. . . You feel more comfortable with people here. I feel that I can trust them no matter what I say no one is going to repeat it. It is a calming atmosphere. There's not bells ringing and people doing all this sort of thing like that have to do at the hospital.

Participant One mentioned that the way the nursing staff bathed them was important to them by stating:

They are more delicate with you, they're not hard and rub like they're going to rub your skin, and they don't just take the rag and barely wipe you down and that's it. They do make you feel clean, I do have to say that about Hospital B, whereas Hospital A did not do a good job.

Each participant mentioned different sentiments regarding the care they received but all included the care they received based off personal feelings whether it be personal or impersonal experiences.

The preferred atmosphere for bathing activities were also consistently expressed by participants. The participants indicated that the atmosphere in which they received a bed bath impacted the experience. For example, in describing her desire to be in a single occupant room, Participant Two stated, “Because I was so disappointed and I wanted to come home. Two in the bed and I was very unhappy. Very unhappy.” The experience of having to receive a bath in a semi-private room while another patient was present was unsettling to her. Participant Three also mentions the atmosphere as being a key component in the bed bathing experience. Participant Three states, “Peaceful atmosphere, calmness, no one sick or coughing, vomiting or carrying on.”

Independent vs. Dependent

The third category is indicated as Independent vs. Dependent. In this category, participants spoke about their abilities to perform bathing activities. Additionally, the idea of being able to independently make your own decision related to bathing preferences and atmosphere was clear. Participants mentioned their desire to be able to conduct their own bathing activities and make their own choices. For example, Participant One describes her experience of being able to bathe herself:

On the fourth day, what I thought pretty sure was the fourth day, I began to feel somewhat better. The nurse asked me, “Do you want to take a shower today?” and I said no but can I have a pan and me and my husband can give myself a bath [sic]. They

brought me the water, because I had my own soap. I had my husband bring it from the house. And so, that way I felt even cleaner because they give me the bath with the water just thrown on me, you know, honestly I felt better but I didn't really feel clean.

When asked what it meant to her to be able to do the bed bath herself, Participant One states, "It gave me more hope to be able to get back to my normal lifestyle and be able to do my bath myself.". Participant One goes on to describe her bed bathing experience with help from the nursing personal to be helpful during her illness:

It was. Because at the particular time I couldn't get up. I mean I couldn't hardly set up, like this, how I am sitting right now, kind of reclined. I couldn't even do that. I was in pretty bad shape.

The participants not only described instances of when they had to rely on others to assist them but also spoke of instances where they were displeased when choice was not an option for them. These sentiments were evident in all three interviews. For example, Participant Three mentioned that she prefers soap and water over the bath wipes when she said, "no not with the wipes. I really prefer the water and the soap. Whatever the type of liquid soap they use smells good and it doesn't break you out if you have allergies." Participant Three also indicated preferences in her description of the bed bathing technique of the nursing staff:

They got it down to a science here. I like the way they do it. They bring things to your bed and stand and the water is so hot, I don't mean hot it's just warm. It feels good and that's what I like and I trust the women who give the baths too.

Participant One and Participant Three both mentioned the use of the non-rinse showering caps with two varying opinions. Participant One states that she enjoyed the option of having the non-rinse showering cap:

Now that was on the fourth day I was there, when I was washing myself and they asked me, “Would you like to wash your hair?” And I said yes but I can’t take a shower. They said, “No problem we got a bonnet you can use.” [sic] So they did and they brought the bonnet in there and they did a good job you know rubbing that bonnet over my hair and getting it real good. And that made me feel better than a bath because I can’t stand for my hair to be dirty. That made me feel better than the bath, really. Yeah they did that and they towel dried is as much as they could because I didn’t have a dryer with me. Towel dried it as much as they could. I got to be honest with ye [sic], I really appreciated the hair wash more than the bath.

Whereas, Participant Three did not favor the non-rinse showering caps by stating, “. . . I know at Hospital C they give the hair thing with the cap you know. I truthfully did not like that.” And she goes on to say, “Sometimes it pulled you hair and it just did not feel like my hair was clean. And I did not know who was wearing that cap before me. I know that may sound silly but I get concerned about things like that.” The participants all have mentioned specific criteria that they would like to be included in their bed bathing experience. Implementing a patient-centered care model would help support the idea that patients want to maintain autonomy throughout their bed bathing experience.

Conclusion

This pilot study has provided some initial insight into the experience of bed bathing from a patient perspective. During this study, three distinct categories emerged: Clean vs. Unclean, Personal vs. Impersonal, and Independent vs. Dependent. Although the sample size was small, rigor was maintained and this study suggests that more information is needed to fully understand the patient experience of bed bathing. There are several implications for continued study.

First, there are theoretical implications that exist. For example, Hildegard Peplau's Theory of Interpersonal Relations focuses on the nurse-patient relationship and suggests that the nurse be a resource person, counselor and surrogate for the patient (Potter & Perry, 2013). According to Peplau's Theory of Interpersonal Relations, the nurse should follow these stages when developing nurse-patient relationship: orientation, working phase and termination. The orientation phase is key to developing a common goal and rapport with the patient. Each participant mentioned how communication with the nursing staff impacted their bed bathing experience; whether it be a lack of communication or communication that helped enhance the bed bath experience. It is possible that Peplau's theory could provide underpinning for continued research.

Kolcaba's Comfort Theory also could be used to guide future research in this area. Participants spoke about the relationship and communication between themselves and the staff that helped with the bed bath. Kolcaba's theory emphasizes "physical, environmental, sociocultural, and psychospiritual comfort for both patient/families and nurses" (Kolcaba, 2003). The findings suggest that there is a need to further look at the patient perspectives and relate the findings to Kolcaba's Comfort Theory to ensure that the patient-centered care model is implemented throughout the bed bathing process.

Finally, as indicated above, this was a pilot study for an undergraduate honor's thesis and as such, the sample size was small and findings cannot be generalized. However, there is a lack of research in the current nursing literature related to this topic. The focus on evidence-based practice (EBP) and quality in healthcare should not discount the importance of considering patient preferences and values when making decisions that affect nursing practice. This study provides a starting point for understanding the experience of bed bathing from a patient perspective. The author recommends that the study be replicated with a larger sample size to reach data saturation. It would also be beneficial to include male and female patients in different facilities. Continued research in this area can provide nurses with additional insight into a fundamental nursing intervention that can shape the patient's perception of healthcare.

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Appendix A

INFORMED CONSENT

This Informed Consent will explain about being a participant in a research study. It is important that you read this material carefully and then decide if you wish to voluntarily participate.

- A. Purpose: The purpose of this research study is to investigate the perspectives of long-term care resident's views and experiences on bed bathing. The bed baths can be either with soap and water or with bath wipes. The participants will have open discussions with the primary investigator about their experiences and thoughts on the assistive bathing activities in which they have been involved.
- B. Duration: The duration of the interviews will last approximately one hour. Conversations will be recorded using two digital recorders.
- C. Procedures: The procedures, which as a participant in this research will involve you, include the participant must be at least 60 years old or older, be able speak, read, and understand English language. Participants must be alert and oriented times 3 to person, place and time and a Mini-Mental Status Exam (MMSE) score greater than or equal to 27. The participant must have received a bed bath with soap and water or with bath wipes within the past month of the interview date. The participant will be asked to open-ended questions to describe personal experiences involving receiving a bed bath.
- D. Alternative Procedures/Treatments: There will not be any alternative procedures/treatments if you opt not to participate.
- E. Possible Risks/Discomforts: The possible risks and/or discomforts from your participation in this research study include discussing personal experiences that may bring some discomfort or distressful feelings about the topic.
- F. Possible Benefits: The possible benefits of your participation in this research study is to provide healthcare providers with a better insight into the patient's perspectives that may improve the quality of patient centered care.
- G. Compensation in the Form of Payments to Participant: No compensation will be provided for participation in this research study.
- H. Voluntary Participation: Your participation in this research experiment is voluntary. You may choose not to participate. If you decide to participate in this research study you can change your mind and quit at any time. If you choose not to participate, or change your mind and quit, the benefits or treatment to which you are otherwise entitled will not be affected. You may quit by calling NIKKI SUMNER whose phone number is 423-863-4969. You will be told immediately if any of the results of the study should reasonably be expected to make you change your mind about continuing to participate.

- I. Contact for Questions: If you have any questions, problems or research-related medical problems at any time, you may call NIKKI SUMNER whose phone number is 423.863.4969, or DR. CHRISTY HALL, whose phone number is 423.439.7881. You may also call the Chairman of the ETSU Institutional Review Board at 423.439.6054 for any questions you may have about your rights as a research participant. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you can't reach the study staff, you may call an IRB Coordinator at 423.439.6055 or 423.439.6002.
- J. Confidentiality: Every attempt will be made to see that your study results are kept confidential. A copy of the records from this study will be stored in EAST TENNESSEE STATE UNIVERSITY for at least 5 years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a participant. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the ETSU IRB, and NIKKI SUMNER and his/her research team have access to the study records. Your records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as described in this form.
- K. Voluntary Participation: Your participation in this research experiment is voluntary. *You may choose not to participate.* If you decide to participate in this research study you can change your mind and quit at any time. If you choose not to participate, or change your mind and quit, the benefits or treatment to which you are otherwise entitled will not be affected. You may quit by calling NIKKI SUMNER whose phone number is 423-863-4969. You will be told immediately if any of the results of the study should reasonably be expected to make you change your mind about continuing to participate.
- L. Contact for Questions: If you have any questions, problems or research-related medical problems at any time, you may call Nikki Sumner whose phone number is 423-863-4969 or Dr. Christy Hall, whose phone number is. 423.439.7881. You may also call the Chairman of the ETSU Institutional Review Board at 423.439.6054 for any questions you may have about your rights as a research participant. If you have any questions or concerns about the research and want to talk to someone independent of the research team or you can't reach the study staff, you may call an IRB Coordinator at 423.439.6055 or 423.439.6002.
- M. Confidentiality: Every attempt will be made to see that your study results are kept confidential. A copy of the records from this study will be stored in East Tennessee State University for at least 5 years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a participant. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the ETSU and Nikki Sumner and her research team have access to the study records.

By signing below, I confirm that I have read and understand this Informed Consent Document and that I had the opportunity to have them explained to me verbally. You will be given a signed copy of this informed consent document. I confirm that I have had the opportunity to ask questions and that all my

questions have been answered. By signing below, I confirm that I freely and voluntarily choose to take part in this research study.

Signature of Participant

Date

Printed Name of Participant

Date

If signed by someone other than the Participant, state your relationship to the Participant and a description of your authority to act on the Participant's behalf:

_____.

Signature of Principal Investigator

Date

Appendix B

'Do Not Disturb' Sign

**DO NOT
DISTURB**

Appendix C

Semi-Structured Interview Guide for Participant Interviews

1. Tell me about your experience of what it was like to receive a bed bath.
 - a. If the patient does not specify what kind of bath, soap and water or bath wipes, ask the following: Tell me about the kind of bed bath you received.
2. Tell me about the environment where your bed bath took place.
3. Can you tell about things that would have enhanced your bed bathing experience?
4. Can you talk a little bit about the relationship between you and the individual that helped you with the bed bath?
5. In your own words, how did you feel after the completion of the bed bath?

**Throughout the interview the participant's answers may prompt for the primary investigator to ask follow-up questions.*

Appendix D

Facility Approval Letter

NHC Healthcare, Kingsport

NHC Kingsport
2300 Pavilion Dr
Kingsport, Tn 37660
423-765-9655 423-392-4795

2300 Pavilion Dr.
Kingsport, TN 37660
ETSU Midway Honors Scholar and College of Nursing Student
1334 Willow St.
Kingsport, TN 37664

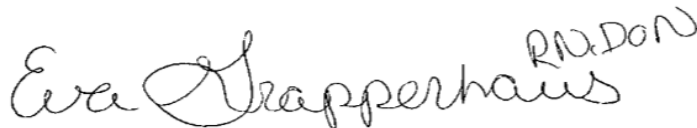
Dear :

We have reviewed your request for the use of our facility for your undergraduate thesis exploring Older Adults Perspectives of Bathing. I am pleased to inform you that NHC HealthCare Kingsport has agreed to allow you to recruit participants for this pilot study. A list of potential participants will be provided to you upon request. HIPAA and OSHA regulations will apply to all potential participants. You may begin recruiting participants after March 1, 2016 and continue to recruit for the duration of your data collection.

If you have any questions about the facility, the recruiting process, any NHC policies or if we can be of further assistance to you, please call us at 423-765-9655. The Director of Nursing, Eva Grapperhaus, or Administrator, Debbie Hubbard, will be able to assist you and answer any questions.

Thank you for choosing as the site for your proposed pilot study. We appreciate your dedication to your studies and look forward to assisting you through this process.

Sincerely,



Director of Nursing (DON)

Enclosure

Appendix E

Flyer



WHAT: *Private, confidential, individual interview lasting no longer than one (1) hour*

WHEN AND WHERE: *Date, time, & location of your choice*

Share your experience of receiving a bed bath!

Nikki Sumner, BSN Nursing Student, Midway Honors Student, East Tennessee State University, College of Nursing

Katherine C. Hall, PhD, RN-BC, CNE Assistant Professor of Nursing, East Tennessee State University, College of Nursing, Faculty Advisor

WE WANT YOUR PERSPECTIVE!

PARTICIPANTS WANTED TO TALK ABOUT YOUR EXPERIENCE!

- **Are you at least 60 years old?**
- **Can you speak and read English?**
- **Have you received a bed bath within the past one (1) month?**

If you answered “**YES**” to these questions, you may be eligible to participate

If you have any questions or would like to participate please contact:

***Nikki Sumner, BSN Honors Nursing Student, Primary Investigator
East Tennessee State University,
College of Nursing at:***

Phone Number: 423.863.4969 or
Email: sheltonnd@goldmail.etsu.edu