Facilitating transformation from within the workplace.
Embracing person-centred systems and process through participatory research.

A Story
The Story Tellers

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Making Time to make Sense of complexity of the work place.
Using two models of workplace facilitation to create conditions for the development of person-centred culture: A PAR study

Dr Michele Hardiman
Facilitating and enabling work-based facilitators in the midst of practice.

“Facilitating on the Run”

Ms Laura Taheny
Designing and implementing an Electronic Nursing Record as part of the Integrated Hospital Information System. A Practice development Approach.

“From Mechanical to meaningful capture of Patient Information.”

Ms Sinead Hanley
An evaluation of an electronic record.

“What have we learned and what next.”

Professor Jan Dewing
Chapter One

Using two models of workplace facilitation to create conditions for the development of person-centred culture: A PAR study

Dr Michele Hardiman

Person-centred Practice Framework
(McCormack & McCance 2017)
Culture is defined within the workplace, if culture is to change learning is needed to support transformation within the workplace. (Raelin, 2008).

What can we not see in our own workplace?

Get beneath the surface of what's going on – a quest for enlightenment, empowerment and emancipation.
Seeking to find the answers......

1. What do person-centred models for work based facilitation look like?
2. How do work based facilitation skills enhance person-centredness?

Research Design

The study is situated within critical social science and draws on participatory action research to explore and refine two facilitation models: Critical Allies and Critical Friends.

Greatly influenced by Critical Companionship (Titchen, 2000) & involved exhaustive critique of related research.

The researcher adopted an insider approach working with nursing leaders within an acute hospital setting.

Five cycles of reflection and action cycles took place followed by a meta-analysis.
Critical Allies are persons on your side that are not yet your friends

Critical Friends develop through building on the relationships and embodied understanding.
Philosophical Underpinnings
Critical Social Science and the quest for enlightenment, empowerment and emancipation.

1. A democratic process
Communicative actions cannot be imposed; agreement reached must be by consensus and shared vision with the context of the worldview.

2. Enlightenment through critical social science process
The process of critical social science will in itself result in enlightenment in the social situation if facilitated to do so.

3. Communicative competence:
Communication and participation leads to shared understanding and co-operation

4. Actions orientated to understanding: When a false consciousness has been revealed
Choosing the right tool to analyse the culture that fits with the philosophical principles.

Five attributes of an effective workplace (Manley et al. 2013 p.150).

1. Ten key values shared in the workplace
   i. Person-centredness
   ii. Open Communication
   iii. High Support (High Challenge)
   iv. CIP principles
   v. Teamwork
   vi. Leadership development
   vii. Evidence use and Development
   viii. Lifelong learning
   ix. Positive attitude to change
   x. Safety (holistic)

3. Adaptability and creativity to maintain workplace effectiveness
4. Change driven by needs of patients
5. Formal systems of Evaluation and Governance

- Evidence of quality and effective care systems was polarised into different departments or specialised areas.
- Outcomes from treatment, throughput and efficiency appeared to take foremost attention rather than the experience of being a patient or member of staff.
- Organisation Values were shared with some but not all.
- There was a willingness and enthusiasm for innovation and creativity.
- Change was driven as an outcome of complaints and other external drivers.
- Unravelling of false consciousness needed to be sensitively facilitated.
- Recruitment and retention was an issue in all departments including nursing.
- There was strong leadership in nursing that wished to empower change
Group analysis using collaborative and creative methods.

**Data Analysis Map**

- **Meta-analysis Cycle 1**
  - Simple coding onto Critical Allies and Critical friends Models

- **Meta-analysis Cycle 2**
  - Thematic analysis of data "whats going on?"

- **Meta-analysis Cycle 3**
  - Consensus building and links to philosophical principles

**4 Meta-analysis themes**

1. **Intentional phenomena**
   - Intentional pre-agreed processes
   - Leadership

2. **Communicative competence**
   - Perception of how communication happens
   - Presence of discourse
   - Form of communication-gentle language
   - Location of communication

3. **Practical wisdom**
   - Tacit knowledge
   - Knowing and Understanding

4. **Revealing the culture through learning**
   - Cultural readiness
   - Organised actions
   - Presence of a shared purpose
   - Revealing false consciousness

**12 Sub-themes**
Key Findings

1. Facilitation is grounded in relationships. There are Four pre-requisites for a facilitative relationship.
   - Preparedness
   - Authentic Presence
   - Mutual Respect
   - Sharing Values

2. Facilitation does not always need protected time and space away from the workplace.

3. The models Critical Allies and Critical Friends offer stepping stones from novice to more experienced facilitation and complement the Critical Companionship model (Titchen, 2000).
Chapter 2
Facilitating and enabling work-based facilitators in the midst of practice.

“Facilitating on the Run”

Ms Laura Taheny
Background to the Research

Internationally, person-centred practice is being integrated in healthcare policy to address concerns which arose as a result of failures in meeting minimum standards of care. The Person-Centred Practice Framework states that a “Healthful Culture” will emerge as an outcome; which is linked to flourishing. Flourishing as an outcome from developing person-centred cultures needs to be better understood. This can be done by learning through practice based approaches to research.

Aims of the Programme:

1. To prepare nurses to be work-based facilitators (WBF) of person-centred practice.
2. To test a specific method of facilitation; “Facilitation on the Run” developed as part of a PhD research study.
Work-based Learning

“The consequences of WBL include individual/personal, interdisciplinary/team and organisational effectiveness. WBL aspires to enable all those involved in WBL, and all those benefitting from it, to flourish and grow”

(Manley et al., 2009)

In Comparison to Training..

Active Learning

Facilitators in the Midst of Practice

PD programmes are designed to meet the needs of nurses and healthcare staff within the workplace with a person-centred and evidence based resolve, facilitative learning and reflection (Manley et al., 2008).

Facilitation Workshops
Breaking Down the elements in order to build them up again
Using Critical Allies and Critical Friends as a pathway for Novice and Proficient facilitators
Facilitation on the Run (FOR):

Facilitation does not always need protected time and space away from the workplace.

(Hardiman, 2017)

Facilitation skills and strategies can be integrated into everyday work quickly and unobtrusively we have called this method Facilitation of the Run.
Challenges of Becoming a Novice Facilitator

Learning has occurred when attention and actions have shifted towards new or different knowledge, understanding or behaviours (Lee & Dunston, 2011)
Consequential Results of the Facilitation Programme

• Improved experiences of care for the giver and receiver
• Enhanced perception of flourishing amongst nurse leaders
• Decreased number of complaints
• Improved retention of nurses
• Attraction of high quality candidates

Some of which are those stated by Durrant et al., 2009 as aspirations of WBL

Flourishing is the highest good of human endeavour and that towards which all actions aim. It is success as a human being (Aristotle)
Four essential elements for flourishing

- To feel challenged (by self and others)
- To feel connected (outside and within)
- To have autonomy
- To use our valued competencies (what we have learned in our lives)

(Gaffney, 2011)

I have become self aware

I have been challenged more than I ever expected

I feel so lucky to be part of the group

The future looks bright the more enlightened and empowered I become. If it is a cult I say I am happy to belong.

Karen O Connell

I am stronger, more resilient and adaptable

I am living and breathing a person centred culture

I am transformed

I am now authentically present
Chapter Three
Designing and implementing an Electronic Nursing Record as part of the Integrated Hospital Information System. A Practice development Approach.

Ms Sinead Hanley Director of Nursing

“From Mechanical to meaningful capture of Patient Information.”
Aims and Objectives
The aim of the nursing project was to agree a framework for designing, implementing and evaluating a bespoke electronic nursing record that fits within and concurs with a hospital wide Hospital Information System (HIS) objectives:

• Ensure provision of a comprehensive, holistic record of assessment, planning care (interventions) and evaluation of the care delivered.
• Develop documentation that meets the legal and professional requirements
• Incorporate international nursing language.
• Provides evidence of person-centred nursing practice (McCormack & McCance, 2010)
• Includes the use of person-centred language in pre-set content which will in turn support person-centred practice.
Methods
Using PD methodologies and principles to involve end users and clinical leaders in the development of a person-centred and evidenced based record.
Criticisms of using an EMR in nursing:

- Common trends
  - time it took to access and use the computers,
  - insufficient hardware
  - unreliable Wi-Fi
  - personal belief by nurses that it detracted from delivering individualised care.

Timmons (2003)

General dis-satisfied with the quality of electronic documentation that is driven mainly by risk assessments and interventions and captures less about the relationship and care delivered.

Bøgeskov and Grimshaw-Asgaard (2018)
The core of person-centred care originates from the development of person-centred relationships and is supported by shared decision-making which is inherently difficult to articulate and describe in a patient record.
“Patients are not merely a set of problems but rather a unique and complex individual person. Capturing even some of that uniqueness is challenging even if we have the time.”

“I need to make sure I have passed on all the information about my patient.”

“How can I feel confident that my notes will reflect the relationship I have with my patients?”

“Patients often share stories with us about things that are important to them but we’re not sure how to write that.”

“Are Values and Beliefs only about Religion?”

“I am uncomfortable talking to patients about values and beliefs.”
Language Use and meaningful dialogue. How will we know what matters?
Nursing Documentation

Review the evidence
Incorporate what we are currently doing well
Develop the core assessments
Develop the problems
Build them into the system
Review with other colleagues
Agree content

Complex Development-Work Flow Process Involved the end user in a meaningful way.
Work Flow Process

- Review with other colleagues
- Build them into the system
- Develop the core assessments
- Review the evidence
- Incorporate what we are currently doing well
- Develop the problems
- Agree content
- Nursing Documentation

Interactive with other systems e.g Pharmacy

Negotiating work-flows

CNS/ANP.

Out Pt

In-Pt
Solution Focused and facilitated team working.

- Equality
- Practice changes
- Literature search
- International nursing language
- Training needs
- Searching for Utopia
- All ideas explored
- Blank canvas
Our Learning
Key Point 1: Use of the CIP principles.

Relating all decisions back to the shared vision and objectives for the project. Nursing staff needed to be happy that the information they sought as necessary, was either collected in an alternative section of the record or needed to be convinced that the information did not enhance the care record at all.
Our Learning

Key Points 2: Focussing on assessment and establishing relationship as the gateway to a holistic record.

During an assessment, the nurse engages in a number of interrelated clinical, social and cognitive tasks to establish a picture of the person.

To deliver on the principles underpinning nursing practice of respect; professional accountability and responsibility; quality of practice; trust and confidentiality (NMBI, 2014).
Our Learning

Key Point 3: Value of a Gatekeeper

Appointed as part of the process to prevent query duplications, variances in language and multiplicity and maintain true to the vision and values for the project.

A person who had sufficient authority and knowledge of the whole EMR is responsible for the governance of nursing documentation from a hospital wide perspective.
European Kate Granger Award for Compassionate Care
Best use of Innovation Category
2019

Galway Clinic Nursing Team
IRELAND
An evaluation of an electronic record.

“What have we learned and what next.”

Professor Jan Dewing
Background

Broader micro, messo and macro cultural development
Build on PhD research findings
Connection through Centre for PcP Research and ICoP
Desire to find a research project to collaborate on
Aims of the research

1. To evaluate how the Galway Clinic Complete Electronic Nursing Record (GCCENR) contributes to person-centredness within the clinic based on The Person-centred Framework (McCormack and McCance 2017)

2. To suggest how the GCCENR can be further developed and any strategic and education/learning implications.

To collaboratively prepare for a larger funded research grant application.
Work-based facilitators as drivers for the development of person-centred cultures: a shared reflection from novice facilitators of person-centred practice

Critical Reflection on Practice Development

Alice Timlin, Amanda Hastings and Michele Hardiman

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Change, critical allies and critical friends, facilitation, person-centred cultures, transformation

Abstract

Background: Person-centredness is now an accepted term in policy and strategy documents worldwide, but Lavery (2015) highlights the need to bridge the gap between the aim of achieving person-centredness and the ability to deliver it. In this respect, practice development is a recognised methodology for enabling a person-centred culture (McCormack et al., 2013). This initiative follows on from a doctoral research study in the hospital that focused on the facilitation of person-centred cultures. Informed by the research, the nursing governance team decided to develop novice and proficient facilitators of person-centred practice for each nursing area in the hospital. These included clinical nurse specialists and clinical nurse managers.
Method: Evaluation Instruments

✓ PCPI-S  Person-centred Practice Inventory (Staff version)
✓ WCCAT  Workplace Critical Culture Analysis Tool
✓ Person-centred Moments
✓ Interviews with patients and review of documentation
✓ Co-researcher Reflections

Note: 2 instruments were being piloted as a part of other international research

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<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Completion by</th>
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<tbody>
<tr>
<td>Read IPDJ article</td>
<td>1-2 weeks</td>
<td>19/9/2018</td>
</tr>
<tr>
<td>Observation/ WCCAT Planning</td>
<td>3 weeks</td>
<td>26/9/2018</td>
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<tr>
<td>• Posters</td>
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<td>• WCCAT V5</td>
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<td>• Feedback Guidelines for wards</td>
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<td>• Action Plan</td>
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<td>• Practice Obs if needed</td>
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<tr>
<td>Interview schedule</td>
<td>3 weeks</td>
<td>26/9/2018</td>
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<tr>
<td>Interview Questions</td>
<td>1 week</td>
<td>12/9/2018</td>
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<tr>
<td>PCPI-S Schedule</td>
<td>1 week</td>
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<td>Agree schedule</td>
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<tr>
<td>Person-centred Moments (Data Collection)</td>
<td>Ongoing</td>
<td>Ongoing</td>
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Method

- Current level of person-centredness in the documentation and make observations relevant to other aspects of nursing practice.
- Prepare co-researchers and take part in a documentary/record of care analysis against the named model of person-centred practice.
- Prepare co-researchers and take part in observations of practice and staff interviews to see how the record of care is used in every day care.
- Share and feedback to staff groups with the Galway Clinic.
- Action Planning in teams with co researchers
- Make recommendations for education and learning
The Person Centred Practice Inventory – Staff (PCPI-S)
Developed by Slater, McCormack and McCance (2017).

- 169 questionaires returned
- Data coded using an excel sheet which enabled the co-researchers to view the constructs and any anomalies in responses that would be of interest to their teams.
- Each clinical area had their own analysis which was shared with the team.
- Overall Hospital Scores Min 3.5 Max 4.35 in all constructs. Each Facilitator was provided with an analysis of the scores from their own unit to feedback.
- Highlighting areas of high and/low scores.
- Most important aspect was turning data into information and knowledge for individual and team action

The Prerequisites of the Person-centred Practice Framework

Staff in (NAMED UNIT) scored in the higher band of of 4-5 in most of the constructs in this section Professionally Competent: Developed Interpersonal Skills; Being Committed to the Job; Knowing Self
Of significant note is staff’s responses to Q2, 4, 5, 8, 9 Where most staff scored the highest score of 5 demonstrating strong commitment to their roles in (NAMED UNIT)

2. When I provide care I pay attention to more than the immediate physical task.
4. I ensure I hear and acknowledge others perspectives.
5. In my communication I demonstrate respect for others.
8. I strive to deliver high quality care to people.
9. I seek opportunities to get to know people and their families in order to provide holistic care.
Each WBF had a minimum of two opportunities to observe the culture using the WCCAT. In their own unit and then in another unit. As a team the WBF devised a plan.
**WCCAT**

**Summarised using Claims Concerns and Issues Method**

<table>
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<tr>
<th>Claims</th>
<th>Concerns</th>
<th>Issues</th>
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<tr>
<td>Staff spoke to each other and patients in a warm manner&lt;br&gt;Staff helpful and supportive towards each other while managing their workloads&lt;br&gt;Staff good at sitting down and explaining care to patients&lt;br&gt;Staff good at listening to patient’s concerns&lt;br&gt;ISBAR tool used in handover – clear communication heard&lt;br&gt;Discharge information given clearly</td>
<td>Noise pollution&lt;br&gt;Boredom for patients – no stimulation&lt;br&gt;Lack of privacy&lt;br&gt;Loud argumentative talk between staff heard in one area&lt;br&gt;Staff speaking on English language&lt;br&gt;Documentation not done at beside&lt;br&gt;Routinised care&lt;br&gt;Lack of space in some areas - ADU, ICU A and E&lt;br&gt;Lack of medical staff presence</td>
<td>Do we need a holding bay?&lt;br&gt;Should we be calling this space a holding bay?&lt;br&gt;Can environmental changes be made to protect patient privacy?&lt;br&gt;Does the holding bay need to be an open plan design?&lt;br&gt;How do we do our documentation in real time?&lt;br&gt;Do we need to take time to reflect on our day?&lt;br&gt;Is there too much routine?&lt;br&gt;Is there not enough routine?</td>
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Person-centred Moments
Collection period 6 weeks: 80 accounts (52 staff-patient and 28 staff-staff)
Analysis - 17/4/19

- Very busy shift. CNM covered breaks so other nurses could go. Was not taking a break herself. One staff member brought her back a coffee and some cake. “well you need something as well”
- The ward clerk created her own orientation booklet for other ward clerks. She was not asked to do this. This made it easier for new or replacement staff to find their role easier.
- Staff member dropped a prescription off to a patient’s house who forgot to bring it home with them.
- Staff member who escorted one patient to their car. Found another patient struggling with a wheelchair and helped the person to where they were going.
- Patient who had not eaten for several days asked for a choc ice. The catering staff went to the shop to get the ice-cream and brought a second for the patients husband as it would encourage the person to eat.
- Staff member brought a patients clothes home to wash them as she had no relative visiting.
- Noticed a member of catering setting the table the way the patient liked it.
- A patient who was receiving palliative care had a great rapport with the care assistant. Patient was very glamorous and C/A sat with her had helped her do her nails.

- One staff member initiated staff to engage in mindfulness.
Patient interviews & review of documentation
Each Co-researcher conducted 4 interviews with patients using a template agreed by the team. Interviews were conducted over a 4 week period in September 2018.

Total 37 patient Interviews were recorded

Purpose of Interview
Assess the use of documentation to enhance Person-centred care
Persons experience of person-centred care.
Preferred Name
Values and Beliefs
Contact Person
Person-centred language.
Findings
The indicators of culture showed that most departments were ready for the project and were responsive to new ideas and practices; suggesting the record of care should have been adopted and absorbed into practice. The results indicate that the record of care was visible in daily care practices to varying degrees. This and the other findings will be discussed, as well as the co-researchers learning outcomes.
Recommendation from each member of the team following the research.

- Celebrate our person-centred moments e.g. shared decision making
- Create professional portfolio to encourage reflection on practice
- Specific education/learning workshops for all staff on nursing documentation and its relationship to PCC
- Examine the barriers to staff nurses asking a person about their values and beliefs
- Change to e-record: change header and questions about values and beliefs to what is important to the patient. Ask the person what they wish us all to know about them.
- More emphasis on the use of preferred name instead of patient
Overall Recommendations

- E records/documentation can be successfully adopted
- Nurses need to be part of development team
- Education and learning needs to be attached to a nursing model
- Workplace facilitation and facilitators (Critical Allies and Friends) are key
The Town Of Possibility
The courage to take bold steps.
Clarity of vision and values and taking an agreed path.
Trusting the process of Facilitating Person-centred Cultures.
Thank you for listening!

Winners European Kate Granger Award for Compassionate Care 2019