

Impact Case Study

UoA 3A: Allied Health Professions, Dentistry, Nursing and Pharmacy (Nursing and Health Science)

Person-centred Research

Research at the Ulster University into the theory and practice of person-centredness has influenced:

- the development of person-centred practices that led to better outcomes for patients and staff ; and
- policy for the development of person-centred services.

Underpinning research

The underpinning research has been derived from over 15 years of activity in the field of person-centred nursing. The research has focused on theory development, implementation studies and the development and testing of instruments and processes for evaluating person-centred nursing. The Person-Centred Nursing (PCN) Theoretical Framework was developed by McCormack and McCance (1) and was derived from previous empirical research focusing on person-centred practice with older people (2) and the experience of caring in nursing (3). Both original frameworks were philosophically consistent with caring science principles as those that focused on: dignity, compassion, relationships and overall respect for persons. A review of the frameworks indicated a high degree of consistency across individual concepts and thus a high degree of face validity. The resulting Theoretical Framework was first published in 2006 and since then its reach has been worldwide, with it being translated into several different languages and tested in several different contexts and countries (*for example McCormack B and McCance T (2013) Personcenterad omvårdnad, in J Leksell and M Lepp (eds.) Sjuksköterskans Kärnkompetenser, Liber Publishers,Stockholm. Pp: 81-110* <http://www.liber.se/Hogskola/Medicin-varld-ochhalsa/VardOmvardnad/Omvardnad/Sjukskoterskans-karnkompetenser/#furtherdescription>)

The significance of the work is most prominent in its use as a guide for informing implementation studies that have focused on the development of person-centred nursing in a variety of contexts. Through the use of the framework in this way, we have been able to identify and refine relationships between concepts as well as identify new areas of research. We have undertaken implementation studies in residential care settings for older people, in a variety of secondary and tertiary care settings, in community care and in palliative care (4, 5). In these studies, the framework has been used to promote an increased understanding of person-centred nursing with the aim of enabling practitioners to recognise key elements in their practice, generate meaning from data that can inform the development of person-centred nursing, and most importantly to focus the implementation and evaluation of improvements in practice towards cultures of care that are more dignified and compassionate.

A number of instruments have been developed through these studies, all of which have enabled the identification of key processes in the development of person-centred nursing and resulting outcomes for service users, staff, teams and organisations. We have developed and tested the Person-centred Nursing Index, the Context Assessment Index and the Workplace Culture Critical Analysis Tool (6). These instruments have been used in a variety of international studies that have

shown outcomes from the implementation of person-centred nursing. The systematisation of other processes such as the collection of 'patient stories' have also emerged through this research.

Details of the impact

The development of person-centred practices that lead to better outcomes for patients, staff and teams.

High profile implementation studies in Northern Ireland, The Republic of Ireland and in Australia have been informed by the Person-centred Nursing Theoretical Framework (the framework). These programmes of implementation research have involved working collaboratively with large numbers of practitioners, patients/clients, families and service managers (> 600 in the Republic of Ireland Programme; >2000 in Australia and >450 in Northern Ireland). Through these studies we have shown improved outcomes in:

- (i) the delivery of nursing and healthcare [such as pain management postoperatively in acute care and the management of mealtimes in residential settings <http://www.implementationscience.com/content/6/1/9>;
- (ii) culture change to support more person-centred ways of working [such as improved leadership, better care coordination and more effective team-work];
- (iii) improved care experiences by patients/clients (such as increased 'hope', more dignified care and more involvement in care <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-3743.2010.00216.x/abstract>);
- (iv) more person-centredness experienced by staff in the workplace (such as increased commitment, role clarification, more effective communication and more access to on-going professional development.

Further impact from this research can be demonstrated through the international adoption of the framework. For example in Australia the 'Aspire to Inspire' Care Programme has used the framework to systematically change practices in residential care settings in New South Wales. As a part of this work, an indigenously sensitive version of the framework has been developed and utilised with indigenous populations in order to ensure that their care is dignified and sensitive to their. In addition, the framework is used within the programmes 'continuous improvement' monitoring system. These programmes of work have not just used the framework to guide implementation but the associated instruments have been used to evaluate the effectiveness of processes and resulting outcomes.

The influencing of policy for the development of person-centred services.

Examples of policy impact are the use of the framework to underpin key strategic developments in Northern Ireland, The Republic of Ireland, Great Britain, Australia and New Zealand. In Northern Ireland the framework has been used as the theory of choice to underpin the Chief Nursing Officer's Nursing Strategy, the Northern Ireland Cancer Network's Service Framework and the DHSSPS Older People's Services Policy Framework. The Royal College of Nursing adopted the framework to inform its development of 'Principles of Nursing Practice' and these are being implemented across the UK. In the Republic of Ireland the framework has been used to develop a 'National Practice Development

Strategy' commissioned by the Chief Nurse and which has been implemented throughout the Health Services Executive service areas.

This has resulted in changes to how nursing professional development is organised, how care practices are developed and how patient care is delivered (for example end of life care in acute hospitals). In Australia, a development programme (The Essentials of Care Programme [EOC]) in over 600 clinical areas that is facilitated by The Chief Nurse of New South Wales Health Department is based on the framework Examples of outcomes from this work show, a 70% reduction in medication incidents;

improvements in communication with patients/families; improvements in the patient care experience; increased awareness of the impact of the environment on the delivery of patient care; more consistent identification and implementation of patient safety initiatives that are congruent with NSW Health priorities; and staff being able to use the change process learned from the EOC programme to implement mandated changes e.g. bedside handover. This focus on learning has been continued in New Zealand, where the framework has been adapted to inform a learning strategy for continuing specialty nursing education over 3 District Health Boards.

Use of this education framework, informed by person-centredness is being used to change the culture of nursing in the Region. Overall, implementation of research arising from the development, refinement and evaluation of the usability of the person-centred nursing theoretical framework in practice has resulted in outcomes for individuals (patients, families, staff), teams and organisations that collectively demonstrate changes to workplace cultures towards ones that are more person-centred.

References

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