

## Impact case study (REF3)

<b>Institution:</b> Queen Margaret University, Edinburgh		
<b>Unit of Assessment:</b> UoA3 Allied Health Professions, Dentistry, Nursing and Pharmacy		
<b>Title of case study:</b> Using a theory of person-centredness to transform nursing and healthcare cultures		
<b>Period when the underpinning research was undertaken:</b> 2000-2020		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Brendan McCormack	Professor and Head of The Divisions of Nursing, Occupational Therapy and Arts Therapies.	2014 – present
Jan Dewing	Professor and Academic Lead for Nursing	2015 –present
Caroline Dickson	Senior Lecturer in Nursing	2003 – present
<b>Period when the claimed impact occurred:</b> 2014 -2020		
<b>Is this case study continued from a case study submitted in 2014?</b> N		
<b>1. Summary of the impact</b>		
<p>Over the past 20 years we have conducted research and practice development that has focused on developing theoretical frameworks, translation and implementation methods as well as tools and processes for evaluating the effectiveness of efforts to implement person-centredness in nursing and healthcare. The implementation of the Person-centred Practice Framework (PCPF) developed because of our research has shaped nursing and healthcare developments in 22 countries. The systematic and sustained implementation of a theory of person-centredness in practice continues to result in significant differences in overall quality of patient experience, staff satisfaction and well-being, as well as better workplace cultures.</p>		
<b>2. Underpinning research</b>		
<p>The PCPF, a mid-range theory was developed from empirical research published between 2000–2010. This body of peer-reviewed research and the detail of the PCPF as a theory can be found in McCormack and McCance (2010). It is this body of research upon which this case study is built. Despite revisions over time, the fundamental building blocks of the framework (the domains), and the key elements (the constructs), have remained stable over time. Refinements have reflected increased engagement with person-centred theory, its implementation in a variety of contexts and contribution of this theory to a broad agenda of person-centred policy, education, practice and research. The PCPF is the most adopted framework for informing the development of person-centred practices and systems among multidisciplinary and interprofessional teams internationally and has been translated into 10 languages (c.f. Bing-Jonsson et al 2018) (Dutch, German, Danish, Norwegian, Portuguese, Spanish, Mandarin, Slovenian, Swedish and French) and tested in multiple healthcare contexts in 22 countries (c.f. Gruden et al 2020). The framework and associated tools appeal to a wide range of stakeholders. Influential participatory research and development undertaken with international partners in the United Kingdom, Sweden, Norway, Finland, The Netherlands, Spain, Portugal, The Republic of Ireland, Australia, South Africa, USA and Canada has resulted in the development of six evaluation instruments (<i>The Person-centred Nursing Index; The Context Assessment Index; the Person-centred Practice Inventory (PCPI) [with versions for staff, service users and healthcare students]</i>) and one observation tool (<i>The</i></p>		

*Workplace Culture Critical Analysis Tool*). Through various implementation studies that combine the use of the PCPF with these measurement tools, we have identified key outcomes from the implementation of person-centred practice.

Our collaborative research and development projects in nursing home settings have resulted in improvements to the care environment, greater resident satisfaction, improved staff well-being, reduction in falls and reduced use of psychotropic medications (McCormack et al 2010, Buckley et al 2014, Mekki et al 2017; Mayer et al 2020). In acute care settings, we have produced peer-reviewed evidence of better engagement between staff and patients as well as improved retention of staff, greater job satisfaction and staff wellbeing (McCance et al 2008, Parlour et al 2014, Hahtela et al 2015, Laird et al 2015). In palliative care, our systematic evaluations of practice development programmes have shown improvements in regulator quality indicators, as well as improvements to the quality of the care environment, better and more effective staff communication, increased staff development, and better retention of staff (Yalden et al 2013, McCormack et al 2018, Haraldsdottir et al 2020). An international programme of work leading to the development and testing of eight person-centred nursing key performance indicators (KPIs) and associated measurement tools have been tested through a series of international implementation studies in a range of clinical settings (McCance and Wilson 2015, McCance et al 2020). Findings from these studies confirm that using the eight KPIs generates evidence of patient experience that facilitates engagement of nurses to develop person-centred practice, contributing to an enhanced care experience. Our ongoing research has led to the development of the first ever Indicators for Person-centred Healthcare Curricula (McCormack & Dewing 2019) that are being tested in an Erasmus+ pan-European curriculum development project (Dickson et al 2020).

### 3. References to the research

Bing-Jonsson, P.C., Slater, P., McCormack, B. and Fagerström, L. (2018) Norwegian translation, cultural adaption and testing of the Person-centred Practice Inventory - Staff (PCPI-S) *BMC Health Services Research*, 18: 555 <https://doi.org/10.1186/s12913-018-3374-5>

**Gruden, MK., Turk, E., McCormack, B. and Stiglic, G. (2020)** Impact of Person-Centered Interventions on Patient Outcomes in Acute Care Settings – A Systematic Review. *Journal of Nursing Care Quality*, [10.1097/NCQ.0000000000000471](https://doi.org/10.1097/NCQ.0000000000000471)

Mayer, H., McCormack, B., Hildebrandt, H., Köck-Hódi, S., Zojer, E. and Wallner, M. (2020) Knowing the person of the resident – a theoretical framework for Person-centred Practice in Long-term Care (PeoPLe) *International Practice Development Journal* **10 (2) Article 3** <https://doi.org/10.19043/ipdj.101.003>

Dickson, C., vanLieshout, F., Kmetec, S., McCormack, B., Skovdahl, K., Phelan, A., Cook, NF., Cardiff, S., Brown, D., Lorber, M., Magowan, R., McCance, T., Dewing, J. and Stiglic, G. (2020) **Developing philosophical and pedagogical principles for a pan-European person-centred curriculum framework**, *International Practice Development Journal*, **10(2) (special issue)** <https://doi.org/10.19043/ipdj.10Suppl2.004>

Mekki, TE., Øye, C., Kristensen, BM., Dahl, H., Haaland, A., Aas Nordin, K., Strandos, MR., Terum, TM., Ydstebø, AE. and McCormack, B. (2017) The inter-play between facilitation and context in the Promoting Action on Research Implementation in Health Services framework: a qualitative exploratory implementation study embedded in a cluster randomised controlled trial to reduce restraint in nursing homes, *Journal of Advanced Nursing*, 73(11):2622-2632 <https://doi.org/10.1186/s12912-017-0244-0>

Laird, E., McCance, T., McCormack B. and Gribben, B. (2015) Patients' experiences of in-hospital care when nursing staff were engaged in a practice development programme to promote person-centredness: A narrative analysis study *International Journal of Nursing Studies*, 52(9): 1454–1462 <http://authors.elsevier.com/sd/article/S0020748915001613>

#### 4. Details of the impact

Our research highlights the importance of developing person-centred cultures in healthcare settings for staff to 'be the best that they can be' so that service users can experience person-centred care. The PCPF is designed to articulate the relationship between care cultures and care practices to inform targeted developments in care settings that have resulted in four kinds of impact:

1. Enhanced Practice Experience for Service-users and Staff
2. Workplace Culture Change
3. Quality Improvements
4. Transformative Learning and Development

**Enhanced Practice Experience for Service Users and Staff:** In the Republic of Ireland, a national programme of development was commissioned by the Health Service Executive (HSE) across the Irish health system (2017-2020) focusing on the creation of person-centred cultures. Two-hundred facilitators are embedded in the health system facilitating practice change. Impacts include changes in behaviours among participants towards more person-centred practices (e.g. changes to language used in practice, better staff relationships); more effective communication in and between teams; innovations in practice such as new services and improved quality assessments from regulation authorities (*Evidence source 1*). As a result of this work a 'practical' set of Person-centred Principles were developed and these, along with the PCPF have been integrated into the Health Service Executive's 'Health Services Change Guide' (*Evidence source 2, pages 194-197*).

**Workplace Culture Change:** Further impact from our research can be demonstrated through the international adoption of the PCPF to facilitate culture change in healthcare settings. In NSW Australia the State Health Department's 'Essentials of Care' Programme uses the Framework to develop person-centred cultures and systematically change practices, policies and systems. Outcomes include improved patient outcomes, increased person-centred care, more effective partnerships with service users, increased resource efficiency, improved professionalism among nurses as evidenced through the systematic evaluation of the work in one tertiary healthcare setting (*Evidence Source 3*).

A programme of research and development focusing on the implementation of a set of 8 person-centred Nursing Key Performance Indicators (KPIs) by nursing teams has been implemented in the UK, Denmark, Australia and Canada. The person-centred KPIs are derived from the PCPF and it is the combination of the KPIs as a mechanism for evaluating person-centred care and the use of the theory of person-centredness to drive forward improvements in practice that maximises impact. (*Evidence Source 4*). Outcomes from this work include increased staff engagement in person-centred care, a greater focus on improving practice, and increased ability of nurses and midwives to articulate and demonstrate the positive contribution of nursing and midwifery in different settings (*Evidence Sources 5 and 6*).

**Quality Improvements:** In Austria, the framework has been used to design a model of nursing home accreditation – the first of its kind in Austria. The accreditation model incorporates the PCPF and the implementation of the model is evaluated using the associated instruments and tools. The framework provides a basis for all care and support processes as well as for organizational, strategic and structural measures at the state level. It also provides the theoretical framework for evaluation. (*Evidence Source 7*).

As a result of our ongoing research, Health Improvement Scotland (HIS), in its national 'Specialist Dementia Unit' improvement programme has adopted the *Workplace Culture Critical Analysis Tool (WCCAT)* to guide observations of practice and a participatory approach to the making of quality improvements. One such example is that of Balmore Ward, NHS Greater Glasgow and Clyde' (*Evidence source 8a*). The work, guided by our person-centred research has resulted in outcomes including, changes in day-to-day practices and relationships with residents, better engagement with carers and implementation of meaningful activities for residents (*Evidence Source 8b*). The

WCCAT is now integrated into the Scotland-wide 'Specialist Dementia Unit Improvement Programme' (*Evidence source 8c*).

**Transformative Learning and Development:** The PCPF forms the core theoretical basis of 'the Leadership Development Programme in Nursing Development Units (NDUs)' in Germany. One of the outcomes from implementing the Framework has been the development of a new nursing organisational system to support and help embed person-centredness in the units. The Framework has been translated into German and a guidance book has been developed for use across the health system in the Deggendorf region of Germany. Nurses use this guidance book to reflect on their everyday practice (*Evidence Source 9*), mapping situations to the framework and keeping notes: this forms the basis of reflection rounds with the team. Changes to practice include better 'knowing' of the patient and their family, more effective patient handover reports, implementation of a new nursing organisation system and a focus on continuous quality improvement (*Evidence Source 10*). The processes and outcomes from this work have been integrated into bachelor of nursing education programmes in Deggendorf Institute of Technology (academic partner for the programme) and collaboration extended to Switzerland and Austria.

Overall, the reach and significance of the impact, evidenced through these impact themes, demonstrates person-centred outcomes for service-users, healthcare staff and health systems.

## 5. Sources to corroborate the impact

**Evidence 1 The National Person-centred Cultures Programme** brings together a collection of narratives written by participants of the national programme six-months after they completed the 12-month facilitator development programme. The narratives present details of changes to structures, processes and resulting outcomes in a variety of care settings across the Irish health system.

**Evidence 2** is a copy of the **Irish Health Service Executive's 'Health Services Change Guide'**. This guide was produced by the National Quality Improvement (QI) Leadership Team who are responsible for the upscaling of QI activities across the health system. The team worked with members of the national programme (evidence 1) to generate a set of person-centred principles to be integrated into QI programmes. This is evidenced in pages 194-197 of the guide.

**Evidence 3 Improving patient and staff outcomes using practice development** is a peer-reviewed international publication by Hennessey, C.E. and Fry, M. (2016) <https://doi.org/10.1108/IJHCQA-02-2016-0020> In this paper, the authors provide an overview of the New South Wales State 'Essentials of Care' programme which is modelled on the PCPF and associated measurement tools, as well as the outcomes arising from its implementation and evaluation in one of Sydney's major tertiary healthcare facilities (The Prince of Wales Hospital/health system).

**Evidence 4 Identifying key performance indicators for nursing and midwifery care using a consensus approach** is a peer-reviewed international publication by McCance et al (2012) <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2702.2011.03820.x> The paper provides an overview of the development of the KPI as a systematic and national project.

**Evidence 5 and 6 Evaluating the use of key performance indicators to evidence the patient experience and Implementing person-centred key performance indicators to strengthen leadership in community nursing: A feasibility study** are peer-reviewed international publications by McCance et al (2015) <https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn.12899> and McCance et al (2020) <https://doi.org/10.1111/ionm.13107> These papers provide evidence of impact of the implementation of the KPIs in different care settings. Thus importantly identifying the transferability of this body of evidence and the implementation and evaluation methodologies.

**Evidence 7 Knowing the person of the resident – a theoretical framework for Person-centred Practice in Long-term Care (PeoPLe)** provides an overview of the significant work that has taken place in the region of Lower Austria to design a person-centred approach to assuring and accrediting care home quality in that region. Austria doesn't have a national quality assurance and accreditation system for care homes and so this work is forming the basis for ongoing national developments.

**Evidence 8a, 8b, 8c NHS and Health Improvement Scotland policy/guidance documents** provide significant evidence of the impact of quality improvement work in specialist dementia units as part of a National Programme by Health Improvement Scotland, 'Focus on Dementia'. It demonstrates the processes used including the use of the observation tool, the WCCAT and together these evidence sources demonstrate outcomes for persons living with dementia, teams and cultures at local and national levels.

**Evidence 9** is a **German translation of the PCPF** and applied to the regional Nursing Development Unit programme in that region. Whilst **Evidence 10** is the **transcript of an interview held with the academic partner for that programme**, where she outlines the person-centred processes used, learning strategies engaged, outcomes arising and key learning to inform ongoing and further implementation activity.