

Impact case study (REF3b)

Institution: University of Ulster
Unit of Assessment: 3A Allied Health Professions, Dentistry, Nursing and Pharmacy: Nursing and Health Science
Title of case study: Making person-centred practice and policy a reality
<p>1. Summary of the impact</p> <p>Research at the university of ulster into the theory and practice of person-centredness has resulted in:</p> <ol style="list-style-type: none"> i. the development of person-centred practices that lead to better outcomes for patients, staff and teams. ii. the influencing of policy for the development of person-centred services.
<p>2. Underpinning research</p> <p>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 McCance¹ and was derived from previous empirical research focusing on person-centred practice with older people² and the experience of caring in nursing³. 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 (<i>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-var-d-och-halsa/VardOmvardnad/Omvardnad/Sjukskoterskans-karnkompetenser/#furtherdescription)</i></p> <p>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.</p> <p>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 Tool⁶. 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.</p> <p>Details of the Research team:</p> <p>Brendan McCormack has been a Professor of Nursing Research at the University of Ulster since September 2000. Tanya McCance was appointed as a Professor of Nursing in 2007. Professors McCormack and McCance have led the research into the development and testing of the person-centred nursing framework, since 2001. The original research was undertaken separately by McCormack and McCance and then combined through systematic processes of inquiry. Dr Paul Slater has collaborated with McCormack and McCance since 2002, focusing in particular on instrument development and testing.</p>

Impact case study (REF3b)

3. References to the research *Impact factors (IFs) [where available], citation reports, related funding, and google analytics have been included as quality indicators of the underpinning research*

1. McCormack B and McCance T (2006) Development of a framework for person-centred nursing. *Journal of Advanced Nursing*, 56(5): 1-8. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2006.04042.x/pdf>
IF: 1.477. **92** non-self citations in Scopus.
2. McCormack B (2003) A conceptual framework for person-centred practice with older people. *International Journal of Nursing Practice*; 9:202-209
<http://www.ncbi.nlm.nih.gov/pubmed/12801252>
IF: .796. **132** citations in Google Scholar
3. McCance, T.V (2003) Caring in nursing practice: the development of a conceptual framework. *Research and Theory for Nursing Practice: An International Journal*, Vol.17, No.2, pp.101-116
<http://www.ncbi.nlm.nih.gov/pubmed/12880216>
31 citations in Google Scholar
4. Brown D and McCormack B (2011) Developing the practice context to enable more effective pain management with older people: An action research approach. *Implementation Science*, 6(9): 1-14
<http://www.implementationscience.com/content/pdf/1748-5908-6-9.pdf>
IF: 2.37. **Output** listed in REF 2
5. McCormack B, Dewing J, Breslin E, Coyne-Nevin A, Kennedy K, Manning M, Tobin C and Slater P (2010) Developing person-centred practice: nursing outcomes arising from changes to the care environment in residential settings for older people, *International Journal of Older People Nursing* 5, 93–107
<http://eprints.ulster.ac.uk/14643/>
12 non-self citations in Scopus. **18** non-self citations in Google Scholar
6. McCance T, Slater P and McCormack B (2008) Using the Caring Dimensions Inventory (CDI) as an Indicator of Person-Centred Nursing, *Journal of Clinical Nursing*, 18: 409-417
<http://eprints.ulster.ac.uk/9578/>
IF: 1.118. **20** non-self citations in Scopus. **Output** listed in REF 2

Research Grants

Grant awarded to: Prof Brendan McCormack, University of Ulster

Title: Collaborative practices with older people living at home with mental health problems: A person-centred approach

Sponsor: Research Council of Norway:

Period: August 2012 – July 2015

Value: £740 000

Grant awarded to: Prof Brendan McCormack, University of Ulster

Title: Development of a narrative framework for the collection of older people's stories of hospital experiences.

Sponsor: BUPA Foundation:

Period: January 2004 – June 2006

Value: £90 000

Grant awarded to: Prof Brendan McCormack, University of Ulster and Prof Geraldine McCarthy, University College Cork

Title: Development and testing of the context assessment index

Sponsor: Northern Ireland R&D Office and the Health Research Board, Republic of Ireland, cross-border collaborative project scheme:

Impact case study (REF3b)

Period: January 2005 – March 2006

Value: £90 000

Grant Awarded to: Prof Tanya McCance, University of Ulster

Title: Developing Capacity to Facilitate Person-centred Practice

Sponsor: Department of Health, Social Services and Public Safety/Belfast Health and Social Care Trust

Period: April 2012 – November 2012

Value: £20 000

4. 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 (*Source 1a*) [such as pain management post-operatively 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 (*Source 2*) [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 (*Source 2*) (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 (*Source 3a; see page 9 for reference to framework*). 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 needs (*Source 3a, page 23*). In addition, the framework is used within the programmes 'continuous improvement' monitoring system (*Source 3b*). 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 (*Source 4; see page 14 of strategy document for reference to framework*), the Northern Ireland Cancer Network's Service Framework (*Source 5; letter from lead nurse*) and the DHSSPS Older People's Services Policy Framework (*Source 6; see pages 52-53 for reference to 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 (*Source 7; letter from RCN Head of Nursing and 'Principles of Nursing Practice' policy document - see pages 14-16 for reference to framework*). 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 (*Source 1a*). 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 – *Source 1b*). In Australia, a development programme (The Essentials of Care

Impact case study (REF3b)

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 (*Source 8; letter from Chief Nurse*). 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 (*Source 9; see page 47 for reference to framework*). 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 (*Source 10a; See page 1 for reference to the framework*). Use of this education framework, informed by person-centredness is being used to change the culture of nursing in the Region (*Source 10b: See pages 45-46 for reference to framework*)

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.

5. Sources to corroborate the impact

- 1a - A letter from the Office of the Director of Nursing and Midwifery Services, Health Services Executive (HSE), Republic of Ireland and the HSE 'Practice Development Strategy'.
- 1b - End of Life Care Project Report
- 2 - Final evaluation report of the person-centred practice programme, Belfast Health & Social Care Trust.
- 3a - An overview document of the 'Aspire to Inspire' development programme.
- 3b - Aspire to Inspire development programme 'quality monitoring form'
- 4 - HPSS Nursing Strategy.
- 5 - A letter and supporting presentation from the NICAN Director of Nursing highlighting the way in which the framework underpins the programme of work.
- 6 - Northern Ireland's Older Peoples' Service Framework.
- 7 - A letter and supporting document from the Head of Nursing Policy at the Royal College of Nursing verifying the use of the framework in the development of their 'Principles of Nursing'.
- 8 - A letter from the Chief Nurse, NSW Health and the final evaluation report of the Essentials of Care programme showing the use of the framework and the outcomes achieved.
- 9 - Letter outlining progress with the use of the framework in their strategic education work.
- 10 - Education Strategy Document from New Zealand.