



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

A critical reflection on the use of a pop quiz: how a care home is building a person-centred culture by understanding a person's uniqueness

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Abstract

Background: Governmental changes sought the merging of the separate residential sections within a regional standalone residential care home in Australia. Nurses working at the facility implemented process changes following action learning sets. A pop quiz was created to help nurses adapt to the changes, asking fun, individualised questions about those they cared for.

Aims: To reflect personally and critically on the thoughts, feelings and practices that emerged among the group of nurses after the implementation of a pop quiz, using Gibbs' (1988) reflective process. Also, to analyse the effectiveness of the pop quiz in helping create a caring and person-centred culture.

Conclusions: The pop quiz proved a significant tool in raising consciousness among this group of nurses about their contribution to the overall care environment and culture of the home, empowering them to move towards a truly person-centred culture rather than moments of person-centredness.

Implications for practice:

- Pop quizzes can be a useful tool, challenging practitioners to think critically about those they care for, evoking emotion and raising consciousness about how they are contributing to the care environment and culture
- Pop quizzes are simple to create and could be implemented in any healthcare context

Keywords: Pop quiz, person-centredness, workplace culture, care home, uniqueness, raising consciousness

Introduction

This is a personal critical reflection using Gibbs (1988) model, with a description of the event, an evaluation of the experience, an analysis of the feelings evoked (underpinned by evidence), conclusions and a personal action plan. This reflection focuses on a group of registered nurses and on my own thoughts and feelings about working as a newly appointed nurse educator within a regional residential care home as we experienced changes to the care environment and moved towards a true culture of person-centredness. This move was invested in by the home when we partnered with the local university to facilitate our professional development and learning as registered nurses. The aim of this partnership was to cultivate a caring culture within the residential care home, permeated with person-centred care.

The residential care home is around 40 years old and is home to 82 people. The persons living in the home require a range of social, emotional, spiritual and cultural support and differing levels of care. The staff comprises some 80 employees, including registered nurses ranging in experience from one to 30 years, care support staff who physically assist people in the home with personal care, and other staff whose roles are to provide important services, such as food preparation and delivery. The registered nurses have historically held a hierarchical, supervisory role within the home, seen as the linchpins of the organisational structure and the 'go-to' staff members for delegation of tasks and problem solving. The culture and hierarchical structure appeared to have remained relatively unchanged throughout the home's existence.

Of the 82 people who live in the home, 30 reside in the 'hostel' – the area for those who need a lower level of physical, emotional, spiritual and cultural support than residents of the other parts of the home. This hostel section was a completely separate entity to the rest of the home, even having a different government-issued care provider number and separate staff who ran it in a different way to the rest of the home. The registered nurses, based elsewhere in the home, knew the hostel was operating but that was generally the extent of their involvement with it. The registered nurses didn't receive a handover about the 30 hostel residents; they didn't know the persons living or working in the section at any one time and rarely had to go 'over there'.

However, under recent legislative changes in Australia, all sections of the home came under a single care provider number. As a consequence, the registered nurses' supervisory role now officially extended to all parts of the home, including the hostel. Despite this, we continued to practise as before – in two silos with our separate ways of working. As a result our care home became more complicated and the safety of those people living there was compromised – in the event of an emergency, the registered nurse may not be able to independently identify a person living in the hostel, nor be aware of their medical background or notifiable medical practitioner, or even who to contact. We were practising in a state of 'false consciousness' (Fay, 1987, p 29); that is, we continued working according to the 40-year-old culture and processes, despite the major implications this could have for the people within our care and for our registration as nurses.

Description

The home's partnership with the University of Wollongong began shortly after the legislative changes. A senior lecturer from the university – an experienced practice development facilitator – was sent to facilitate our learning as a group of registered nurses, and to mentor me following my appointment to the nurse educator role. The facilitator oversaw our team of about eight registered nurses participating in activities derived from practice development principles and methods. Practice development was a new concept to me and I enjoyed learning in this active and creative way. We all took part in a range of activities, such as values clarification, which made us consider what's important to us in how we live our lives, and how our values and beliefs shape our practice as we care for those living in the home, and for their families. These activities have enabled our nurses to flourish in a high challenge and high support environment (McCormack et al., 2011).

As the activities progressed, we went on to participate in action learning sets. Action learning is defined by McGill and Beaty (2001, p 11) as:

'A continuous process of learning and reflection, supported by colleagues, with an intention of getting things done... individuals learn with and from each other by working on real problems and reflecting on their own experiences.'

Within these groups we were able to raise practice and process issues and work through them in a safe, solutions-focused way, asking enabling questions and using gentle language with one another. During one of the action learning sets, the issue of the 'hostel' operating as a separate entity was

raised. A elderly lady who lived in the 'hostel' had experienced a cardiac episode, which frightened her and meant the registered nurse was called in. The registered nurse described how she didn't know the resident's name or medical history, or even where equipment or medical notes were kept at the time. After hearing the registered nurse's account, the group agreed the processes were unsafe. This marked the beginning of the end of our false conscious state.

The action learning sets prompted the group to agree on and make process changes. The people living in the 'hostel' section were consequently included in the handover processes. The registered nurses were nominated to be rotated periodically through the hostel to familiarise themselves with the residents, processes and practices. The registered nurses agreed to use alternative language, replacing 'hostel' and 'nursing home' with the names of the wings to try to achieve a whole of facility approach.

As the nurse educator and also an active participant in these action learning sets, I wanted to try to extend the learning of the registered nurses further, but I wanted to do it differently. I realised I had inherited the legacy of the previous culture and had been 'educating' within my role. I wanted to focus more on 'facilitating learning' in a practice development style, the way it had been role-modeled to me (McCormack et al., 2013, p 5). Using a creative approach, I developed a pop quiz in which the nurses answered engaging questions about each resident (Figure 1). Initially, I thought this might be a way to measure the impact of the newly implemented processes. Pop quizzes are usually found in an academic environment, with lecturers perhaps using them to quiz students about key learning components, gauging where learning gaps may be (Carter and Gentry, 2000; Mê-Linh Lê, 2012). I designed the pop quizzes used in this setting, asking 10 questions, both medical and social in nature. I included questions such as: 'Who is the married couple residing in Kokoda Wing? And how long have they been married for?' 'Which people living here are prescribed warfarin?' 'What is the name of the resident who recently broke his collar bone?' and 'Which resident prefers to administer their own insulin?'

Figure 1: Registered nurse taking part in the pop quiz



The registered nurses had no advance knowledge of the pop quiz and were surprised when it was issued to them to complete, especially within a five-minute timeframe! The first quiz saw 45% of the questions answered correctly. The quiz was repeated after six months (with some questions the same, but most of them new) in the same way as the first. The resounding feedback was that the nurses felt more confident in completing the second quiz, which saw 89% of questions answered correctly. The nurses involved evaluated the effectiveness of the quiz, and three of them were interviewed to evaluate the entire experience.

Feelings

The safety in practice issue raised within the nursing team was quite significant. There was genuine concern felt among the registered nurses for those we cared for and we took ownership of implementing the new processes we had agreed on as a group. Our perceived barriers to providing care for persons residing in the 'hostel' area were broken down with these process changes. I felt emancipated.

The most interesting element of the process was the pop quiz. The registered nurses commented that they felt 'mortified' and 'embarrassed' about their result in the first quiz. Some gave up half way through, and most didn't want to put their name to their answer sheet. I did feel a sense of guilt for challenging the registered nurses in this way, even though I was simultaneously offering them support. I too was challenged by the questions; even though I had created the quiz, I had to seek out the information in the first place. The realisation that I had been contributing to a culture that was task-oriented and task-focused, and not close to my values as a person at all was unnerving. When the time came for the second pop quiz, the group was feeling more competent and confident. I had observed the registered nurses getting to know the people and establishing relationships with them on a unique and individual basis. I believe this is why the second pop quiz score was nearly double that of the first.

I felt proud to see the registered nurses, who had previously been embedded in relic processes and cultures, move towards the 'touchy-feely stuff' and place so much trust in the process. I believe for some of them to emerge from the state of false-consciousness was remarkable; the extent to which each staff member got to know the residents and their needs far exceeded my expectations. I felt this way because the nurses did this investigative work voluntarily. They sought out their own learning opportunities, which involved anything from frank, engaging conversations with people living in the home and their families, to reviewing social and medical histories. Some of the nurses had been embedded in the task-oriented way of working for well over 20 years, and in one case close to 30 years! The transformation in their thinking and practice has been incredible – I have observed real values-based changed. This all has inspired me to pursue the practice development journey further.

Evaluation

The experience of the first pop quiz was a resoundingly negative one. The false-conscious state the team was operating in, believing their processes and ways of working were ok, was swiftly challenged (Fay 1987, p 29). Each of us was challenged in a way we had never experienced before, particularly in regard to our own personal practice. I certainly took it personally and felt uncomfortable when I realised I wasn't practising in a way that honoured my values and beliefs. Fay (1987, p 28) describes this process as 'raising consciousness'. The registered nursing group as a whole was enlightened to our responsibility to the people in the hostel – to ensure each was seen as an individual who needed our whole-hearted attention and care.

One of the registered nurses stated in her evaluation interview that '*the pop quiz prompted me to do research and find out more about the residents*'. She went on to say she '*enjoyed finding out about them*' and that the whole process has '*made me feel better about my job*'. She added:

'I've got to know those people and I feel much more confident in caring for them because I know about them, and I know who they are and they know me as well. Which is also beneficial for them because they feel more confident in us as well.'

Another one of the nurses stated in her evaluation interview:

'The pop quizzes were an excellent tool. I loved it when there was a big improvement in my knowledge.'

In her evaluation interview, a registered nurse who has worked at the home for more than 20 years summed up her overall experience of the process:

'Not only did we discover all about their medications and health issues but it helped me realise about their unique qualities and to treat them accordingly... and that they all are individuals, and not just another person in the bed. And just doing those pop quizzes really brought all that out to me.'

I found this statement profound and powerful. To me, this showed me that she'd had a real values-based change in the way that she was practising after the pop quiz implementation. The pop quizzes proved a significant part of the process in evoking the change and moving towards truly person-centred care, and this all stemmed from the team's response to their feelings after the first pop quiz.

Analysis

The pop quizzes allowed the registered nurses to consider how well they knew the people in their care and evoked a sense of intrinsic responsibility and consciousness raising about how they were contributing to a person-centred workplace culture (Fay, 1987, p 28). Person-centredness is defined by McCormack and McCance (2017, p 3) as:

'An approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.'

Through consciousness raising we became empowered to take time and talk to residents about their journey; we rediscovered our passion for aged care and how satisfying it is to hear – really hear – people's stories and experiences. Manley et al. (2013, p 156) describe components for 'enabling effective cultures' and believe that developing self-awareness among practitioners lays the foundation for the creation of a learning and reflective culture. By each of us exploring what mattered to us in our lives and reflecting on our practice as human beings we became more self-aware; the initial pop quiz was the key turning point because it cemented for us the realisation that we were not practising in a person-centred way, nor were we honouring our values and beliefs.

Mê-Linh Lê (2012) states that pop quizzes are a useful tool in identifying areas needing further study in an academic setting, and Carter and Gentry (2000) believe their use can stimulate critical thinking. I believe these standpoints translate to our experience – we all identified the areas we believed we needed to 'study' further after taking the quiz. We ensured we wouldn't be made to feel uncomfortable again by equipping ourselves with the required knowledge. I believe this action 'facilitated learning' in a practice development sense, in comparison with previous 'tell' teaching techniques (McCormack et al., 2013, p 5). I also draw the conclusion that the quizzes stimulated each nurse to think critically about their contribution to the care environment, and they sought to make it better. And, in line with of the Person-centred Practice Framework (McCormack and McCance, 2017) and also a component described by Manley et al. (2013) of enabling effective cultures, the nurses began engaging authentically to enhance the person-centred processes within our home, both with the people we care for and with each other. The team is now more cohesive and we communicate more openly with one another, and in terms of those we care for, we now recognise the importance of knowing the 'person', not just the 'resident'.

This experience has demonstrated that the pop quiz has the potential to be an effective way of raising consciousness within a healthcare team during a period of crisis. The challenging and supportive environment in which it was presented enlightened us all as registered nurses, allowed us to feel empowered and emancipated us to be more present in the care environment as transformed practitioners. The pop quiz went beyond its original purpose; it also allowed us to discover more about those we cared for – and enjoy it! Certainly, the healthcare outcomes for the people we care for could potentially be improved by the changes. I personally feel more confident in our care delivery as a whole; there are more and more moments of person-centredness being embedded in our processes and culture as a result of this experience.

Personal action plans

As a result of the learning generated by the pop quizzes, I will consider how they could be used in other ways within our organisation. An example could be co-designing a quiz with another staff member to get to know the care support staff cohort, and using this as a fun teambuilding exercise. Or asking a person who has newly moved into the home to design a pop quiz about themselves for the staff to complete, as a way for staff to get to know the individual through chosen aspects of their life that are important, meaningful and valuable to them.

The university facilitator greatly altered my perception of education by introducing me to practice development principles and methods. The task-orientated and clinically focused education I was delivering to the staff before this experience now seems archaic. To facilitate learning and for our residential care home to move to a truly person-centred culture, I plan to progress with practice development as the methodology behind my education programme, with mentorship from an experienced practice development facilitator. The creation of a safe space for ideas to flourish in a high challenge and high support environment and collaborative relationships in the workplace will form the basis for moving forward for learning and for creating of a truly person-centred culture (McCormack et al., 2013, p 7). I plan to hold more consciousness-raising sessions with the registered nurses, and will undertake specific practice development activities such as ‘observations of care’ with them (McCormack et al., 2013, p 60). I aspire to learn more about practice development and its broader application by attending practice development school to get me started as a practice development facilitator. I believe learning is much more transformational in nature when undertaken in this way rather than via the traditional ‘tell’ approaches.

I believe these actions will progress our residential care home to one that is truly person-centred. For me, that will mean everything we do as registered nurses is mindful and meaningful. It will also mean the people who live in the home will feel valued as individuals and have better health outcomes.

Conclusions

This consciousness-raising experience has been the most significant of those undertaken in our facility thus far. As a group we are working hard towards the ultimate goal of having a truly person-centred culture, moving away from just moments of person-centredness. We have some way to go to reach our goal but we have the organisational commitment and the drive of our registered nurses to push forward. Creative ways to regularly enlighten, empower and emancipate the registered nurses using practice development methods will be key to achieving our person-centred utopia.

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