



CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Reflections on developing a participatory evaluation as part of the Patients First programme

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Abstract

Background: The Patients First programme was launched in 2009 and ran for eight years, focusing on 'supporting local nurse-led initiatives'. The programme supported 10 clinically based nurse-led teams each year on a structured 18-month learning and development programme.

Aim: To explore a participatory approach to the evaluation of the programme using Borton's reflective framework. From this reflection and critique, I aim to discuss the purpose and process of the evaluation, the level of participation achieved and my learning and development as a practice development facilitator.

Implications for practice:

- The starting point is clarity about the purpose and intent of the evaluation
- Opportunities should be sought for collaboration, inclusion and participation, and for learning from evaluation activities
- Using creativity in evaluation reveals new insights and provides opportunities to present findings to stakeholders in a variety of ways
- Using transformational approaches enables learning, growth and development for all

Keywords: Collaboration, inclusion, participation, evaluation, creativity, human flourishing

Background

The Patients First programme was launched in 2009 and ran for eight years. It was one of the first partnership programmes between the Foundation of Nursing Studies (FoNS) and the Burdett Trust for Nursing, and focused on 'local nurse-led initiatives'. The programme supported 10 clinically based nurse-led teams across the UK each year, to lead innovative local projects in a variety of settings to develop nurses, nursing and practice with the explicit purpose of improving the care patients and families experience. The structure of the learning and development programme was six workshop days spread over a 12-month period and then a final one-day celebration workshop after 18 months. In addition, individualised workplace mentorship was provided by an experienced practice development facilitator.

As Boomer and McCormack (2010) discuss, practice development is a systematic approach that aims to deliver sustainable practice change and person-centred practice. They argue that it should be accompanied by an equally systematic and rigorous evaluation. This should be undertaken to

demonstrate a programme's worth but also to contribute to the growing body of knowledge in relation to practice development. This article is my reflection, using Borton's (1970) reflective framework (What? So what? Now what?), on how I developed part of the overall evaluation for the Patients First programme to take a more collaborative, inclusive and participatory approach. The article has also given me the opportunity to reflect and critique my own learning and development as a practice development facilitator and to consider how to incorporate this learning into the planning and development of a new programme of support. Lastly, I am hoping this way of working will inspire clinicians to look at methods for implementing participatory evaluation in their own work settings in clinical practice.

What?

For each year of the programme, FoNS undertook an evaluation for its trustees, to inform any new programmes and for the Burdett Trust, to consider, explore and understand the difference that the programme has made to the nurse-led teams, patients, the service and the host organisation. It also aimed to highlight to what extent the elements of the programme enabled the nurses to develop practice and services locally. A variety of evidence was collected to inform this evaluation, including assessments at the end of each workshop day, participants ratings of their own knowledge, skills and confidence before and after the programme, and evaluation of outcomes achieved in practice. All evidence was anonymised, and the nurses were asked for verbal consent to this information being used as part of the overall programme evaluation. Although the participants had supplied the evidence for the evaluation, I was the one responsible for the planning, collection, analysis and theming of this, along with the co-ordination, combination and publishing of the final evaluation. While FoNS colleagues acted to verify the theming undertaken to be an accurate reflection of the evidence collected, participants were only involved through seeking their feedback in relation to the completed evaluation reports. As an organisation, we have also commissioned an external evaluation of the programme to validate our internal findings.

In 2015, I attended an International Practice Development Collaborative practice development school. Alongside other participants at this five-day residential event, I engaged in workshops, active learning groups and critical creativity to explore practice development principles, methods and approaches. As summarised by Akhtar et al:

'Practice development methodology focuses on approaches that are collaborative, inclusive and participative, and draws on the workplace as the main resource for learning, development, improvement and inquiry' (2016, p 6).

With this in mind and to prepare for the school, we were asked to bring some critical questions with us to explore during the active learning sessions. My questions were in relation to evaluating effectiveness and I started to question how participatory I was being with the methods I was then using to evaluate the Patients First programme. As the programme lead, I was conscious of using methods and approaches during the workshop days and workplace visits that were collaborative, inclusive and participatory, yet I realised it was not very participatory or collaborative to ask the nurses to complete an online evaluation questionnaire at the end of the programme, when I then analysed and themed all the feedback.

The process of participatory evaluation

So, to begin to work more authentically, at the celebration event for the programme ending in May 2016, I set about thinking how I could use the evaluation questions from the online questionnaire in a more participatory way. From this I developed and introduced what I have called a 'participatory evaluation' half-day workshop. (See table 1 for a summary of the process, and table 2 for an outline of the questions used within it).

Table 1: Summary of the steps involved in the participatory evaluation process

1. Participants (c30) worked individually to answer 10 first-round questions and put answers on flipchart for each one
2. Participants formed random groups of three to four and each group took one of the 10 questions and themed the responses for feedback to the main group
3. The 10 questions were then merged to form five second-round questions by combining related questions
4. Participants formed five random groups and used the responses and analysis from the related original questions to form themes for each question
5. The five groups fed back the themes creatively in response to the questions to the main group

Table 2: First- and second-round questions

First round of questions <i>Answered individually then themed in small groups</i>	Second round of questions <i>Themed and summarised</i>
1. Please describe the impact of being involved in the Patients First programme on you and your learning. Think about this individually and then as a team	What has the impact of Patients First been?
2. Please describe the impact of being involved in the Patients First programme on how you involved and engaged with patients and the people you care for in your service	
3. Please describe the impact of being involved in the Patients First programme on your project or change in practice	
4. Tell us why the following elements of the programme were important to you and why, and how they enabled your project to come to fruition <ul style="list-style-type: none"> • Bursary • Workshops • Practice development facilitator • The FoNS website 	How have the elements of Patients First enabled you and your project change?
5. What methods and approaches did you use in your project?	What are the outcomes of the projects and your involvement in Patients First?
6. What were the outcomes of your project in relation to patient experience, patient safety and clinical effectiveness (include any cost or time savings?)	
7. Tell us about any conferences, celebrations or events where you have shared or plan to share your work, however informally	How will you use and share what has been achieved with Patients First?
8. Tell us how you use or plan to use new skills, tools, learning or confidence in other aspects of your practice?	
9. What would you say to colleagues about being involved in the Patients First programme?	What would you say to colleagues and FoNS about Patients First?
10. Finally, consider the sentence: the Patients First programme would be better if...	

The final report developed for the overall evaluation, including the participatory evaluation, can be found here: tinyurl.com/fons-PF-final-eval

The participatory evaluation proved to be so successful, based on the feedback from the nurse-led teams and my own observation, that I repeated the process for the next two years of the programme in June 2017 and 2018.

So what?

I would like to structure the discussion in this section using the following headings:

- The purpose of the participatory evaluation
- The level of participation achieved
- My learning and development as a practice development facilitator

1. The purpose of the participatory evaluation

I intended the purpose of the participatory evaluation to be the generation of evidence to help FoNS understand the experience of the nurse-led teams, and to contribute to the overall evaluation of the programme. In addition, I wanted to provide the nurses with the opportunity to be actively engaged in the generation and analysis of the evidence produced from the two rounds of questions. Lastly, I wanted the nurses to experience and learn from taking part in the participatory evaluation and this way of working, so they could add this to their toolkit to take back to practice at the end of the programme.

As Hardy et al. (2013) discuss, within evidenced-based healthcare scientific experimentation through randomised controls is considered by some to be the best enquiry approach to measure, monitor and predict outcomes. However, there is a counter-argument from social democratic approaches, that relying on scientific objectivity removes and reduces the opportunity for new insights, understanding and innovation to occur. Hardy et al. (2013) continue that for an evaluation to be comprehensive, rigorous and meaningful, a mixed-methods approach should be adopted, working with the strengths of quantitative datasets and complementing these with sensitive and robust forms of qualitative evidence. Increasingly important is the very process through which an inclusive and broad stakeholder representation is achieved (Hardy et al., 2013). An example of this approach is given by Boomer and McCormack (2010), who describe evaluating a three-year leadership programme by determining the worth of the programme from the perspectives of its key stakeholders.


The second purpose of the participatory evaluation was to enable participants not only to generate the evidence but also to work together to analyse it and to present it in a creative format. Boomer and McCormack (2010) used a creative hermeneutic approach for the second level of analysis within their evaluation. The purpose was to look at previously themed data and to use them to create an understanding of the world (practice context and culture) and the experience of the programme in relation to the evaluation questions. I used a very similar approach, albeit unknowingly at the time.

I was concerned initially that the quality of the analysis, and the interpretation of the key findings generated in this part of the evaluation, could be compromised by using a collaborative, inclusive and participatory approach. However, having undertaken this, I believe this was not the case because all the original data were available for scrutiny, from the answers to the first round of questions through to the creative representations. Carr et al. (2008) suggest there can be a dissonance between the understandings of practitioners and researchers of effective evaluation and analysis processes. However, as Hardy et al. (2013) point out, practice development represents activity that on one hand can be focused purely on bringing about changes in practice, but on the other has the potential to generate new knowledge when an evaluation framework is integral to the activity. This was the case as I intended for the nurses to be able to learn from the experience of contributing to the participatory evaluation. As the nurses were in the main clinicians, they had limited experience of undertaking any theming of data analysis and presenting this to other groups of people. It was hoped that if they were able to experience and learn from this approach they could consider using participatory methods of evaluation within their own complex work settings. Certainly, the feedback from the nurses at the end of the workshop was that in a short period of time, they had worked together and achieved a great deal – as these quotes from the end of workshop evaluation attest:

'Fantastic day! Great learning on collaborative evaluation.'
'Such a diverse and enjoyable day.'

2. The level of participation achieved

To understand the level of participation we were able to achieve within the evaluation, I was drawn to the work of Aldridge (2016, p 156), who identified a participatory model in relation to research. In this model the author identifies four stages that can enable people to participate in the research, moving from passive to active and onto transformational. These stages are summarised in the Table 3 below.

Table 3: Summary of the phases described by Aldridge (2016) in a participatory model of research		
Different phases of involving participants in research	Outcome	Approach
Participant as the object	Tokenistic from the perspective of the participant	 <p>Passive</p> <p>Transformational</p>
Participant as the subject	Recognition	
Participant as the actor	Inclusion	
Participant led	Emancipation	

I found this model helpful to identify and break down the possible ways of involving the nurses in the evaluation. Before the introduction of the participatory evaluation, I was working with the nurses as 'subjects'. They were providing information for the evaluation, which Aldridge (2016) argues results in recognition for the participants that their feedback was important. However, the introduction of the participatory evaluation enabled the nurses to be 'actors' within the model, whereby they actively generated and analysed the findings, which resulted in more inclusive ways of working (Aldridge, 2016). Working within practice development principles, I value taking a transformational approach. So, my ongoing 'challenge', using Aldridge's model as a framework, has been to work towards an evaluation being 'participant led' – the transformational end of the model. All the while balancing working with clinically based nurses (as opposed to researchers) who, in my experience, value their care of patients and service users over their own development, have limited protected time and work in a 'culture' that is perhaps focused on evaluating outcomes rather than taking a participatory approach.

I have now started facilitating a new programme of support called the Inspire Improvement fellowship programme (fons.org/programmes/inspire-improvement) and have used this as an opportunity to build on the participatory evaluation process and to work with the nurses from the start to ensure they are involved in the development as well as the generation and analysis of the findings. We are working together to build in more evaluation evidence from their key stakeholders by using such tools as the team culture tool (Pritchard and Dewing, 2000), observation of care (Dewing et al., 2014, p 102) and patients and staff stories (Dewing et al., 2014, p 106). In addition, the nurses evaluate each of the workshop days individually and then work as a group to theme the evaluation feedback before presenting this to me and the wider group the following morning. From the start of the programme the nurses have been encouraged to decide individually which methods they and their team will use to evaluate their own practice development journeys and workplace cultures, as well as to work alongside FoNS to collect, analyse and present an evaluation of the Inspire Improvement fellowship programme.

3. My learning and development as a practice development facilitator

Using creativity is one of my key values as a facilitator, although using this within an evaluation was a new experience for me, but one I wanted to experiment with. Simons and McCormack (2007) argue for the use of creativity in evaluation as a way to help the evaluator gain a deep understanding and as a useful means of connecting with participants' experience:

'When participants have the opportunity to portray their experience through different art forms, they often reveal insights that they cannot articulate in words' (p 296).

In the 2017 participatory evaluation, we were able to record (with their consent) the nurse-led teams giving the representation of their evaluation question. This was made into a short film, which can be viewed at tinyurl.com/eval-film. Each of the five groups presented its findings in different ways, as can be seen from the film. One group developed a small piece of drama, using the analogy of a 'sunflower growing from seed to flower' to describe how the programme had enabled the group's growth and development. While this was articulated in words in the original answers to the questions, the sunflower analogy provided additional insights as described by Simons and McCormack (2007). So, the film is now available alongside the more traditional written word, as a powerful way to demonstrate the impact of the programme and an example of an opportunity to present findings to stakeholders in a variety of ways. The evaluation report can be found at tinyurl.com/fons-PF-yr7eval.

Shaw (2013) discusses that practice development as a methodology is underpinned by critical social theory and has a focus on person-centredness, enabling, transformation and emancipatory change (McCormack et al., 1999). My starting point for this reflective article was the sudden realisation that I was not working with my values around using a participatory approach. To begin to explore this further I have used Fay's (1987) idea that reflection enables a process of enlightenment, empowerment and emancipation, or transformation (Middleton, 2017). I have interpreted these key ideas as follows:

Enlightenment – to understand who I am:

'I had this sudden realisation/lightbulb moment when I realised I wasn't working in participatory ways within the evaluation process.'

Empowerment – to have the courage to change who I am:

'I developed and tried out a participatory process of evaluation with the nurses on the Patients First programme in 2016. I went with the courage of my convictions.'

Emancipation – to liberate myself to become who I need to be:

'Based on the feedback I received from the nurses and colleagues, I am now working with new participatory principles and evaluation, as I move forward working with nurses on the Inspire Improvement fellowship programme.'

Shaw (2013) continues that as practice development methodology has developed and been refined over a period of time and with the influence of critical creativity (Titchen and McCormack, 2010), the focus has moved towards transformational practice development with a focus on human flourishing (Titchen et al., 2011). I would describe my growth through my learning and development as an example of human flourishing. Titchen and McCormack (2010) argue that human flourishing is both the outcome and the process of transformational practice development, and occurs when different forms of knowledge and intelligence are blended to enable growthful experiences for all. As McCormack, Titchen and Manley (2013) discuss, having a context and culture that enables persons to flourish is critical, yet understanding and being conscious of our own attributes as persons and how we use these to our advantage is equally important. Gaffney (2011, p 6) addresses this by identifying four essential elements of flourishing persons:

- Challenge
- Connectivity
- Autonomy
- Using your valued competencies

I have used these to reflect further on my own growth.

Challenge – a call or demand for you to do something, to surmount an obstacle, to engage with some life task, to make something happen:

'The challenge was my critical question and working through this with participants at practice development school.'

Connectivity – being attuned to what is happening inside you and outside you. Connectivity orientates you to the challenge and gets you ready to deal with it:

'Having the opportunity to connect with my work colleagues to discuss this further, to reflect for myself through the process of writing this reflective article, and having feedback through the review process to deepen my understanding and refine my critique.'

Autonomy – feeling free to move and to act in pursuit of the challenge. This gives you the energy to get going and sets the direction of travel:

'I feel and believe I have the autonomy and am trusted in my role to continue to develop a more values-based and participant-led process of evaluation in negotiation with colleagues and participants.'

Using your valued competencies – the experience of using your talents to the full, especially the strengths you most value in yourself:

'I feel most "alive" when I am working with my strengths in using creativity and working in person-centred ways. I am striving to use more transformational approaches for evaluation activities going forward and will rely on the evidence generated from these to demonstrate this.'

Now what?

This reflection and critique started with one question. Through a process of exploration using the process of writing this article, describing the process of the participatory evaluation, connecting with the practice development theory and receiving helpful feedback from the review process, I believe I have been on a 'journey' to unearth my own growth and development as a person. I now recognise that the transformational approaches I use to work with others to enable growth have in fact enabled me to do this for myself. I am finalising this article after returning from facilitating at an International Practice Development School hosted by FoNS, where I have seen many participants grow and flourish. It seems appropriate to finish my article here, where I started three years ago, as I recognise my own flourishing as a practice development facilitator.

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