



## CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

### The Aspire to Inspire programme in aged care: the final chapter, one year on

Jan Dewing\*, Anna-Marie Harmon and Jane Nolan

\*Corresponding author: Canterbury Christ Church University, UK  
Email: [jan.dewing@canterbury.ac.uk](mailto:jan.dewing@canterbury.ac.uk)

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#### Abstract

*Background and aims:* The Aspire to Inspire practice development programme took place in the services within one region of an aged care provider in Australia. One year after it ended, the programme team looked back to see how practice development is faring in the region.

*Method:* In this paper, we present a two part reflection one year on. We have drawn on individual reflections written by the programme team facilitators, and on the Person-Centred Care Framework.

*Conclusion:* We found that strong values and beliefs were still present, especially among the programme facilitators and others who had been active in the practice development programme. We also found that a systematic approach and the use of facilitation in everyday work were still valued and that project team members were using a wide range of practice development methods, tools and processes in their new roles. We also found, unsurprisingly, that a wide scale organisational redesign weighed heavily on people, influencing their thinking and feeling about work and their commitment to the job. In summary – and this is tentative – more programmes and projects need to revisit how successful practice development has been in sustaining itself and its impact after formal programmes are completed.

*Implications for practice:* There are implications for practice developers in terms of designing evaluation research and strategies. We found that although practice developers do seem to be more resilient than others during organisational redesign, major changes of this nature have a negative impact on the sustainability of practice development.

**Keywords:** Aged care, evaluation, person-centredness, practice development, sustainability

#### Introduction

Any organisation, with its multiple workplaces, is a complex entity made up of subcultures, each based around individuals with their own values, beliefs, attitudes and ways of working (Schein, 2010, p 23). The main purpose of practice development is to develop processes and outcomes associated with person-centred care, starting with these values and beliefs. Outcomes are achieved not just by bringing about evidence based improvements in care or service delivery, but through innovation that stems from transforming people and, through them, workplace culture (Manley et al., 2008; McCormack and McCance, 2010, p 140; McCormack, Manley and Titchen, 2013, p 5; Dewing et al., 2014).

In this paper we present a critical reflection and a mapping exercise to show what happened after a three year culture transformation programme ended. The programme and related evaluation research, known as the Aspire to Inspire programme, took place through a partnership project between the

University of Wollongong and UnitingCare Ageing, in their aged care services in New South Wales and the Australian Central Territory between 2009 and 2012. The programme was underpinned by practice development methodology (Manley et al., 2008; McCormack, Manley and Titchen, 2013, p 5).

During the programme a number of complex, interrelated practice development activities and an evaluation research project took place, all directed at achieving and evaluating the programme aims, which were:

1. To develop demonstrative ownership and commitment in staff for the core values of the organisation in their everyday work
2. To systematically implement a set of effective methods and processes to embed the organisations' INSPIRE values within everyday practice
3. To test and evaluate the applicability of a specific person-centred framework in the Australian aged care context and use this framework to achieve implementation of the organisations' INSPIRE values
4. To develop a knowledge and skills set in transformational practice development methods, especially in developing active learning cultures and skilled facilitation
5. To evaluate the engagement of managers in practice development
6. To develop a portfolio of methods and tools to enable ongoing evaluation of workplace culture effectiveness
7. To influence organisational policy and development in person-centred practice
8. To engage regional office staff in the programme
9. To contribute to national and international knowledge in person-centred care in aged care and in practice development methodologies and methods

We later added in another aim related to exploring person-centredness and services for indigenous peoples (McLeod et al., 2012). One year after completion of the programme we wanted to add to our evaluation of how evident person-centredness and practice development methods and outcomes were in the organisation. It needs to be noted that this reflection took place at a time of major organisational redesign, accompanied by significant changes in service organisation and senior management.

## **Method**

The paper presents extracts from summative individual reflections by seven of the Aspire to Inspire programme facilitators one year after the programme ended. Each facilitator prepared individual written reflections on their experience of the processes and outcomes, extracts from which are shared in this paper. Three of the facilitators then mapped key content in all the reflections to the four domains within the Person-centred Care Framework (McCormack and McCance, 2010). We selected this framework as it featured prominently in the programme's aims and interventions. It should be noted that a limitation of the method is that the facilitators all used different models in their individual reflections.

### ***Part 1: Individual reflections***

Drawing on the full reflective accounts, we suggest that it is possible to see evidence of practice development within all the domains of the generic practice development framework (Garbett and McCormack, 2002):

- Values and beliefs
- Transformation of individuals and contexts
- Person-centredness
- Being systematic
- Facilitation of learning

Furthermore, all the reflections contained reference to and discussion about the organisational restructure and its subsequent impact. We now offer some extracts from the seven reflections that

illustrate the domains set out above. In the first extracts, person-centredness, values and beliefs and facilitation of learning stand out:

#### Facilitator 1

*'Throughout the past 12 months the skills I have learned through working with practice development have enabled me to have a sense of resilience and heightened self-awareness. This has been valuable through challenging and stressful situations faced throughout late 2012 and early 2013, where the organisation announced a major management restructure. I observed other colleagues not being able to do likewise and to an extent witnessed self-destruction with negative behaviours that, I believe, impacted on people's survival in the organisation. Being able to reflect and being aware of my emotions allowed me to work through the process and be mindful of certain situations and environments I was exposed to.'*

*'Practice development encourages me and constantly reminds me that I need to be looking at my own personal values and beliefs, and then being able to clearly understand and demonstrate what they are. In my new role in the organisation post restructure, practice development skills have equipped me with creativity and courage as a facilitator. My ability to be able to authentically engage with individuals and teams using the principles of collaboration, inclusion and participation has enabled people to learn creatively in the workplace. As a facilitator I enable individuals to explore and experience the concept of having a dream and then articulating this in a creative expression, by artwork, poetry and role playing. I have been actively engaging in continuous learning activities throughout the facilitation journey and over the past 12 months, and am now able to confidently adopt increased levels of challenge and risk taking, along with continually testing out new skills and creative styles of learning. Critical reflection, for me, is a part of everyday functionality and acts as a motivator for action and change.'*

#### Facilitator 2

In this extract, transformation and being systematic come through:

*'During the restructure it was felt that we would witness many of our service level managers no longer wanting to or able to work within the organisation, with a senior level of management removed. Instead, what has been evident is that our service managers have developed their capacity and capabilities and could step up to the challenges and excelled. Managers remaining in their roles have provided the willingness to explore and share a challenging journey and evolve our organisational wisdom.'*

#### Facilitator 3

Here, facilitation of learning and person-centredness can be seen:

*'Community care is undergoing significant change as the industry moves to a consumer directed, wellness model of supporting older people. So, both as an organisation and an industry, the theme is "change". I have found that my role and learning over the previous three years as facilitator has given me firm ground in this time of change, and this is becoming more evident over time.'*

*'I have been able to share practice development methods and tools with others, utilise the feedback techniques in meetings and elsewhere, use CIP principles [collaboration, inclusion and participation], promote evaluation to effect improvements and stay connected to many of the PD team. However, the most rewarding experience for me is being involved and seeing staff make a difference in older people's lives in small ways, such as connecting them with everyday ordinary activities that are meaningful for them in our "Healthy Living for Seniors" programmes.'*

#### Facilitator 4

*'Practice development is in what I do. In a practical sense it is about the duties and tasks of my role being translated through practice development in a way that supports my relationship with people I work with. Practice development knowledge helps form my skillset as an employee. It's the application of those duties and tasks as seen through the prism of my PD values that becomes the wisdom that guides my practice. It moves my practice from one who provides to someone who receives, to a relationship where both the giver and receiver exchange equally the gift of support to each other. In essence it's about a mutually beneficial relationship that values the other as a person.'*

*'The impact of practice development has been transformative in the relationships that have developed between staff and older people, where they can see a person of interest and vitality. It is the recognition that a person's interest in the pleasures of life does not diminish with age. It is about how we engage with someone as an individual whilst we address their needs as a person affected by the vagaries of ageing.'*

In the above extracts, the transformation from 'doing' practice development to 'being' a practice developer can be clearly seen, as can elements of person-centredness, being systematic and the facilitation of learning. In the following extract from another of the programme team, the elements of being systematic with critical reflection and working systematically with the Person-Centred Care Framework come through.

#### Facilitator 5

*'Becoming intentionally reflective lies at the heart of my practice development work. The pastoral care team continues to enjoy the benefits of reflective practice, through intentional and regular peer group reflection on pastoral encounters with older people, families and carers. Each month, the coordinating chaplain and members of the pastoral team take turns in presenting a written account of a different pastoral scenario in a peer group reflection and feedback session. The last 12 months has seen an obvious improvement in the professional and personal skills that members of the pastoral team (including some volunteers) bring to their work. In terms of the Person-Centred Care Framework, intentional and regular reflective practice specifically taps into the following areas: Prerequisites – knowing self, professional competence, developed interpersonal skills and commitment to the job; Care Environment – supportive organisational structure; and Care Processes – engagement, sympathetic presence, working with other people's values. All these areas of the delivery of person-centred care are enhanced as each member of the pastoral team engages in better understanding themselves and the dynamics of one-on-one encounters, allowing them to go to a deeper level of listening and response in the pastoral dialogue.'*

#### Facilitator 6

In these extracts, the centrality of knowing and being true to one's values and beliefs features strongly. The 'pain' of enforced organisational redesign also features here, while the transferability of learning from the programme also seems to be an enabling factor for personal resilience.

*'Initially, during the restructure, all of my knowledge and experience over the previous four years disappeared and I degenerated into an insular, selfish being consumed with feelings of loss and grief. I was also becoming quite virtuous believing that "we" did not need to change as all was well in "our" world.'*

*'I came to the realisation that despite my personal feelings, change was occurring and no amount of protestation would change the inevitable. I then made a decision that regardless of where I would be in the future, I had a responsibility to leave the workplace and those who had the greatest impact on the lives of older people feeling that all was well with the world. Things would be better and that the resulting change had worth and that it would result in a better place for everyone concerned.'*

*'Firstly, the programme teams' feelings of loss were confirmed and accepted with open and frank discussion. We scheduled opportunities for talking whilst being cognisant of not disregarding those people who did not know if there would be a role for them in the new structure. The past had not been worthless – it was to be celebrated and built upon. We were in fact better positioned than most to absorb the change and use it to our best advantage. Information sessions were planned on a monthly basis (sometimes more frequent if warranted). What became evident was that our region's staff were resilient; they also exuded confidence in themselves and they knew how to behave in a professional manner. The ongoing planning over the first six months and post the restructure has been spent on re-establishing the conditions that will equip and empower staff to meet the challenges of the changing face of aged care in Australia, as well as identifying and selling the benefits.*

*'I have over the last 18 months used methods from positive psychology and appreciative inquiry and many aspects of practice development in a very personal way whilst adapting to organisational change. These skills have also assisted the service managers and other key roles with support, a trusted process and with reassurance during a turbulent time.*

*'There have been many opportunities to use practice development theory in order to be resourceful and adaptive. During the preceding period and subsequently there have been many instances to use creativity in order to engage with people, to problem-solve, plan future systems and processes and keep the whole process and our business progressing.'*

Finally, these extracts demonstrate the continuous and sometimes turbulent nature of transformation.

#### *Facilitator 7*

*'Questions I've asked myself include: what's happened a year on? Is practice development sustainable and are the results still evident? Does it really work and how do I know? For me, thinking about the last year (2013-14) post our programme and the research we did and trying to work out if the last four years had brought about changes in the delivery of care to older people and 'moved' a culture to become person-centred, I would have to say yes. Clearly the next question that would be asked is, "how do I know this and what evidence do I have to support this claim?"*

*'Since the end of 2012 through to early 2014, I have come to the realisation that I have changed within myself and this has been evidenced in my approach to opportunities and challenges that have arisen and that I have been involved in. Whilst I am not saying that I have always liked what I have seen in myself, and this especially so through the early days of an organisational restructure, I have come to the realisation that I have greater insight, improved understanding, and an ability to be sensitive to my own emotional intelligence. I have awareness that by being "in tune with myself" and understanding the impact of my own behaviour and the consequences that result, I am able to control, in a positive way, situations whereby previously my reaction would have been quite negative and detrimental to myself and on group processes. It is my belief that my intimate involvement in practice development, the rigour and discipline that goes with it, like revisiting your own values and beliefs and critically reflecting, has enabled and empowered me.*

*'I have learned that with practice development you need to learn to watch where it flows, trust the process, and that if you are impatient and too hasty, it can impede and subsequently affect the potential for change. It won't always be pleasant, warm and fuzzy and most times it's generally quite challenging, confronting and exhausting, but, the improved outcomes for yourself and ultimately for older people is worth the effort. I also can now identify areas readily whereby I can influence, albeit in a small way, and this was of great assistance when taking on a new role.'*



## Part 2: Reflection using the Person-Centred Care Framework

We looked at all the reflections again for what is still continuing and further evolving, and mapped this against the framework. Below, we offer some examples for each domain. First and briefly, the framework has four domains, each with a number of characteristics that determine what person-centredness would look like when fully implemented (McCormack and McCance, 2010). The four domains are:

- **Prerequisites** – this domain concentrates on the attributes of the nurse. For example, development of interpersonal skills and commitment to the job
- **Care environment** – focuses on the context in which care is delivered. For example, effective staff relationships and the opportunity to be innovative in a supportive environment
- **Person-centred processes** – the delivery of care through essential, ‘healthful’, relationship based processes and caring activities. For example, working with older people’s values and beliefs and engagement
- **Expected outcomes** – results in the delivery of effective person-centred nursing/caring. For example, feelings of wellbeing and the presence of innovation

Domain 1: Prerequisites or attributes	
Domain	Examples from available evidence
Professionally competent	<ul style="list-style-type: none"> <li>• Continuing workshops for service managers using practice development and adapted from the programme</li> <li>• It was found that service managers were ‘better equipped’ throughout 2013-2014 to manage, support and challenge staff in challenging work situations</li> <li>• Increased academic activity: for example, two staff have undertaken university study to Masters level including practice development subjects</li> <li>• Internal workbased learning programme on person-centred dementia care. This led to a shift in thinking from reactive management of critical incidents to proactive responses, including redesigning of living environments</li> </ul>
Developed interpersonal skills	<ul style="list-style-type: none"> <li>• Service managers’ monthly meetings have changed to communities of practice sessions. Here the emphasis is on transparency and openness among peers and on reflection and giving/receiving feedback</li> </ul>
Commitment to the job	<ul style="list-style-type: none"> <li>• Organisation’s staff engagement survey results analysed in more detail and used intentionally in action planning</li> <li>• Greater emphasis put on methods to develop better staff engagement.</li> <li>• Service managers had an improved understanding and commitment to the job. This is supported by a number of them challenging the ‘norm’ in terms of work processes and systems and being able to articulate a ‘person-centred culture, whereby the older person is the focus’</li> <li>• Staff survey results indicate staff are experiencing higher levels of (appropriate) challenge from managers. This indicates managers are more committed to culture change for achieving person-centredness</li> </ul>
Clarity of beliefs and values	<ul style="list-style-type: none"> <li>• All projects establish or clarify shared values and beliefs, and agree the vision</li> <li>• Discussion about values and beliefs fed into discussions on a more regular basis. Values and beliefs are part of every day</li> <li>• Linkage to Person-Centred Nursing Framework continuing</li> <li>• Use of creativity continues according to the context</li> </ul>
Knowing self	<ul style="list-style-type: none"> <li>• Critical reflection encouraged. Features more in training and education and in some meetings and forums</li> <li>• Recruitment processes amended. Interview questions modified to focus on getting best people rather than best/most complete skillset</li> </ul>

<b>Domain 2: Care environment</b>	
<b>Domain</b>	<b>Examples from available evidence</b>
Skill mix	<ul style="list-style-type: none"> <li>• More work taking place on developing rosters that move away from the dominant task model, where there are more staff at work during what is considered the peak hours of service, namely, 6.30-10.30am and 3.00-7.00pm</li> </ul>
Shared decision making systems	<ul style="list-style-type: none"> <li>• Community of practice sessions with service managers</li> <li>• Continuous improvement opportunities (CIO) process and documentation changed based on staff consultation</li> <li>• Teams and older people more involved in decisions related to property refurbishments</li> </ul>
Staff relationships	<ul style="list-style-type: none"> <li>• Staff are demonstrating an increasing, shared understanding of how by working together they can improve the level of care service to older people. This has been evidenced by increased negotiation and increased trust (for example, sharing equipment)</li> </ul>
Organisational systems	<ul style="list-style-type: none"> <li>• Motivation to reduce paperwork in several areas such as action plans. This arose from staff and older people's feedback and demonstrates a commitment to adapt systems to be more helpful to practice</li> <li>• Efficiency has been maintained, as has compliance with external inspections. Inspectors have been challenged about some of their assumptions</li> </ul>
Power	<ul style="list-style-type: none"> <li>• Use of role play and scenarios to learn more about care practices and their impact continues</li> <li>• Including older people and care staff on interview panels</li> <li>• However, the need to listen better and involve older people more continues to be a challenge</li> </ul>
Potential for innovation and risk-taking	<ul style="list-style-type: none"> <li>• Bringing in external experts to offer feedback and evidence about core issues, such as person-centred environments for people living with dementia)</li> <li>• CIO process still in place (rather than incident reporting)</li> <li>• Observation based evaluations of what an aged care service is telling us, using the concept of 'look, see, smell and hear' along with a method we called 'first impressions'. There has been an improved understanding and concerted effort to work with staff to improve an older person's home, not just in a physical sense but also emotionally and psychologically</li> <li>• Increased entries into the Quality Improvement Programme database</li> </ul>
Physical environment	<ul style="list-style-type: none"> <li>• Redesigning bedrooms at several sites</li> <li>• Bringing in colour and space designers and creating useful intimate spaces</li> <li>• Improving storage options to decrease clutter. This has been strengthened by continuing with workplace observations using 'look, see, smell and hear' and 'first impressions'</li> <li>• There has been an improved understanding and concerted effort to remove clutter and give older people back their space. Staff more respectful of what is the older person's home space</li> <li>• Dining environments cbeibg given a more homely feel by replacing industrial equipment with items with a domestic appearance</li> </ul>

Domain 3: Person-centred processes	
Domain	Examples from available evidence
Working with people's values and beliefs	<ul style="list-style-type: none"> <li>• Eden Alternative training to support person-centred dementia care</li> <li>• Introduction of a wellbeing measure for people living with dementia</li> <li>• Staff with practice development skills on working groups contributing to key projects drawing on shared values and beliefs</li> <li>• Service user groups</li> </ul>
Shared decision making	<ul style="list-style-type: none"> <li>• Role-modelling of processes to nurture collaboration, inclusion and participation in challenging how we as aged care providers used to build and provide an aged care service. High challenge and high support have been key to ensuring shared decision-making and understanding of how person-centred care can be enhanced by a culture that encourages and supports older people and staff</li> </ul>
Engagement	<ul style="list-style-type: none"> <li>• Emphasis on being with older people and getting to know them as a person continues. Remarkable Lives project with local communities continues. For example, the 2014 theme is 'When I was 18'</li> </ul>
Sympathetic presence	<ul style="list-style-type: none"> <li>• Wellbeing tool introduced</li> <li>• Approach to complaints and feedback more timely and positive</li> </ul>
Providing holistic care	<ul style="list-style-type: none"> <li>• More emphasis on needs other than physical ones</li> <li>• Greater emphasis placed on meals and food (for example, flexible breakfast, menus, environment design, choice and clothing protectors).</li> </ul>

Domain 4: Person-centred outcomes	
Domain	Examples from available evidence
Feeling involved in care	<ul style="list-style-type: none"> <li>• Focus groups continuing</li> <li>• An example of an outcome is that the moving in (admission) process has been improved</li> <li>• Residents' groups continuing</li> </ul>
Having a feeling of well-being	<ul style="list-style-type: none"> <li>• Greater use of social events as way of engaging and connecting with older people and families</li> </ul>
A healthful environment	<ul style="list-style-type: none"> <li>• Individuals and teams more able to be themselves and to take more ownership of creating healthful workplaces</li> </ul>

### Summary: implications for practice and the organisation

The facilitators (programme team members) were all clear that through the programme they experienced practice development as a means by which they increased effectiveness in the delivery of person-centered care and transformed workplace cultures to enable and sustain person-centredness. Practice development was found to be a systematic approach that had rigour, although learning about how to apply that rigour and the underpinning principles was found to be challenging at times. The emphasis on processes suited the aged care context and the individuals who stepped into the facilitation roles. Practice development was planned into the regional business plans in several ways. However, practice development then became fragile and ultimately fragmented in the presence of wide scale organisational redesign. During the programme, facilitators found an increased sense of confidence in being able to draw on a body of knowledge. With the redesign, programme team members found themselves in new roles and needing to work out what knowledge, methods and processes they could transfer to these new roles and areas of work.



A significant factor in this programme was the range of people and roles in the project team. This provided the opportunity to exert influence more widely and at micro, mezzo and macro levels in the region to a degree. Post redesign, the facilitators all said they were missing working together in the way they had established, where they all knew practice development methods and processes and could openly and transparently work with them. The practice development approach following redesign, is therefore not as concentrated. However, reframing this to an opportunity, it is still present across the region but in a more diluted version. It is anticipated it will grow again. It remains to be seen whether the facilitators can be self-sustaining while working on their own and where each of them needs to lead practice development in their new workplaces where the cultures might not be as well developed.

When we asked ourselves what, if anything, had regressed, it was felt that the overall service delivery did fall back into more of a compliance cycle that just focused on the essentials for a while (that is, surviving and getting through tasks and routines). This would imply that the person-centred culture was diminished. However, it was also felt that it took a lot less time than before the introduction of practice development to get back out into more of an improvement cycle where signs of thriving began to re-emerge. Although the redesign brought new challenges, there was also some evidence to suggest a sense of greater freedom to make decisions in the region; so some of the fears about service managers, in particular, not being able to cope without a layer of senior managers have not materialised. Indeed, responsibility and accountability is much clearer and should promote growth of a care environment that is more suited to achieving person-centred cultures.

In summary, we offer four critical questions that have arisen from our reflections and that we feel need more attention in future evaluation research in practice development:

1. How diluted [spread out] can facilitators be in an organisation before they become ineffective?
2. What do we mean by sustainability?
3. How effective are our evaluation methods in practice development programmes/projects?
4. Are we focusing on immediate outcomes rather than longer term impact in evaluation?

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**Jan Dewing** (PhD, MN, MA, BSc, RN, RNT, Dip Nurs Ed, Dip Nurs) Professor Person-centred Research and Practice Development, East Sussex Healthcare NHS Trust and Canterbury Christ Church University; Co-Director, England Centre for Practice Development; Lead for Regional Dementia Care Innovation Hub; Visiting Professor, University of Ulster, Northern Ireland and University of Wollongong, NSW Australia.  
**Anna-Marie Harmon** Hotel Services Manager, West South UnitingCare NSW.ACT, Australia.  
**Jane Nolan** Residential Operations Manager, South UnitingCare Ageing NSW.ACT, Australia.