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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Reflecting on the process of developing a nursing framework through collaboration

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Abstract
Background: Three central North Island District Health Boards developed a collaborative partnership to create an education framework to improve workplace learning by nurses. A Joint Nursing Speciality Education Project Group was formed to explore frameworks and models of care that would support and enhance nursing practice.
Aims and objectives: The aim of this article is to reflect critically on the process of leading the project group during the development of a nursing framework that would encompass a holistic view of education and meet the needs of each participating health board. The article also examines the issues encountered, which included the difficulties of working with nurses from different organisations in different geographical locations.
Conclusions and implications for practice: The process of developing the Person-Whānau (Family) Centred Nursing Framework was a team effort and working collaboratively across health boards has been extremely rewarding. We faced workload and geographical challenges in trying to get the whole group together but the chance to develop a framework that has the ability to improve patient outcomes has been exciting and the relationships we have forged along the way with members of the project group have been positive.

Keywords: Person-centred, Whānau, nursing framework, critical reflection

Background and context
With the growing complexity of the hospital environment, decreasing lengths of stay and increasing patient acuity, nurses are under pressure to perform a greater number of tasks in the same amount of time. This has resulted in a phenomenon known as 'task focused tunnel vision', where the holistic approach to nursing care is superseded by the need to perform specific tasks (Berkow et al., 2011). This makes it challenging for nurses to think critically about the care they deliver, a process that is essential to the provision of high quality, safe nursing care.

Our initial project aimed to develop a joint specialty education portal over three District Health Boards in New Zealand. Developing a suitable nursing framework with guiding principles and values was integral to the development of the online portal and education structure. It has been apparent to us for some time that nurses have been trying to manage their work using frameworks that are outdated and inadequate for the rapidly changing environment. Collectively and individually we thought about how this had come about and what we could do to address it. Nurses' focus on task, rather than on the patient, has impacted on patient care and contributed to concerns about the safety and efficacy of

the ward environment. The more we reflected on this, the more we realised that the culture of nursing within our organisation reinforces a task focus through our continuing education, current routine and ritualistic patterns in the flow of work.

Nurses are increasingly being asked to reflect on thoughts and actions related to their nursing practice. Reflection allows nurses systematically to explore meaning and apply new insights to situations in order to become better practitioners (Johns, 2001). Critical reflection refers to our ability to uncover assumptions about ourselves, others and our work environment (Somerville and Keeling, 2004). To use knowledge critically, nurses need the ability to see beneath the surface and identify the factors that influence each situation (Lucas, 2012). This article uses the reflective cycle developed by Gibbs (1998) to reflect critically on the process of leading the project team in the development of a holistic nursing framework to help structure continuing nursing education to meet the needs of each of the participating health boards (Bowden, 2003).

Description

Although there had previously been collaboration for some services across the participating health boards, this was the first time the nursing services had tried to work together with the aim of developing a new framework that would be used by all. The idea to bring a group of senior nurses from the three health boards together to discuss the issues and explore possible solutions came from a wish to find a solution that would work and be accepted by nurses in each organisation. As the leaders of the project group, we knew we needed wide buy-in and experienced a degree of anxiety about the structure and function of a group made up of nurses from each board rather than from a single board. Since this level of inter-board nursing collaboration had never been tried, we were acutely aware of the need to make it a success. We pondered how best to communicate and manage consultation with other senior nurses across the organisations.

It was decided to take people through a collaborative process to build understanding and ideas. This began with a two day workshop, run by an external facilitator, with senior nursing representatives from each of the health boards. The aim was to explore the trends, responses, visions, and educational constructs currently encountered in New Zealand nursing. The facilitator encouraged lively discussion and members of the project group felt we gained rich knowledge about how our senior colleagues viewed the healthcare system and what they saw as priorities for focus within a new education structure. The project group used the workshop information to ensure that the developing nursing framework would comprehensively meet our needs.

The project group then began the process of choosing a new framework by looking at currently available frameworks that might be suitable, including the Te Whare Tapa Wha Māori health model (Durie, 1998; Ministry of Health, 2012), Chronic Care Model (Improving Chronic Illness Care, 2003), Triangle of Organisational Architecture (Senge, 1990), Clinical Judgement Model (Tanner, 2006), the Modified Supervision Triangle Model (McKenna et al., 2008), and our organisation's Nurse Professional Development and Recognition Career Pathway Model (MidCentral Health, 2011).

The project group was initially drawn to the Modified Supervision Triangle. This triangle is made up of three aspects: client or problem; relationship; and clinician. During the process of exploring this framework we realised that our current nursing and education frameworks only included the biomedical skills and knowledge component of this and were missing the material to build knowledge of self, professional identity and professional conduct (McCormack and McCance, 2010). This was a critical moment, as we realised the size of the education infrastructure gap we had to address. The project group explored the ways we could use the Modified Supervision Triangle as a nursing framework but found it was not comprehensive enough for our purposes. As project leaders, we felt we needed to ensure that we didn't end up with a new framework that also had large gaps, and attempted to provide the group with support and guidance to prevent this.

As a result, we began an in depth exploration of the person-centred nursing framework developed by McCormack and McCance (2010). We found this framework was comprehensive but lacked a New Zealand focus, so it was decided to try to modify it to meet the specific cultural needs of Aotearoa New Zealand by including concepts related to Whānau Ora (Ministry of Health, 2011) and Māori health models (Ministry of Health, 2012). This resulted in the development of the Person-Whānau (family) Centred Nursing (PWCN) Framework (Joint Nursing Specialty Education Project Group, 2012).

Before beginning to modify the person-centred nursing framework, we contacted the original authors and discussed what we were planning to do. We appreciated their willingness to let us modify their framework to suit our cultural and healthcare context. We also found it useful to be able to discuss the changes we were making to the framework with them, as this allowed us to check that we were building on it and not losing important aspects. We felt it was important to maintain the integrity of the original framework and believe we achieved this during the modification process.

As a part of the process of adapting the framework to the New Zealand cultural context, we gained feedback about the framework from our Māori health primary care advisor. This was very important as it is critical that any nursing framework we use is applicable to all cultures in New Zealand and inclusive of Māori. We also looked at the Uniting Care Ageing and University of Wollongong Programme 'Aspire to Inspire' (Dewing et al., 2010) and the revisions made to the person-centred nursing framework for older indigenous Australians by teams from these programmes (McMillan et al., 2010; J. Dewing, personal communication, 28th May, 2012). This gave us insight into how important it was to build indigenous cultural factors into the framework as we modified it. McMillan et al. (2010) suggest that indigenous knowledge can enhance person-centred approaches to care and we believe that we have achieved this though the inclusion of Whānau Ora principles in our PWCN Framework. Whānau Ora principles encompass:

- *Ngā kaupapa tuku iho* (the ways in which Māori values, beliefs, obligations and responsibilities are available to guide whānau in their day to day lives)
- Whānau opportunity
- Best whānau outcomes
- Whānau integrity
- Coherent service delivery
- Effective resourcing
- Competent and innovative provision (Ministry of Health, 2011)

These principles are related to the development of culturally appropriate healthcare services for Māori (Durie, 1998).

We critically reviewed the PWCN Framework for fit with the aims, objectives, and nursing philosophies of each health board as well as the broader healthcare system. We reviewed our existing frameworks, saw what was missing and ensured that the new framework was easy to understand and comprehensive. At times this was a challenge because of variations in the nursing philosophies and frameworks in each health board. However, during this processes the things that we had in common also became evident such as the Nursing Professional Development Framework (MidCentral Health, 2011). It also became evident that while we were aligning our nursing framework, we could also see opportunity to reinforce the provision of education related to health board structure and function, legislation and the wider aspects of healthcare policy such as recruitment and nursing performance review processes.

Discussing the PWCN framework and receiving feedback on it from members of the project group and key stakeholders was time very well spent. This enabled the project group to see the key elements for the framework that were missing from our current education. When we looked at this critically, we realised that by stopping development of the framework at the care environment, we did not provide enough description of key elements that would help nurses navigate the complexities of the

New Zealand healthcare system. We reflected on what it means to work within the healthcare system and how this impacts on the quality of patient care, nurses' work, and the overall journey for the patient and the family/whānau. Inadequate knowledge of the organisation and healthcare system among nurses could potentially impact negatively on care outcomes. After the project team made this discovery, we added two outer rings to the framework – 'Organisation' and 'Health Care System'. This ensured the key components of each organisation and the healthcare system were covered, including legislation and regulation, governance, organisation systems and processes, wider health policy, strategy and planning.

Feelings
Initially we experienced feelings of frustration related to issues with our current frameworks for care and the lack of a nursing framework to support workplace learning. We believed that to combat task focused tunnel vision we needed to have frameworks that emphasised and made visible a person-centred approach. As we modified the PWCN Framework we became increasing excited about the possibilities it held because we could see it would provide us with a comprehensive structure not only for continuing nursing education, but for patient care delivery. We also became more comfortable with the process of facilitating the group meetings and email discussions.

Evaluation
The process of developing the PWCN Framework has been a group one and working collaboratively across the three health boards has been extremely rewarding. Although we faced challenges when trying to get the whole group together due to workload and geographical issues, the chance to develop a framework that has the ability to improve patient outcomes has been exciting and the relationships we have forged along the way with members of the project group have been positive. As part of this process we presented the PWCN Framework to nurses at each health board and received positive feedback. Further work, done through a steering committee structure, has allowed us to build the components and test the model using current education concepts and material. Working through this process has enabled us to reflect on the existing culture of nursing within our organisations and see that with a suitable nursing framework, this could be changed to improve patient care and the work environment.

Analysis
Reflecting on the teamwork involved in the development of the PWCN Framework has been a necessary part of the Joint Specialty Nursing Education Project. It was clear to us from the beginning that without effective teamwork, we would not be able to achieve our goal. However, we were initially not fully aware of the challenges we would face to make the process equally inclusive of each health board. We struggled to get equal representation at project meetings due to geographical and time constraints. Initially, we intentionally focused on face to face meetings so that we could workshop concepts. However, video and telephone conferencing were available if these were not possible, lessening the impact of the geographical separation.

Despite the challenges, working collaboratively has been an empowering process for several reasons. It is easy to become consumed by your own environment and not see how it is for other people when workloads and stress levels are high. Working with a group of nurses from the three health boards has given us a less insular view. We feel that we have been successful with communicating our progress; our consultation process showed that senior nurses from each health board felt included and feelings towards the project remain positive, with good buy-in from nurses in all the organisations.

The quest for a framework that would support and enhance nursing practice for all the health boards was exciting and we feel confident that the framework is applicable to all our clinical settings and geographic regions. The collaborative process of selecting and modifying a nursing framework also provided us with a different lens through which to view current practice in our own organisation. Being

able to network internationally has given us insight into the varied ways the PCN Framework is being used to enhance nursing, as well as reassurance that the modifications we have made fit with the original intention of McCormack and McCance's (2010) framework.

The joint nature of our roles has enabled us to work to our individual strengths, encourage each other and at times ground each other back into reality. For each of us this has been a unique journey. Reflecting on our observations of the interactions of the team allowed us to understand the dynamics between nursing departments from the three health boards. This in turn will help us to work more collaboratively in the future. Being able to share reflection on this journey has been beneficial for planning towards the next stage of the project.

Conclusion

As a team, we were able to facilitate the development of the PWCN Framework and support members of the project group. We were aware of the importance of the group process to the successful implementation of the new framework. We learned that persistence and perseverance is required to work successfully with other organisations in other geographical locations, with preplanning and communicating progress to team members being a critical part of such success.

The PCWN Framework has been incorporated into one of the organisations and we are confident that the finished framework will be flexible enough to meet all our needs; the framework has been reviewed and accepted by nursing governance in each of the three health boards.

Action plan

Our action plan involves continuing to work collaboratively with the steering committee in order to gain organisational approval and support to build the education portal that will bring the framework to life, giving us the ability to link to appropriate web-based education and information. This plan aims to make visible the goal of our education endeavours (person-whānau-centred care), and bring the patient-whānau back into focus. We believe the education portal we have proposed will help achieve this, along with aligning other systems and processes within the organisations. It is also planned to include it in the nursing philosophies of the health boards – hopefully working towards a joint philosophy in the future.

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