

IDEAS AND INFLUENCES

Creating Caring Cultures: using animation to help people to get started

Kate Sanders* and Theresa Shaw

* Corresponding author: Foundation of Nursing Studies

Email: kate.sanders@fons.org

Submitted for publication: 23rd April 2015

Accepted for publication: 24th April 2015

Keywords: Culture, practice development, animation

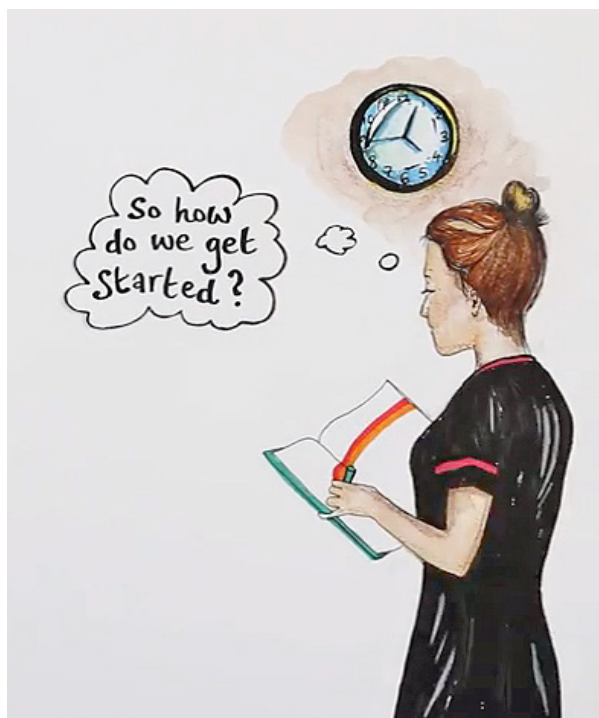
This paper outlines how FoNS has developed the idea of using an animation to help people to get started with culture change.

FoNS works with people, helping them to develop themselves and their practice to improve care. Although the purpose of some of this work might be to improve a certain aspect of practice, care or the patient experience, our overall intention is to help people to create more caring cultures. We believe that in caring cultures, patients receive care that is effective, safe and person-centred, and staff feel valued and supported.

Although much has been spoken about the need for culture change over the past few years, following the publication of several high-profile reports into significant failures in health and social care in the UK (Health Service Ombudsman, 2011; Patterson, 2011; Francis, 2010, 2013), in our experience of working with staff at the frontline of care, they are often at a loss as to know how to get started. They may recognise that there are things that could be or need to be improved, but are unsure how to achieve this. It seems that a lot of attention has been focused on the 'what' but not so much on the 'how', particularly at the level of frontline care and services.

Why create an animation?

In recognition of this need to provide help and support to ward managers and team leaders in particular, FoNS decided to develop a collection of resources, centred around an animation, to enable frontline staff in health and social care to get started with creating caring cultures. This work is based around a



model in the form of a rainbow because, as with a rainbow, it is difficult to see/find the beginning or the end of culture change. The model has been developed using the experiences we have gained over a number of years of working with health and social care teams and our theoretical understandings of practice development as an approach to enabling change and transformation.

Working creatively is one of the underlying principles of practice development (McCormack et al., 2013). Creating the animation – a different way of working for us – provided an opportunity to think about the complexity of changing cultures in new ways and enabled us to develop new insights through the process of exploring ways of delivering key messages, using both creative and cognitive processes.

The intention was to create something aesthetic as an alternative and inclusive learning approach. By making the animation visually appealing, we hoped to gain and sustain people's attention (Lowe, 2004) and perhaps to generate some interest in the notion of culture change among people who had not previously been interested, or perhaps thought it was not possible or not their concern; to create a sense that although not easy, culture change is possible. We also hoped that the images and visual cues might help people to remember the key messages.

We recognised that people learn in different ways and so the idea of an animation was to tap into and appeal to different learning styles/intelligences, potentially promoting greater understanding of a subject or complex issue (Lowe, 2004; Ainsworth, 2008) such as culture change.



Practice development itself has been acknowledged to be a complex methodology that requires skilled facilitation and the use of systematic and rigorous processes (McCormack et al., 2013). We recognise that this notion could overwhelm people and prevent them from trying to make a difference, but we believe there are a number of ways in which staff can begin to work to make things better for everyone, such as paying attention to staff wellbeing and listening to and learning from the voice of the patient. The animation

gave us an opportunity to present these ideas in a way that other formats may not.

We wanted to create something that was inclusive across health and social care: inclusive of patients and their families; inclusive of staff working at all levels and in all disciplines; and inclusive of the wide variety of care settings. Similarly, we wanted to increase the accessibility of information about getting started with culture change, recognising how the ways people access information have changed with the continued rise in the use of the internet and social media. We hope that creating the animation has enabled us to do this.

We acknowledge that the creation of animations is becoming increasingly popular, despite the limited evidence base supporting the development of effective animations to enable learning (Lowe, 2004). A potential limitation is that too much information is being presented in too short a time, making it difficult for the viewer to process (Lowe, 2004). However, Hwang et al. (2012, p 10) suggest there are a number of steps that can be taken to counteract this limitation, including a detailed explanation of content, a balance between 'clear presentation and beautiful interface', consideration about the frame

rate and the provision of supporting resources and references. We hope that we have attended to these by working with a company with a track record of creating animations and also by developing a freely accessible booklet and resources to complement the animation. We would welcome your feedback to see if we have been successful.

The animation and associated resources can be accessed at: www.fons.org/learning-zone/culture-change-resources.aspx.

Please direct feedback to corresponding author.

References

- Ainsworth, S. (2008) How do animations influence learning? In Robinson, D. and Schraw, G. (Eds.) (2008) *Current Perspectives on Cognition, Learning, and Instruction: Recent Innovations in Educational Technology that Facilitate Student Learning*. Scottsdale, Arizona, US: Information Age Publishing. pp 37-67. Retrieved from: www.psychology.nottingham.ac.uk/staff/sea/ainsworth_animations.pdf. (Last accessed 22nd April 2015).
- Francis, R. (2010) *Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust*. Volume I. London: HMSO.
- Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: HMSO.
- Hwang, I., Tam, M., Lam, S., and Lam, P. (2012) Review of use of animation as a supplementary learning material of physiology content in four academic years. *The Electronic Journal of e-Learning*. Vol. 10. No. 4. p 368. Retrieved from: www.ejel.org/volume10/issue4 (Last accessed 22nd April 2015).
- Lowe, R. (2004) Animation and learning: value for money? In Atkinson, R., McBeath, C., Jonas-Dwyer, D. and Phillips, R. (Eds) (2004) *Beyond the Comfort Zone: Proceedings of the 21st ASCILITE Conference*. pp 558-561. Perth, 5-8 December. Retrieved from: www.ascilite.org.au/conferences/perth04/procs/lowe-r.html. (Last accessed 22nd April 2015).
- McCormack, B., Manley, K. and Titchen, A. (2013) *Practice Development in Nursing and Healthcare*. Chichester, UK: Wiley Blackwell.
- Parliamentary and Health Service Ombudsman (2011) *Care and Compassion? Report of the Health Service Ombudsman on Ten Investigations into NHS Care of Older People*. London: HMSO.
- Patterson, M. (2011) *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People*. Report for the National Institute for Health Research Service Delivery and Organisation Programme. London: HMSO.

Acknowledgements

We would like to offer our thanks to the nurse-led teams that we have worked with over the past ten years as part of our programmes of support and development. The learning from this work has contributed greatly to the development of the animation, and the associated booklet and web-based resources. We are grateful to the Department of Health for supporting the production of all the resources and to Creative Connections for working with us to create the animation and the images used in the resources. Our thanks also go to all the FoNS Friends and Associates who provided feedback during the development of the animation and resources. Finally, as members of the International Practice Development Collaborative, we acknowledge its role in contributing to greater understanding regarding practice development, workplace culture and facilitation.

Kate Sanders (MSc, BSc Hons, HV Cert, RN), Practice Development Facilitator, Foundation of Nursing Studies, UK; Honorary Lecturer, Canterbury Christ Church University, Kent, UK.

Theresa Shaw (NursD, BA Hons, RNT, RN), Chief Executive, Foundation of Nursing Studies, UK; Honorary Senior Research Fellow, Canterbury Christ Church University, Kent, UK.