An Stiúrthóireacht um Ardchaighdeáin agus Sábháilteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and Patient Safety Directorate
Office of the Chief Clinical Officer

Queen Margaret University
CENTRE FOR PERSON-CENTRED PRACTICE RESEARCH

2017-2020

HSE National Facilitator Development Programme: enabling cultures of person-centred care and practice

FINAL REPORT

READER INFORMATION

Acknowledgments:	With thanks everyone, persons using services, staff and Queen Margaret University partners who contributed so generously to this programme. Thank you also to the then National Quality Improvement Team now the National Quality and Patient Safety Directorate, the then Social care Directorate, the Office of Nursing and Midwifery Services Director, and National Human Resources Directorate for supporting this work.
Developed by:	The National Programme Team
Title:	HSE National Facilitator Development Programme: enabling cultures of person-centredness
Version Number:	V1
Published Date:	12/08/2022
Subject:	Person-centredness and workplace culture change
ISBN Number:	978-1-78602-211-0
Cite this document as:	The HSE National Facilitator Development Programme: Enabling Cultures of Person-Centredness (2022)
For further information contact:	nqps@hse.ie
Access:	https://www.hse.ie/eng/about/who/nqpsd/qps-education/person-centred-programme.html

HSE National Facilitator Development Programme: enabling cultures of person-centredness

Creative Commons License and Legal Disclaimer

This publication was developed by the Health Service Executive (the "HSE") in partnership with

Queen Margaret University, Edinburgh, UK specifically for use by the National Facilitator Development Programme. The HSE shall have no liability, whether in contract, tort or otherwise, for any injury, loss damage or claims whatsoever arising out of or in connection with, any third party's use of the materials or any part thereof. Please contact the National Quality and Patient Safety Directorate by email at nqps@hse.ie for more detailed information on the terms and conditions of use.

National Facilitator Development Programme: Enabling Cultures of Person-Centredness

Report on the first three years of the programme

Authors and Programme Co-Facilitator Team

Queen Margaret University, Edinburgh

Professor Brendan McCormack
Head of the Division of Nursing & Paramedic Science
Head of the Division of Occupational Therapy & Arts Therapies
Associate Director Centre for Person-centred Practice Research
Vice President Omega Xi Chapter Sigma Global
School of Health Sciences, Queen Margaret University , Edinburgh, Scotland

Dr Debbie Baldie
RN, BSc (Hons.) MSc ,PhD
Centre for Person-centred Practice Research, Division of Nursing and Paramedic Medicine
Queen Margaret University, Edinburgh, Scotland

HSE Corporate

Lorna Peelo-Kilroe
RN, DPSN, BSc (Hons.), MSc, PG Cert Facilitation, PhD Candidate (QMU, Edinburgh)
National Person-Centred Culture Programme. HSE Quality and Patient Safety Directorate/ Office Nursing & Midwifery Services Director

Margaret Codd
RN, BNS, MSc CLOL, Advanced Facilitator (QMU). Angie Titchen Award (QMU)
National Person-Centred Culture Programme, HSE Quality and Patient Safety Directorate

An Stiúrthóireacht um Ardchaighdeáin agus Sábháilteacht Othar
Oifig an Phriomhoifigigh Cliniciúil
National Quality and Patient Safety Directorate
Office of the Chief Clinical Officer

Foreword

Over the last number of years the perspective of persons using health services has become more important to the focus of developments in healthcare systems. Satisfaction with care and services has become an increasingly important consideration alongside issues of patient safety, equity of access and global disease progression, prevention and management. The Health Foundation (2016) suggests that for person-centred care to be 'business as usual' requires effort and fundamental change. The World Health Organisation global strategy on integrated people-centred health services suggests that significant gains can be achieved if viewed as a service design principle for strategies.

The complexity and ever changing nature of person-centredness requires a clear understanding of its meaning and application in all facets of healthcare. The work undertaken in this programme has defined what person-centred means and the foundations required to build a supporting culture where staff live their values through their everyday practice. The findings in this report demonstrate real and significant change in mind-sets and attitudes when this work is embraced and well supported.

The Patient Safety Strategy (2019 – 2024) commits to promoting a culture of patient safety and person centredness and underpins our work across the National Quality and Patient Safety Directorate. I am delighted to share this report with you to support our collective efforts in continuing to improve the safety of our services and a culture that places people (patients and staff) at the centre of all that we do.

Dr Orla Healy

HSE National Clinical Director, Quality and Patient Safety Directorate

Acknowledgements

This work would not have been possible without the support and sponsorship of Dr Philip Crowley, then HSE National Director of Quality Improvement Division, Mr Pat Healy, then HSE National Director of Social Care, and the Office of the Nursing and Midwifery Services Directors Dr Michael Shannon, Ms Mary Wynne and present director Dr Geraldine Shaw. Thank you also to Ms Rosarii Mannion, then HSE National Director of Human Resources for supporting and sponsoring the Mullingar Programme.

We are grateful for the support and expertise of Queen Margaret University, Edinburgh, UK for agreeing to become our academic partners for this programme and the involvement of world leaders Professor Brendan McCormack and Dr Debbie Baldie in the field of person-centred practice, research and practice development.

We would like to express our sincere thanks to all the participants, their managers and colleagues, and the people using services who participated in this programme. To undertake a critical review of one's own values and beliefs about practices and care is very challenging and requires courage. So too does the process of uncovering workplace culture patterns and the impact these patterns have on care and practice outcomes for people using our services.

Finally we would like to thank all those who supported us, the programme team during the duration of the three years. We wish everyone continued success in their passion for person-centred care and practice and a supporting culture that positively benefits everyone.

Sincerely,

Brendan , Debbie, Lorna and Margaret

The Programme Team

Contents

Executive Summary

The focus of this report

The HSE Corporate Plan 2021-2024[i] is committed to developing an organisational culture that is built on "***shared values, beliefs and assumptions about how people behave and interact, how decisions are made and how activities are carried out".*** This culture fosters *"a common sense of purpose and pride in the team and all our people are treated with dignity and respect"* and employees are enabled to *'be the best they can be".* The HSE Patient Safety Strategy 2019-2024[ii] vision is to ***"have a culture of patient safety which actively promotes, captures, shares, spreads and implements learning to improve patient safety at every level of the organisation".*** These are the core focus areas of the National Person-Centred Culture Programme.

This report will provide information on the first three years of this work outlining the methodologies and frameworks used and a summary of the findings from evaluation over that time.

Workplace culture

Reports on poor care as well as a lack of shared interdisciplinary decision-making and a reluctance to question authority has shown to have disturbing, and in some cases damaging consequences for people using our services. In particular evidence of unacceptable behaviour by staff towards persons with intellectual disability highlighted the need to use a more effective approach to bringing about culture change and was the catalyst for this programme. We use traditional training and teaching processes and quick-fix solutions to affect culture change despite the indisputable evidence to the contrary. Culture change requires methodologies that are evidence based and can effectively address unhealthy workplace cultures that exist at a level that only culture methodology can access. Workplace culture refers to the social environment that influence how people talk, behave and the social norms that are accepted and expected[iii].

Enabling a culture of person-centredness requires experienced facilitators who have learning and skills in workplace culture and person-centred methodologies. Evidence shows that corporate, organisational and workplace cultures all influence performance, behaviours and experiences. However it is the workplace culture, the point of interface between people, that has the greatest impact on service users/patients and staff wellbeing and experiences[iv].

Person-centredness

The traditional narrow view of *patient-centred care*, the precursor to the more inclusive *person-centred focus*, has proven to be difficult to achieve within existing health services. This programme used a broader focus that was inclusive of everyone involved as well as the culture where care takes

place. We used Dewing et al[v] most recent definition of person-centredness to provide clarity as to the focus of person-centredness in this programme.

"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."

The aim of this programme was twofold:

(1) provide a means for services to embed person-centred practice and care as the norm for how the HSE does its business
(2) develop facilitators who can lead person-centred culture change within their local services

The facilitators who successfully completed the programme now have the necessary knowledge and skills to lead culture change in their organisations. The following table (table 1) captures a summary of facts and evaluation findings during the first three years with more detailed information in the main body of the report.

KEY FACTS ABOUT THE PROGRAMME	
Macro context: ➢ Strategic alignment ➢ Strategic framework ➢ National standards	➢ Programme supports the HSE vision, values, strategic and service plans. ➢ Central to the Framework for Quality Improvement and supports and facilitates Quality and Patient Safety planning and initiatives. ➢ Alignes with and supports implementation of national standards.
Sponsorship	Signed-off by the HSE Leadership Team. Sponsored by Dr Philip Crowley, Mr Pat Healy, Dr Geraldine Shaw, and Rosarii Mannion.
Target audience/services	Appropriate to all staff at all levels in the HSE, service and corporate.
Focus	Improve care experiences by those using our service and increase staff satisfaction with their work.
Methodology	Used culture-appropriate theories, frameworks and evaluation tools to unpick ritualistic work patterns and support embedding person-centred care, practice and culture.
Capacity and competence	

building within the HSE	To date **148 facilitators** from **85 sites** participated, building capacity: ➢ To motivate staff to get to the heart of their culture 'DNA' to change their workplace cultures and address engrained work patterns. ➢ To enable leadership that focuses on teamwork and transforming mindsets. ➢ To develop new products, tools and programmes developed to suit a variety of workplaces and services and to support national initiatives.

Table 1: Key facts about the programme

Programme evaluation

A systematic evaluation process was used throughout the three years based on multiple data sources that captured learning about person-centred facilitation. Evaluation of the complexity of person-centredness included the influencing factors of the workplace culture[vi] such as team relationships, team practices and workplace patterns. Three key themes derived from the data related to:

1. Participant experience and learning from the programme
2. The impact on relationships, workplace culture and services
3. The level of support that participants felt they had within their services

1. Participant experience and learning from the programme

Participants demonstrated a heightened awareness of person-centredness and the impact of workplace culture, discovered new ways of working that were more person-centred, learned how to effectively collaborate, became more critical of their practice and established a shared vision for their service. This learning enabled the necessary focus on the deeper layers of culture and the patterns within which otherwise would go unchallenged and therefore would not bring about culture change.

2. Impact on relationships, workplace culture and services

Relationships between the participants and their working groups in their own services during this programme demonstrated a significant increase in positive, healthy interactions within the teams. Realistically in the space of a one year learning programme it would not be expected to see much impact on culture and service as this usually starts to become visible during the second year of this work, particularly when those facilitating that change are still learning the facilitation skills. Despite this evidence, examples of culture change and service improvement was evident in the evaluation data.

3. The level of support that participants felt they had within their services

Support for this culture work was mixed and as to be expected, because this work is very challenging for all involved, it required a significant amount of consistent, visible support from senior leaders in services. Where support was good, change was positive and measurable. This is the fundamental requirement of culture work evident in all the literature on organisational and workplace culture.

Key learning from the programme

This programme was the first of its kind to take a whole service approach and the learning was significant. The programme was first tested across 18 residential services for older persons here in Ireland and the experience from that was used to shape this programme. The key learning, summarised below, requires consideration for this work to be sustainable.

- The person-centred approach to changing culture used in this programme was shown to work, evident in the depth of learning and its impact on workplace culture and practice.

- The implementation model needs further refining. This process has already started, looking at more locally focused programmes and supporting structures.

- Facilitation skills and facilitation methodology had a positive impact in supporting culture change.

- Everyone needs to be involved at all levels as everyone contributes to their culture.

- Managers/leaders who fully endorsed, engaged with, and supported their facilitators in culture change at local level have a sustainable resource that can address historical areas of service user and staff dissatisfaction.

- Time and support is crucial to embed person-centredness in a sustainable way.

- An 'Essential Readiness Criteria' needs to be in place (see page 16) to ensure participants have the support they need to lead culture change.

- The HSE needs to support and value this approach to continue to grow expertise in using this approach to facilitation to embed a culture of person-centredness from within and across services.

- While there is a temptation in organisations to aim for quick wins this approach requires sufficient time and commitment to embed within the system. Culture change comes about with when there is deep awareness of rituals and patterns and the realisation that things could be better.

INTRODUCTION

The purpose of this report is to share the findings of the first three years of the national programme to enable a culture of person-centredness and outline the methodology used. This programme was developed in response to growing acceptance that along with training and education, there needs to be a focus on the type of approach to learning and development that brings about culture change. Person-centred care can only happen in workplaces where staff can experience person-centredness and work in a person-centred way.[vii] For this to happen there needs to be a willingness to use an approach that focuses on workplace culture that is different to traditional training and teaching.

The National Patient Experience Survey[viii], HSE Employee Survey[ix], the National Maternity Experience Survey[x], as well as investigations into practices in Aras Attracts and Portlaoise Maternity Services and Kerry CAMS mental health service have highlighted aspects of culture that lead to dissatisfaction and at times, failure with care, services and working practices. Unpicking cultural assumptions and evaluating their relevance within the workplace is a major intervention that can only be undertaken with the full understanding and support of formal leaders.[xi]

Structure of this report

The first half of this report sets out the theories, methodologies and frameworks used on the programme that are based on internationally recognised best practice in workplace culture development, and the disciplines and services involved. The second half presents a summary of the evaluation structure and findings. The final part focuses on impact and sustainability, and the learning that has informed further programmes.

Programme Location and Sponsorship

The programme was sponsored by HSE National Quality Improvement (NQI) Team with the support of HSE Disability Service, Office of Nursing and Midwifery Services Director and HSE National Human Resource Directorate. The focus of the programme, located within the NQI Team, aligned to the HSE vision values, goals, strategy and service plans as well as the Framework for Improving Quality[xii]

Academic partnership

Academic partnership was established with Queen Margaret University (QMU) Edinburgh, Scotland with the opportunity to work with Professor Brendan McCormack and Dr Debbie Baldie. QMU is recognised as a world leader in person-centred research and practice including facilitation and practice development. This partnership focused on the design and development of the programme and facilitation on formal programme days. QMU also provide academic accreditation for this programme at Level 9 for participants who wished to avail of additional academic credits.

Programme Aims and Structure

The aims of the facilitator development programme are twofold:

1. To provide a means for services to embed person-centred practice and care as the norm for how services across the HSE undertake their daily work.
2. To develop facilitators who can lead person-centred culture change within their local services.

Embedding a culture of person-centredness throughout the service requires time and commitment from corporate as well as service leaders. This programme provided a structure and process to systematically and incrementally start that embedding process.

Sites and disciplines involved

Over the course of the first three years of the programme there were 6 cohorts: two in 2017-18, three in 2018-19 and one in 2019-20. Initially the target was to offer as many places as possible to get quick impact through the system and that was achieved with 124 participants completing the programme in the first 2 years. As the stimulus was a focus on Intellectual Disability services initially for this programme 51 participants completed from those services. An additional, bespoke programme was undertaken in the Regional Hospital Mullingar with 12 people successfully completing the programme there. The distribution map below (figure 1) captures the spread of facilitators involved in the programme.

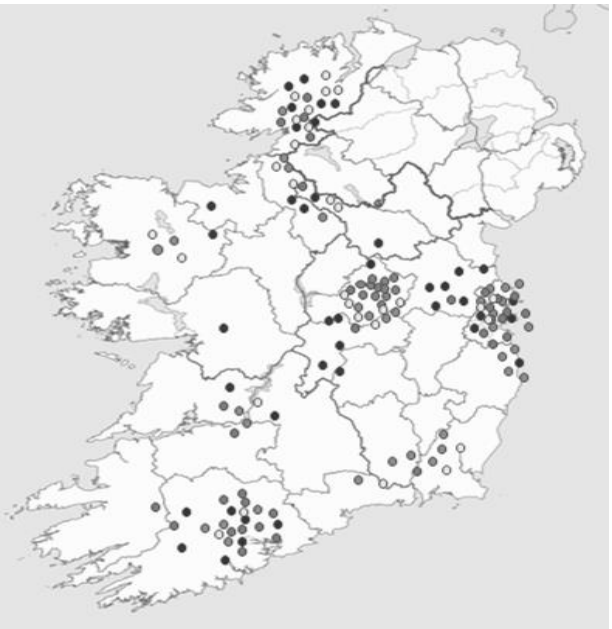


Figure 1: Spread of facilitators engaged in the programme

A number of disciplines took part in the programme from a wide range of services as demonstrated in figure 2. It was decided at senior management level before the programme started to segregate applications so that a substantial number of places were available to staff working in intellectual disability services and the remainder would go to all other services.

The disciplines engages in the programme from clinical and non-clinical roles included nurses, midwives, medical practitioner, catering manager, physiotherapists, speech and language therapists, occupational therapists, psychologists and psychotherapists, senior executive officers, pharmacists, administration staff, service leaders, general manager, assistant national director, and programme leaders from HSE corporate quality division.

Maternity Services
Health and Well Being
Suicide Prevention Service
Intellectual Disability Services
Public Health
Older Person's Services
Community
Acute Hospitals
Mental Health Services
Addiction Services
Social Inclusion
Corporate Settings

Figure 2: Services involved

Programme Essential Readiness Criteria

The essential readiness of participants, their managers and services to undertake this programme is central to the level of success that can be anticipated. This is evident in the evaluation findings of this programme. The criteria (table 2) outlines the commitment and preparation that must be in place prior to and during the programme. These criteria were included in the application process and participants and managers had to sign their agreement to commit to this before their application could be considered.

FOCUS	ESSENTIAL READINESS CRITERIA
Leader responsibility	Formal leaders who nominate a person must pledge their support and commitment for the duration of the programme and beyond
Nominee competence	The person nominated has sufficient leadership skills and authority to influence colleagues
Required structure within participating sites	A *Culture Change Group* is established within each participating site and is supported to work with the facilitator to co-plan and engage in work-based activities for a minimum of 3 hours per month for the duration of the programme
Participant attendance commitment	Once the application is accepted participants must commit to attend each programme day in full and to fulfil the workplace learning requirements of the programme
Participants need to embrace new learning	Sufficient curiosity is needed to start unpicking ritualised practices (patterns) that inhibit change and participants need to be committed to working with the processes learned on the programme
Sustainability planning	The programme team provide participants with the skills to lead person-centred culture change within their organisations. It is the responsibility of senior managers and participants within organisations and services to use these skills and plan for sustainability

Table 2: Essential readiness criteria

Programme conceptual framework

To achieve the first aim of the programme a clear distinction was made between 'being' person-centred and 'doing' person-centred practices. The focus was on embedding a culture where adapting to change becomes a way of life and a quality service is everyone's business[xiii]. Participants identified and challenged their own values and assumptions as a starting point and developed the skills to enable others in their working groups to do likewise. This was guided by the programme conceptual framework (figure 3).

Figure 3: Programme Conceptual Framework

The second aim of the programme was achieved by focusing on developing transformative facilitation knowledge and skills[xiv]. This approach was already successfully tested in the Irish health care system through a HSE person-centred programme in older persons' residential services[xv] . This Irish programme became an exemplar internationally and remains the most cited publication in the *International Journal of Older People Nursing.*

Learning and implementation structure

The target for the programme was to have to approximately 150 facilitators in the system by the end of the first three years of the programme. To achieve this target it was agreed to use a cascade approach to the implementation plan where participants engage with groups of colleagues in their own service to share they learning, practice facilitation skills and learn how to share decision making. This approach involved a three stage process:

Stage 1: formal learning where participants learned the theory and practice of person-centred facilitation and workplace culture on programme days.

Stage 2: applied learning where facilitators applied learning within their organisations by working with groups of colleagues in formal working groups (culture change group).

Stage 3: wider workplace learning where culture change group members in turn apply their learning and way of being in practice settings through engagement with their colleagues and patients/ residents.

PROGRAMME FOCUS AND METHODOLOGY

Understanding and appreciating the complexity of culture change is key to starting a process of change. The programme uses cognitive and creative methods to help participants gain greater understanding of themselves, their colleagues, contexts and cultures.[xvi] The programme was influenced by three foundation theories and principles relating to:

1. Person-centredness, care and practice
2. Principles of person-centred facilitation[xvii] [xviii]
3. Workplace culture [xix] [xx]

The methods used incorporated emancipatory and transformational practice development methods[xxi] and focused on enabling people to flourish as they worked together.

1. Person-centredness

There continues to be a global move towards person-centredness as part of a push to humanise healthcare[xxii] [xxiii]. Person-centredness is referred to in some form or other in almost every policy and strategic document in health services today. The traditional narrow view of *patient-centred care*, the precursor to the more inclusive *person-centred focus* however is proving difficult to achieve within existing health services. This could be due in part to not having a clear working definition of person-centredness. We worked with the evidence that person-centred care and a supporting, person-centred culture are inextricably linked. [xxiv]

Person-centred values and working definition

A supportive culture has person-centred values at its core, a philosophy of person-centredness that is measurable[xxv], enables and sustains high quality care[xxvi] , and contributes to staff satisfaction and wellbeing[xxvii]. The values, adopted from McCormack and McCance[xxviii], complement the HSE values of caring and compassion and the focus on respect for persons using services and staff wellbeing.

- ***Respect for the person and their values***
- ***Being authentic about our own values***
- ***Valuing everyone's need for self-determination***
- ***Therapeutically caring***
- ***Committed to healthful relationships (relationships that are healthy)***

We adopted a working definition by Dewing et al[xxix] below within the programme to clearly articulate the meaning and focus of person-centredness with its focus being inclusive of, person-centred care, practice and values.

"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."

Person-centred guiding framework

The person-centred practice framework below was used to guide the focus of person-centred care and practice[xxx] (figure 4). The framework includes all the influencing factors within organisations and workplaces that contribute to person-centred outcomes - the business of our health service.

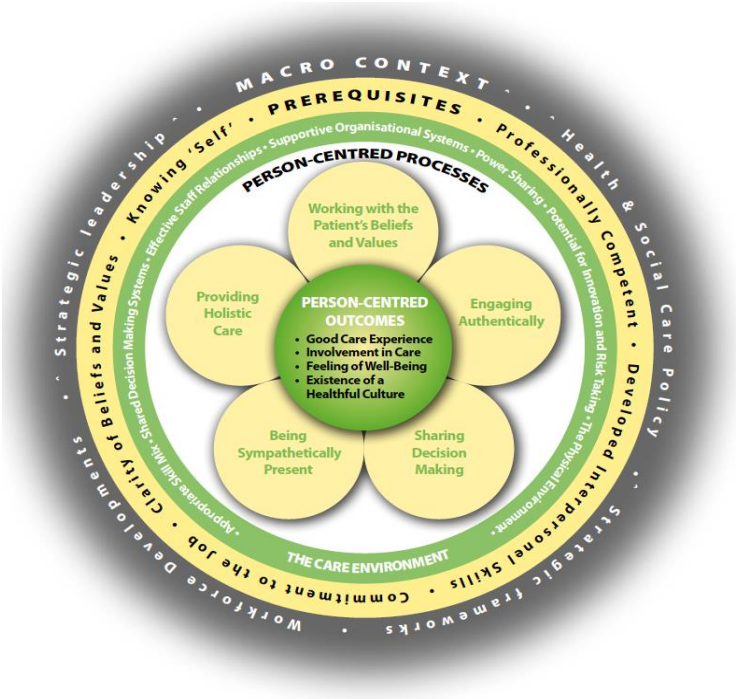


Figure 4: The Person-centred Practice Framework

This is a framework designed for a whole system and is inclusive of the macro and micro contexts. It is inclusive of policy, leadership, personal and professional competencies, environments, practices and outcomes. This framework, the only one of its kind currently in existence, was used both as a planning tool to target areas of focus of learning and development and as an evaluation tool to measure change and outcomes.

2. Facilitation principles

A clear distinction is made on this programme between training, teaching and facilitating learning. Training and teaching are effective as a means of gaining technical knowledge and skills in workplaces. Facilitation, and in particular facilitation that is based on person-centred principles is a way of helping people to gain greater understanding and insight through critical exploration. Culture change can only come about through consciousness-raising, seeing the problem, self-reflection and critique[xxxi]. This insight needs to come from within the team, a realisation that something needs to change rather than something imposed, taught or fixed from outside the team. Therefore the learning approach is very important to the success of culture change.

Person-centred facilitation approaches demonstrate respect for individuals regardless of role, seniority or experience. Fundamental to this for individuals, teams and organisations is a commitment to work with principles of **collaboratively, being inclusive and participatory**[xxxii]. These are commonly known as CIP principles and demonstrate an appreciation for the individual opinions and experience of everyone involved in discussions and decisions regardless of hierarchy. CIP principles (figure 5) are fundamental to the facilitation approach used in this programme. The programme was led by knowledgeable facilitators who have a wide range of learning and experience in the areas of person-centred workplace culture.

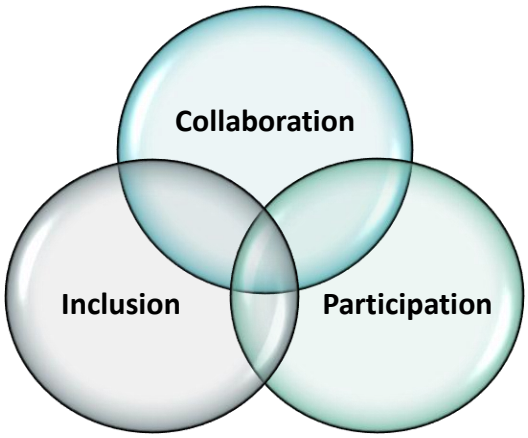


Figure 5: CIP Principles

3. Workplace culture

"Know the culture that is inside you"[xxxiii] emphasises the fact that everyone contributes to the culture in a workplace and organisation. Schein's *Three Levels of Culture Model*[xxxiv] (figure 6) demonstrates the focus on culture used in this programme. This model has three layers of culture: the outer layer is

concerned with artefacts and symbols such as branding, logos, symbols, uniforms, technical environmental presentations.

The middle layer represents the espoused values, missions and goals of an organisation. Neither of these two layers of culture have an impact on care experiences or workplace culture and practices; this takes place in the deepest layer.

The inner layer is the deepest layer and relates to all the areas that impact on people's experiences. Person-centred cultures have a clear set of shared values about how we communicate together, the quality of relationships, the degree to which multidisciplinary decision-making takes place, what gets prioritised in organisations and why, the quality of leadership, and the shared assumptions and embedded practices that inhibit culture change.

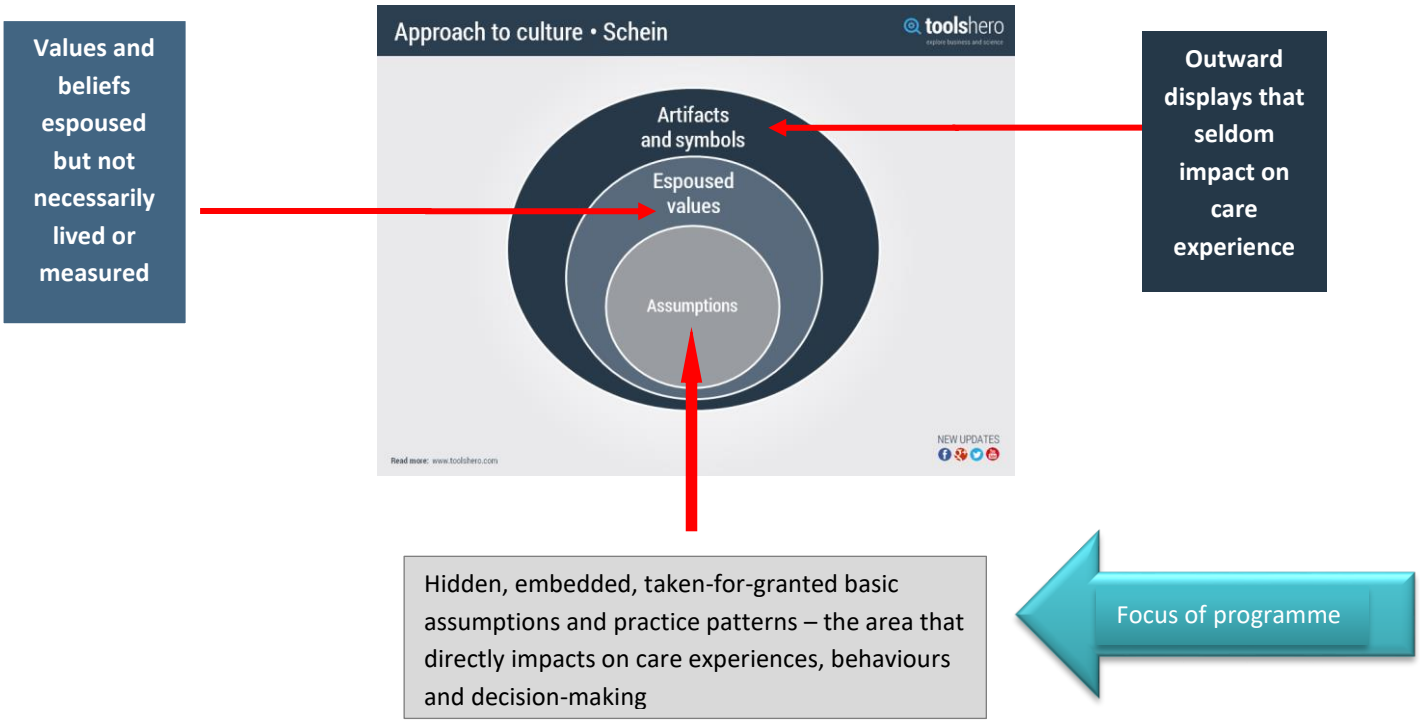


Figure 6: Adaptation of Schein's Culture Model

A major component of culture development is acknowledging that things need to change and this can only happen when people are given the time and space to look critically at their own practice together. Teaching, training and 'quick fixes' cannot get to the heart of the existing culture, sometimes referred to as the **cultural 'DNA'** of real beliefs, values and desired behaviours[xxxv].

Strategic Alignment

Patient-centred care is safe care and having a person-centred approach to how we work can go a considerable way to ensuring that ***"all patients using our health and social care services will consistently receive the safest care possible. Nurturing a culture of patient safety which places emphasis on a culture of transparency and organisational learning is key to this"*** as stated in the HSE Patient Safety Strategy (2019-24).

A comprehensive mapping exercise was undertaken demonstrating the alignment of this work with key national strategies and standards. It maps the strategic position and contribution of this programme to the delivery and achievement of the following frameworks and national standards:

- HSE Patient Safety Strategy (2019-2024)[xxxvi]
- Framework for Improving Quality in Our Health Service[xxxvii]
- National Standards for Safer Better Healthcare[xxxviii]
- National Standards for Residential Services for Children and Adults with Disabilities [xxxix]
- National Standards Mental Health Commission [xl]
- National Standards for Residential Care Settings for Older People in Ireland [xli]
- National Standards for Safer Better Maternity Services [xlii]

The programme work is also aligned to the HSE Corporate Plan 2021-2024, HSE Vision and Values, HSE Peoples Needs Defining Change – HSE Change Guide (2018) and initiatives such as Values in Action; Lean; the work of the National Staff Engagement Forum; Staff Health and Wellbeing and Healthy Workplace Framework[xliii] - to support the HSE planning for recovery post Covid-19.

PROGRAMME EVALUATION

A systematic evaluation process was used throughout the three years based on multiple data sources that captured learning about person-centred practice, care and facilitation. "Evaluating person-centred care as a specific intervention or group of interventions, without understanding the impact of these cultural and contextual factors, does little to inform the quality of a service."[xliv] To understand the impact of a complex intervention, such as this facilitator programme, with its multiple parts that work together with local contexts to effect change, requires multiple evaluation methods[xlv] Therefore evaluation of the complexity of person-centredness included the influencing factors of the workplace culture[xlvi] such as team relationships, team practices and workplace patterns.

The evaluation of this programme focused on two broad aims and the factors that influenced successful implementation of person-centred culture work by facilitators into workplace settings:

1. Impact of programme on participants learning and development
2. Impact of facilitators on workplace culture

By paying attention to both the impact (outcomes) and the experiences and activities of those participating and delivering the intervention (processes), we not only understand the difference it has made but more deeply understand why it has or has not worked in particular contexts. Such evaluations are far more helpful in guiding future adoption and contextualisation of the intervention and also provide opportunities to refine it as it is being evaluated.

Multiple data sources were used to gather evidence (fig 7) and this evidence was collected from the first day of the programme until the last from formal learning days, working group data and workplace feedback.

TYPES OF DATA INCLUDED IN EVALUATIONS		
Individual reflections	Narratives	Purposeful interviews
Person-centred moments	Observer feedback	Language exercises
Creative pieces	Facilitator notes	Observations of practice
Environmental walkabouts	Testimonials	Individual themes
Confidence lines	Site visits	Key outcomes & meanings
End-of-day evaluations	Focus groups	

Figure 7: Multiple data sources

Data analysis process

A collective approach to data analysis known as Critical Creative Hermeneutic Analysis[xlvii] was used as it is more appropriate in capturing the deeper and more complex data relating to person-centredness and culture work. It involved all members of the team and thus goes someway to address individual researcher bias in qualitative data analysis. It included the team undertaking an in depth exploration of the data set as a whole, then representing their insights and feelings creatively, sharing and agreeing key themes. They labelled data using the agreed thematic framework and synthesised the data into tables that represented key themes, associated raw data and summaries.

Key themes

Three key themes (figure 8) developed from the data relating to the experience and learning from the programme, impact on relationships, workplace culture and services, and the level of support that participants felt they had within their services.

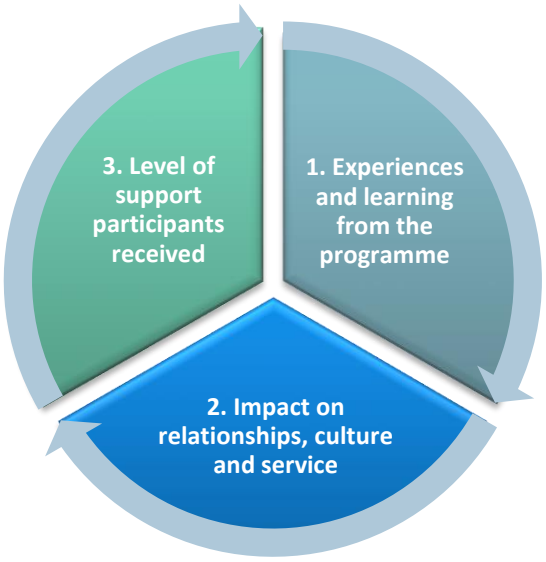


Figure 8: Key themes that identified from the data

1. Experiences and learning from the programme

There are many examples in the data of learning for participants on what it means to be person-centred facilitators and how facilitation skills can affect positive culture change (appendix 1 & 2). From a variety of data including interviews conducted with a purposeful sample of participants, end of day and year evaluation data, focus groups, claims, concerns and issues data and reflective dialogues five

common themes were identified. Table 5 provides examples of the feedback received from participants under each theme.

In follow up discussions, interviews and feedback many participants reported that they started to use their knowledge and skills in their everyday work. This led to a strengthening of trust, engagement and kindness in the workplace. An example of this is a team working in an inner city social inclusion addiction service that started to develop kinder ways of supporting each other to become more resilient for the very difficult and often threatening environment that they were working in. They achieved this by working with the facilitation processes learned on the programme (see appendix 2).

COMMON THEMES	EXAMPLES OF EXPERIENCE AND LEARNING FROM THE PROGRAMME
HEIGHTENED AWARENESS	• The reality of what person-centred practice really means. • The importance of being compassionate with each other and the people they work with. • More appreciative of others values and roles. • See colleagues as people and not just roles. • How shared values flatten hierarchies. *"I practice what I preach"* *"Profound effect on how I view and do things and a clarification of what person-centredness is"*
NEW WAYS OF WORKING	• Using CIP principles. • Using shared decision making. • Using questions to uncover what is really going on which helped to improve our relationships. *"Feedback from staff was positive"* *"Just so different to any training I have ever experienced before."* *"Brought to life what it feels like to experience person-centredness and human flourishing"*
COLLABORATION AND CRITICAL REFLECTION	• Moving from teaching and telling to collaboration and reflection supported more honest discussions about workplace culture issues. • More effective at solving problems as a group. • Observations of practice have helped people to take time out to reflect and understand the reality of their practice. • Enabling others to think and not wait for permission. *"Collaboration and group work has been phenomenal"* *"Conversations are becoming richer"*
LEARNING TO FACILITATE	Learning to use new processes and tools such as: • Critical reflection and dialogue skills. • Working confidently with CIP principles of collaboration, inclusion and participation. • Observations of practice. • Environmental walk-about. • Claims, Concerns and Issues. • Feedback processes e.g. patient/service user and staff narratives. • Unpicking embedded and taken-for-granted practice patterns (ritualistic practices). • Examination of language and humanising it to be more person-centred. • Using creative and cognitive methods to help people talk more honestly about their workplace culture and how they contribute to it. *"I understand the value of creative thinking"*

	• Using person-centred practice evaluation tools. • More innovative in using creative ways of gaining new insights and solutions to workplace issues. • Moved from teaching and training to working with people.
SHARED VALUES AND VISION	They agreed collective values they could live by and asked questions such as: *"What are we really here for?"* *"The vision statement had an impact on the staff, residents and visitors, as this was a shared journey of what mattered to each person."* *"The vision statement had a positive impact on care practices".* *"What we really value now about our work"*

Table 3: Five themes relating to participants experience and learning

Confidence lines

Participants were invited to assess their confidence in facilitation and their understanding of what person-centredness means at different intervals during the programme. Confidence lines are a self-evaluation tool used at different stages of learning and development to indicate progress. This exercise helped participants to think about their level of confidence firstly as they came into the programme and as they progressed through until they finished.

Looking at the confidence lines relating to confidence about **knowledge of facilitation** (figure 9) there is an obvious shift in how participants felt they were progressing in the understanding of person-centred facilitation.

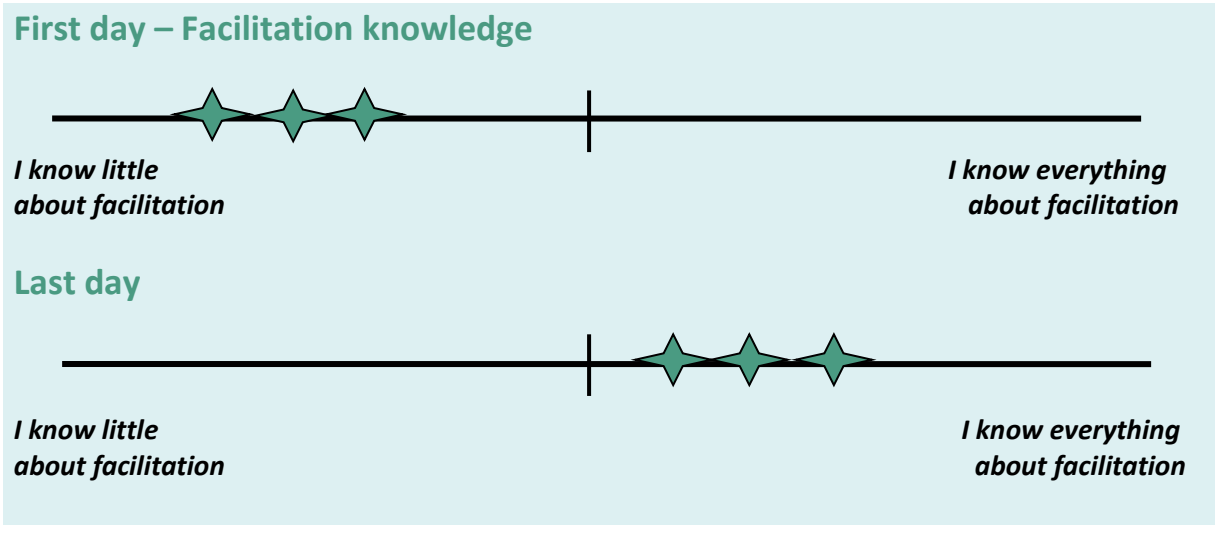


Figure 9: Confidence in knowledge of facilitation

Confidence about **knowledge of person-centredness** (figure 910 levels also increased as participants progressed through the programme and this was a strong indicator that the level of content on person-centredness was right.

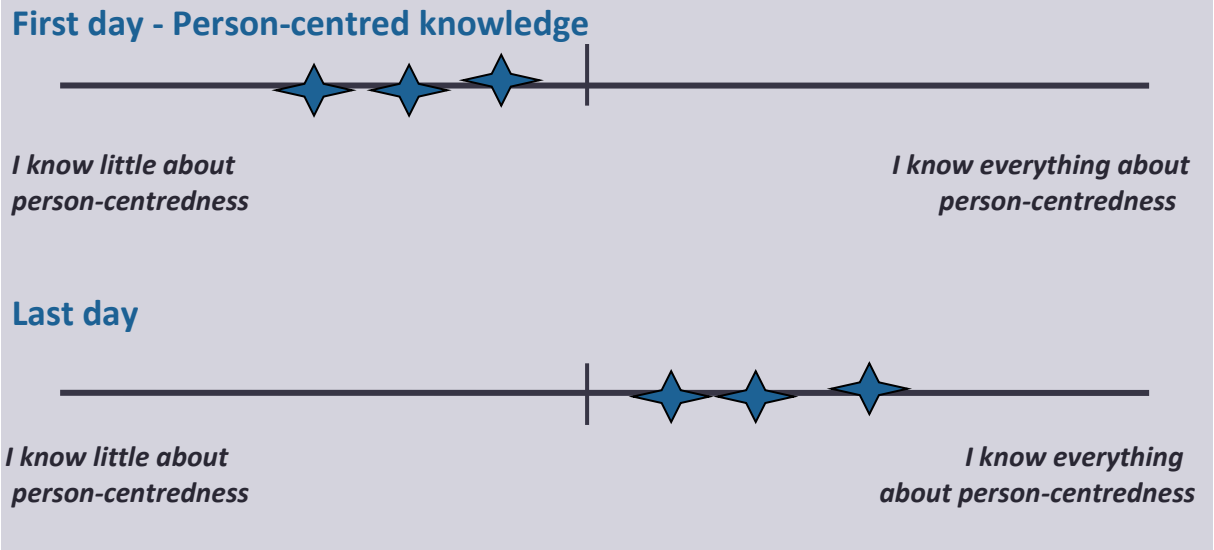


Figure 10: Confidence in knowledge of person-centredness

What these confidence lines show is a shift in understanding about person-centred facilitation and person-centredness as identified by participants. It can be expected that with practice, participants will continue to develop their knowledge and skills and grow in confidence. However this is also fragile as the opposite is also true and without putting their new knowledge and skills into practice confidence and knowledge can slip back again.

2. Impact on relationships, culture and service

The evaluation data in table 4 describes some of the small but significant changes in understanding, relationships and practice that go beyond artefacts, symbols and espoused values. Changes were driven internally as part of a journey of deep exploration of what person-centredness means, people's rights and the purpose and moral responsibilities of individuals and teams. Because of this teams are far more likely to continue to innovate and improve. They are also more likely to continue to question their practice; to seek feedback from those they work with and change their ways of working to better align with strategic and operational priorities and values. Importantly they are less likely to consider change as the 'latest initiative' or 'fad' as they can rationalise the value of change as part of a developing culture of collective responsibility, compassion and commitment.

There was good evidence of healthier relationships developing within working groups as they started to develop more trust and in turn more honesty about their team and how they worked together. Some reported an initial reluctance to join the group that over time turned to enthusiasm for this new way of engaging together. Some found the collaborative approach built strong, supportive and meaningful relationships within their team and helped them to feel more connected to their work and to each other as a team. Others continued to feel reluctant about being open, while some found their voices and started to challenge traditional practices that they no longer felt were person-centred.

The biggest challenge for many participants on the programme was the realisation that person-centredness applied to everyone. In other words person-centredness is a two-way-street and everyone needs to experience it before services can be truly person-centred. This message took a long time to be fully appreciated and may indicate the general narrow understanding of person-centredness that currently exists in our health service.

RECURRING THEMES	EXAMPLES OF IMPACT ON RELATIONSHIPS, CULTURE AND SERVICES
RELATIONSHIPS including: • Psychological safety • Openness • Wellbeing	Areas that related to psychological safety, openness, feeling listened to and wellbeing were a feature in the feedback, for example: • *"Major improvement in psychological safety in workplace."* • *"Staff reported they have a voice."* • *"Enabling group to ask open questions."* • *"Development of deep trust in group led to detailed and honest conversations about culture".* *"Has helped to develop strong, supportive, meaningful work relationships"* • *"Increased morale"* • *"Working this way, focussing on people's well-being as part of the journey and harnessing talents feels the right thing to do and is so energising for all."*
GREATER AWARENESS	Participants were coming around to thinking and feeling differently through reflecting on themselves and how they were with others. Started to appreciate the difference between what is espoused and what is lived. • *"One would think that you would know what person-centredness is but you don't know exactly in regards to its application."* • *"It has been a time of thinking, learning, reflecting on myself and how I am with people. Slowly coming around to thinking and seeing things differently."* • *"Seen a lot of person-centredness, I'm more aware of it, more than we think, this has shifted my perspective to one of glass half-full."* • *"More reflective, energized and now considering where they can take this to next, what can they do with it."* • *"Staff told me that the creative work gave them a different perspective than words alone would have done."* *"Group recognise the need for change now"*
CULTURE AND SERVICE	• Language is much more person-centred in settings. • Sitting with residents rather than standing over them while enabling them with activities such as eating a meal. • Group members are challenging language out in practice.

	• Each time I have a project for improvement now, all linked to person-centredness, using people's experiences of the service to improve; more closely working to people's values and needs. • They [staff] are committed to getting rid of previous bad vibes and 90% of staff are saying it feel better • I can see we can use the processes to help us move forward, pay attention to the frustrations and other feelings people have and use that to move forward towards our new agreed ways of working and strategic plan. • Peers challenging peers about language, about people's needs and rights. • Slowly and subtly introducing better ways of working in meetings and other places. *"One person has told me this last year is the best year she has had in a long time"* *..."day services now beginning to create more individual supports"* *"They [staff] felt empowered to speak to management in relation to their own needs and that of their clients attending this centre"* *"Team [culture tool] scores are improving "*

Table 4: Recurring themes relating to impact on relationships, culture and service

3. Participant evaluation of the support they received

Support for participants was a key element of the success and sustainability of this programme. Participants needed support from the programme team, their managers/ leaders, colleagues in the workplace and each other to successfully complete the programme. The programme team provided support on programme days and were available for telephone support between sessions.

Supportive site visits

Supportive site visits were offered to each participant by the programme leads with the purpose of providing support to the participant in their workplace, meet with their managers and the members of their working groups. Participants were free to decide what support they wanted from the lead facilitator and how they wanted to plan the visit with the working group members. Some wanted help with some processes they were having difficulty with for example undertaking observations of care and practice exercises, values clarification exercises or helping them to bring the working group together and agreeing how they wanted to work.

Visits were planned well in advance and in most, but not all, cases lead facilitators met with managers and leaders in those services to answer any questions they may have had. It was also an opportunity to discuss sustainability and future planning for this work once the programme ended. In many cases these visits helped to move on the programme work quite considerably in those sites. Most participants said they found the visits helped and gave them the encouragement to continue. Working group members also valued the visit as an opportunity to ask questions and show us the work that they had already started. A minority of participants did not avail of site visits. Sometimes this was because they didn't have a working group structure in place and other times it was because the

working groups were not functioning as intended. Support was offered to participants who were having difficulty setting up groups but even with this it didn't always help to overcome this problem.

Support by service managers/leaders for their participants

Part of the structure for the programme was that participants would link with their managers between each programme day. The purpose of these monthly meetings was to gain as much support as possible for the work they were doing, to share their learning and discuss any issues or barriers that they needed help or support with. Culture work is difficult work and when one or two people are appointed to lead culture change in their services they needed a support network behind them. One of the key findings from the first programme of this kind in Ireland in 2010[xlviii] indicated the high importance of management support and the impact it has to the success of this work.

Many participants on this programme were managers themselves, some very senior in their service. However they needed just as much encouragement and support as anyone else when it came to challenging traditional practices and leading culture change. As anticipated the degree of support that facilitators received in their services had a direct bearing on their development and the sustainability of the work in their services. This is clearly demonstrated in the key success factors we identified in the evaluation data, detailed in table 5 and impacted to a very great extent on sustainability and future planning for participants in leading change once they completed the programme.

KEY SUCCESS FACTORS	Weak impact	Moderate impact	Strong impact
1. Degree of support and engagement by senior leaders	Work given low priority and not seen as everyone's business. Participants feel vulnerable.	Initial interest and engagement drops off quickly.	Strong support indicates high level of priority within service increasing chances of sustainability. Senior leaders engage in the work.
2. Level of attendance on programme days	Gaps in incremental learning and development impacting on knowledge and skill development. Facilitator drops behind in learning and become disheartened.	Gaps in incremental learning and development Participant unable to progress beyond a certain stage and fall behind. Facilitator becomes disillusioned and quits.	Knowledge and skills built incrementally with no gaps in knowledge or understanding. Confidence and competence develops in tandem.
3. Level of engagement by colleagues	No collective responsibility for changing culture or practice. Burn out for facilitator. No impact on care or practice.	Responsibility for person-centred culture change left to a few resulting in little impact or change.	Responsibility for enabling a person-centred culture shared across the team/service and seen as everyone's business.

4. Participants ongoing engagement with local working groups using new learning and skills	No opportunity to practice new facilitation skills. Local working group skills not developed. No change in person-centred workplace cultures or care/practice.	Inconsistency in incremental development and learning leading to de-motivation. Minimal impact on care/ practice or culture.	Significant skills developed within a core group who share learning and support colleagues in their workplaces to change practice.
5. Participants meet with senior leaders monthly to provide progress update	No opportunity to update on progress. No opportunity to share new knowledge and skills. No forward planning.	Senior leaders not aware of progress being made. Senior leaders not informed of issues they may be able to offer help with. Facilitator and working group become de-motivated.	Responsibility is shared across service. Sustainability is planned incrementally as progress is made. Everyone involved is motivated to continue.

Table 5: Key Success Factors

Support and involvement of colleagues

A frustration for some participants was the reluctance of their colleagues to engage in the work of the programme. This related to the general level of support and engagement by managers/leaders for the work. Where support was low there was an associated knock-on effect with general engagement by other colleagues. It was impossible to plan and introduce change where colleagues in workplaces did not engage in activities. For example the person-centred language exercise had no impact where there was no will to engage with it. Also the observations of practice exercise had little effect without involvement.

There was some difficulty with maintaining consistency of attendance at working group meetings. Learning in these meetings was incremental with each meeting building on skills learned in last session. Where the drop-out rate was high or when participants could not be released to attend on a regular basis this affected the work of the group and in turn the degree to which change took place in those services. The programme evaluation shows that when key success factors are strong and the learning applied in the workplace, change was sustained and in some cases continues to evolve.

IMPACT AND SUSTAINABILITY

Culture change is fragile in the early stages and required consistency of focus and commitment by everyone involved until person-centred care and practice becomes embedded in the way people work and conduct business. The significant changes in mind-set and the resulting deeper understanding that participants developed about the impact their workplace has on their care and practice is also fragile if not continued. Often these changes were small but very significant in their impact on care experiences and culture awareness as evident in the 2007-2010 Older Persons Programme[xlix]. Notably some embedded aspects of practice that compromised the rights of people as persons were starting to be challenged demonstrating a deeper appreciation of the principle of respect and value for persons. Rather than list the changes in practice we have provided some illuminative examples of how services have used their skills and knowledge developed to bring about culture change in Appendix 2.

The temptation with programmes that use culture change methodologies and processes, such as those used in this and similar programmes, is to consider it 'done' once the formal learning is completed. Having 148 facilitators in the system is the starting point of this programme rather than the end point. The 85 sites that were involved in the programme needed to look at sustainability planning to utilise their investment and the skills developed. In practically every setting where a culture change group was established and supported by the facilitator and relevant manager, changes took place. The impact of the programme initially can be seen in the evaluation section of this report.

Impact of Covid-19, HSE cyber-attack and corporate restructuring

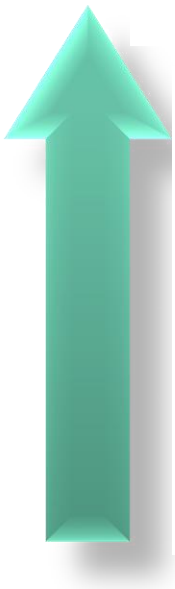
Before the third year of the programme was completed the unforeseen impact of Covid-19 significantly affected all services and had a major effect on participants' availability to continue with the programme. Priorities had to be redirected to meet the essential needs of services and many staff were redeployed during the early stages of the pandemic. The programme team developed an abridged programme and made it available remotely with online facilitation for participants so that they could pick up their learning and successfully complete the programme. Along with the abridged version of the programme the team also developed and tested two bespoke short programmes tailored and co-designed with services and made available on Webex platform. One of these programmes was a *Person-centred Healing Workshop* available for teams coming back together after a period of disruption, developed in response to an identified need for staff support.

When the cyber-attack hit services the further impact was significant with participants and working groups unable to meet remotely to continue their programme activities and this unfortunately affected the motivation to continue for some participants.

Drivers and barriers to sustainability

There are no short cuts to bringing about culture change. Sustainability of culture work calls for consistency of focus and support. Participants who met all the criteria for completing the facilitator

development programme have the skills to continue this work. They can lead person-centred cultures in their services working alongside their colleagues provided there is support for them and the work is valued. The drivers and barriers to sustaining person-centred culture work are outlined in Figure 11.



DRIVERS FOR SUSTAINING CULTURE WORK

- Value and priority given to this work by senior managers/leaders.
- Appropriate level of support provided for facilitators to:
  - Attend programme days (15 days over 12 months)
  - Establish local working groups
  - Share progress at meetings
  - Meet regularly (once per month) with line/senior managers to report progress and discuss issues
- Working group members enabled and supported to attend sessions with facilitators (3 hours per month minimum).
- Good level of interest and engagement by colleagues in the workplace (linked directly to priority and value given to this work).
- Support and site visits provided by the programme team.

BARRIERS TO SUSTAINING CULTURE

- Work given low priority by senior managers/leaders
- Low/no support from line managers to establish a culture change group and reluctance by managers to take part.
- Membership of culture change groups not consistent or drawn from multiple teams therefore unable to build incrementally on learning and follow-through on culture change activities.
- Low level of engagement by colleagues in workplaces to take part in activities.
- Low support for facilitators and culture change groups to practice facilitation skills.
- Frustration by facilitators and group when they could not progress their skills development.
- Emotive work at times therefore too daunting for some.
- Programme activities seen as too different to usual change management work e.g. language exercise, unravelling patterns in practice exercises, values clarification work.

Figure 11: Drivers and barriers to sustainability

It is very easy and highly likely that participants become de-motivated when there is little support for difficult undertakings. When a radical approach is first introduced there is a tendency to try to make

it fit into conventional frameworks. There was evidence of this with priorities often being placed on quick wins. A focus on getting everyone 'trained up' as a business model may appeal but will have no impact on care experiences at an attitudinal level. Changing culture requires time and courage and staff need to feel empowered to continue with this work with the support of their colleagues and leaders.

Limitations of this programme

The significance of the key success factors outlined in this report, as well as the impact that the programme had on facilitators' understanding of person-centredness and workplace culture should not be overlooked when considering sustainability and continuity. As a facilitator development programme the aim was to provide the appropriate learning and development environment and methodology to affect workplace culture change. The key factors in table 7 clearly outline the support and engagement required by participants and their managers and colleagues in their sites. The limitations are also clear when support falls short of what is required for culture change and this directly impacts on any possible sustainability.

Like any other programme there is no magic wand to ensuring engagement and buy-in, that needs to come from leaders and participants and the programme team were willing to support that process in whatever way would work for each site. By leaders engaging in the programme and setting an expectation that everyone else will do so too, as clearly demonstrated in the Regional Hospital Mullingar programme it provides leadership and reassurance that this work will be supported.

New knowledge, skills and programmes

The experience of implementing this innovative, whole system approach across the Irish health service has led to the emergence of new knowledge, tools and processes that are now available as a resource within the HSE.

New learning and lessons learned

The first three years offered valuable insight into how a programme like this can be successfully implemented into our health service. Over the course of the three years start-up and testing, lessons were learned about whole system approaches to implementing a programme like this. This learning has helped to reshape and refine the content as well as the application and implementation process.

- Culture development work is different to change management work or training because of the depth of focus on patterns in practice. It requires a pedagogical approach that unearths the perceived social and oppressive elements in our culture that inhibits culture change. It may be useful to explicitly set out this intention at the time that services make inquiries about the programme.

- Learning and development was focused on two distinct areas – formal 'classroom' type learning and 'applied' workplace learning and not all participants were prepared for the latter. It would be useful to establish workplace learning groups before the start of the programme.

- The importance of local coaching and facilitation was highlighted by many participants as a valuable learning opportunity. The team planned to revise the aims and purpose of local coaching and facilitation to explicitly include the elements of learning and development opportunities for participants and their culture change groups.

- Engagement between participants and managers did not always take place and issues that needed red flagging were not always raised in a timely fashion. A collaborative 'progress meeting' between the participant, their manager and the programme team should take place at regular intervals to support participants and managers.

- Covid-19 has impacted on this programme and it may not be appropriate for some time to bring people from different services across the country to one place for formal learning. The Regional Hospital Mullingar Programme provides valuable learning and insight into using a hospital wide approach. The team have revised the implementation model to bring the programme to specific services that interact with each other so that travel is reduced and service contexts can be more appropriately taken into account.

- New knowledge has been developed in how to design and implement a whole system culture programme that truly aligns with person-centred principles and workplace culture.

- Person-centred care and practice is safe care and practice and this work fits very well within the areas of quality and patient safety as well as quality improvement. It provides a real and measurable impact on both the care experiences for people using our services and the lived experiences of staff who work in them.

International collaboration

Through membership of the Person-Centred International Community of Practice, the HSE continues to avail of opportunities to influence research and practice and learn from international partners. It provides a means for experts to stay abreast of latest research on person-centredness and workplace culture and share their knowledge and experience of designing, developing and implementing programmes to a whole health service.

Conclusion

This report presents the processes and outcomes arising from the first culture change programme of its kind in a whole health system. It would be easy to underestimate the challenges associated with

establishing, implementing and evaluating such an endeavour and in the process, lose sight of the complexity of the issues involved. The report has tried to give voice to the ambitions, successes and challenges of this programme, as an illustration of what is possible and also as a platform for further development in this field of work. Person-centred cultures are healthful cultures, are good places to work and are sustained by staff teams who have the knowledge, skills and expertise to facilitate challenging and supportive engagements at a variety of levels. Having leadership commitment and engagement is critical to success and this is clearly highlighted in this report. However, unless a whole system is committed to deep culture change, programmes like this will never be sustained as organisations opt for a more quick-fix solution that operates at a surface level whilst hiding a myriad of complex attitudinal, behavioural and relational problems. No 'project' can address such issues, but an eco-system of interconnected projects led by 'experts by experience' who know the cultures they work in, can change the culture and indeed do! Given the realities of the Covid pandemic, it seems incumbent on all organisations to embrace that agenda and such a challenge is endorsed by the work of Sharmer (2020) when he suggests:

"The coronavirus situation provides an opportunity for all of us to pause, reset, and step up. COVID-19, like any disruption, essentially confronts each of us with a choice: (1) to freeze, turn away from others, only care for ourselves, or (2) to turn toward others to support and comfort those who need help. That choice between acting from ego or acting from ecosystem awareness is one that we face every day, every hour, every moment. The more the world sinks into chaos, desperation, and confusion, the greater our responsibility to radiate presence, compassion, and grounded action confidence"

https://medium.com/presencing-institute-blog/eight-emerging-lessons-from-coronavirus-to-climate-action-683c39c10e8b

Appendix 1

Examples of learning, the development of healthful relationships and some changes starting to take place in practice during the year of the facilitator development programme. The following captures learning in participants own words.

Some Examples of Participant Learning

- One would think that you would know what person-centredness is but you don't know exactly in regards to its application
- This programme has changed my understanding of person-centred care and has sparked an 'awakening' in my psyche of the possibilities and the immense power that being person-centred can achieve
- Really listening to people and seeking group decision making more
- Really understanding what PC is & how it operates.
- Improving awareness of the concept of person-centredness throughout the organisation – presented at senior management meeting
- Learning to figure out how to be a facilitator with peers
- Facilitation skills are transferable to everyday life. Using them to make things happen, to help people engage in change – very much. Using it in my management role, been very helpful
- Made transforming culture very clear for me. Principles of CIP [collaboration, inclusion and participation] and PIP [purpose, intention and process] are part of my daily life in work, and along with creative thinking become central to my work. Still uncomfortable with high challenge and high support – we need the culture for that
- Awareness of PCC [person-centred care] and knowledge is increasing every day. I can see pockets of PCC and I can see the absence of PCC more clearly
- Novel and fresh way of looking at things, using creativity to explore beliefs and stimulate a different way of generating ideas. It's about the people – which you'd think should be obvious but sadly has been lacking in healthcare
- Now learning together rather than have a plan that's inflexible. Helping people engage in active learning rather than me teaching
- Have realised not all my preferred ways of working are the best and most enabling for others
- More observant, more conscious of how I engage with others

Some Examples of Changes in Group Learning and Relationships

- Initial reluctance to join the group turned into positive participation and enthusiasm for the future of person-centred practice in the workplace!
- Development of deep trust in group led to detailed and honest conversations about culture.
- Working this way, focussing on people's well-being as part of the journey and harnessing talents feels the right thing to do and is so energising for all
- Has helped develop strong, supportive, meaningful work relationships

- Staff told me that the creative work gave them a different perspective than words alone would have done
- Collaboration and group working has been phenomenal
- People reporting they have a voice; have taken part in shared decision making and feels like their engagement with the service feels meaningful for the first time ever
- Some people reluctant to bring true selves to work, thinking of doing so destabilised them and upset them
- Lots of people had very emotional issues going on and it was in midst of structural changes
- Honest conversations took place which felt difficult, but positive; we were now talking about them. People didn't like it though as it felt uncomfortable

Some Examples of Changes in Culture and Practice

- Applying the principles of person-centredness during staff meetings – involving facilitation
- Making me work differently
- Psychological safety is much improved – and this has been because we have clarifids everyone's values, it has helped to connect people as individuals
- One person has told me this last year is the best year she has had in a long time. She is so engaged with work
- Each time I have a project for improvement now, all linked to person-centredness , using people's experiences of the service to improve; more closely working to people's values and needs
- They [staff] are committed to getting rid of previous bad vibes and 90% of staff are saying it feel better
- People now see being group embers is not same as a committee and they need to be active. Huge culture change but positive. Enabled people to have a real voice and they feel they can shape the future
- Environmental walk-about [exercise] has picked up need to have pictures and colour in certain areas. They have also taken staff pictures and their names so people know who is looking after them
- Slowly and subtly introducing better ways of working in other meetings and places
- Group members are challenging language out in practice
- I can see we can use the processes to help us move forward, pay attention to the frustrations and other feelings people have and use that to move forward towards our new agreed ways of working and strategic plan

Appendix 2

The following vignettes are examples of how participants reflected on their facilitation and the changes they were helping to bring about in their workplaces.

Vignette 1: Community Physiotherapy Service

"I felt the programme has reached me personally in that it has chipped away at my lack of confidence and to quote Barack Obama - yes we can." The group also used their values clarification and then used patient stories to focus their efforts. The group also used their values clarification and then used patient stories to focus their efforts and thinking on the patient and what is best for them – it refocused people on what should and could happen. Having shared values has also helped the team become more accountable for their own actions and for helping others to hold true to them. Challenge is now less hierarchical and support for each other is high and people are reporting they feel they are working in a psychologically safe space. In one location we have reduced wait times from 34 weeks to less than 4 weeks.

Overall wait time had come down from 56 weeks to less than 26 weeks in most of locations the service is provided in.

This was achieved through using the CIP principles and engagement in person-centred ways to enable staff to take ideas and have the right to test them. Once the teams had the "permission" to act and be inclusive in developing solutions the energy changed and the commitment increased. Its different to "buy-in" it's a solution created by the team themselves so they want to see them succeed.

Vignette 2: Community Addiction Service

This manager has worked with staff to get the purpose and values of the team agreed. They then identified an area of practice that needed attention – staff resilience. They have worked together to consider what would help them remain compassionate and kind with clients who use drugs and who can present with behaviours that significantly and continually challenge staff.

This facilitator found that the engagement of staff in choosing their focus for improvement and making collective decisions on how they will address their issues has improved how colleagues support one another through adverse incidents, support and challenge each other when stressed , enabling each other to achieve healthy activity levels etc. This resulted in an enhanced sense of personal worth in each team member, and an improved commitment to the job and to wellbeing. This is reflected in increased willingness to report assaults and verbal abuse on them, which they had previously accepted as the norm; better attendance at work and people less likely to come looking for early retirement to wanting to work beyond retirement. *"You know when you get people coming wanting early retirement because of work related stress and they are staying on for longer than they would of – that just does not happen by accident".*

Vignette 3: A Day Care and Residential Community Service

A group of day care and residential care staff worked together to get agreed values in each unit and agreed ways of working. Through applying the programme activities into the workplace this team reported and 49% increase in the culture index tool indicating a more positive workplace culture. There were a number of observable changes that indicated a change in culture. These included:

- Better attendance at work, no sickness which was unique to the area
- Increased commitment to working extra so that agency staffing was not required – born out of a recognition of the benefit the residents got from continuity and familiarity of staff
- Overall increased commitment to quality of care and care experiences. Nurses , previously considered to be disengaged from the work demonstrated and voice a renewed passion for their job and approaching manager to pilot new ways of working that would benefit residents
- Shared decision making becoming the norm in all settings - this was extended to residents and residents were now part of any meetings about their care setting that would affect them
- Evidence in observations and care records of the reduction in language that is labelling and depersonalising
- Evidence in observations of a softer, more compassionate approach to working with residents.
- Evidence in observations and care records show that residents were now involved in decisions and their care and weekly activities were structured around their personal needs and preferences. It was permissible now to say to a resident "so do you not want to go to (day care) today – do you want a day off?" This was previously thought to not be "allowed". Staff were therefore working in more empowered ways that best meet the needs of the residents. Involvement of residents was not the norm prior to this work
- This was all noted in a HIQA report completed just as they were finishing their culture change group work programme with HIQA stating "there is clear evidence of a person-centred culture in this unit"

Vignette 4: Residential Intellectual Disability Services

We have seen a huge difference in the use of language on a daily basis with staff correcting other staff on the use of words and language. I do recall in the beginning of the programme doing a piece of work about how we can challenge each other in a supportive way. At the time it seemed daunting to challenge someone on language; it just wasn't the "done thing." Now it's a regular occurrence, I wouldn't even consider it a challenge, we all correct and remind each other all the time and it's refreshing to see.

With the day service staff working alongside the residential staff both of them began to understand that the person they are supporting was at the core of everything.

Vignette 5: On-line education

One facilitator has taken her new knowledge of a core concept of person-centredness – human flourishing and transformational facilitation skills to steer her and her team in designing and delivering online nurse education. They have used the person-centred framework and the learning processes learned on the programme to create learner communities where the need of learners has primacy but needs of staff to feel confident in new modes of learning e.g. online that have become essential during COVID- 19 restrictions.

Vignette 6: Acute Hospital Services

Out-Patient Department

Environmental assessment impact positively changed the waiting environment for people using the service e.g. signage, layout and who controlled the TV

Open door policy by manager

Healthful Culture Group

Started to celebrate success as a way of promoting a healthful culture

Senior Manager Meetings

CCI (tool) provided a focused democratic way to assess the efficacy of routine meetings. Opinions and ideas from all attendees were included. This surprised some people who didn't think their opinions mattered.

MDT Culture Change Group

Decisions and ideas were inclusive of all members regardless of seniority or discipline and this was a total change for some members initially.

Vignette 7: Older Persons Residential Services

In one older people's service, the facilitators report that this new way of working – focusing on enhancing flourishing and shared decision making in the workplace, has transformed how they work.

Through multiple conversations about what matters to people we developed a collective vision for our service that represented staff, residents and family values.

Since then they have been routinely using observations of care to highlight and address areas for improvement.

They have also invested in a person-centred leadership development with leaders being invited to showcase quality initiatives that were person-centred. The initiatives included a "know, ask, check" campaign to improve patients knowledge of medicines prior to discharge; introduction of a restraint free environment; post residents' care experience survey and the introduction or acupuncture in a day hospital.

Vignette 8: Palliative Care Service

Where do I begin to share, how I am using my learning and the profound impact this programme has had on me, not only in my work but my everyday being with my family, friends, colleagues and most importantly myself. Following this programme I am now in a better position to fulfil Roosevelt words above because I better understand what my values mean to me and to others, I feel safe in my own vulnerabilities, safe to hold a space that may feel uncomfortable for others and not want to 'fix' it or 'rescue' them. The space from where I am feels better, I have more skills and tools to enable me do more with what I have.

What I have learned through the programme and through my observations is that there are many different understandings of person -centred care, with little or no understanding of the importance of person centred cultures. The idea for some, of relinquishing control is terrifying so we stay stuck in patterns and behaviours that don't service our purpose and happiness. We say we are person centred but our behaviours tell a different story at times pretending to live our values but really living our espoused values.

Recently I have opportunity to extend the practice development team and I plan to develop a group of practice development facilitators who not only are engaged in a way of working that embodies person centredness, but live it every day in how we work and communicate with each other and implement change with everyone including patients and their families.

An individual account of using skills and processes in one service to bring about culture and service change

The following is an account of how the national programme, and two participants, facilitated a number of innovative changes in Drogheda Services for Older Persons using the skills learned on the programme. Many of the changes here are cultural and required changes in mindsets, attitudes and behaviours that moved from ritualistic practices to a learning culture that embraces change that benefits staff and residents.

Drogheda Services for Older People

Observation in practice was completed over nine months and the aim was to observe practice development activities within the teams in each area and examine shared values and beliefs and that of the residents through workshops. A variety of tools was used which included the Workplace Culture Critical Analysis Tool (WCCAT)(McCormack et al, 2009) and handover observations. Observations of practice were organised on each unit to unobtrusively observe and record details of the activities and interactions that took place. These observations drew attention to aspects of care, interactions between members of staff and between patients and staff. The WCCAT was used to critically observe what was seen. It provided critical and objective insight into practice.

Data analysis focused on the physical environment, communication, privacy and dignity, resident involvement, team effectiveness, learning culture, risk and safety and the organisation of care. The findings indicate a variance of factors including a task-centred culture, lack of critical conversations and poor morale within teams. Further project were implemented to address these through workshops. Eight half day workshops on person-centred practice were provided to ten staff members. Many of the members offered positive perspectives on their practice and care including improvements in communication with residents. This focused on improving practice and resident care and the evaluations to date are positive.

This collaborative process enabled the group and individual members to develop through raising consciousness and become more empowered to make a positive difference in their workplaces. A final evaluation piece was completed and the staff morale was positive. In order to have time to reflect and test the input of changes further clinical observations were completed and the result was positive and shared with staff.

We applied for funding from the HSE Nursing and Midwifery Planning and Development Units to support a new project "Person-Centred Vision Statement" Our aim was to have a model displayed with all our shared values; a vision to which we all espouse to and lived. Our objective was to empower all in Drogheda Services for Older People (DSOP) and that the person-centred shared vision is of great value and as it demonstrates our commitment to providing a holistic quality service. To have defined values helps us in promoting quality to achieve best care for residents. All staff, residents and visitor were invited to take part with free expression in creating a person-centred vision statement. The data analysis indicated that all the keys words submitted by everyone who took part were recorded and themed.

Evaluations

The vision statement had an impact on the staff, residents and visitors as this was a shared journey of what mattered to each person. This person-centred project/initiative invoked a higher commitment to professional practice, which in turn facilitated their personal growth within the service. This increased confidence benefited residents and visitors as there was greater recognition of what matters to them. The words shared were displayed in a word file and it was agreed that further work is required in developing a visual statement piece of art work for all in DSOP. From the findings there were a number of very positive aspects to using a vision statement that was person-centred and had positive impact on care practices. Staff and residents felt enthusiastic with the change processes and activities. A visual 3D plaque is displayed so that everyone can see what is most important to each resident, staff member and visitor. It highlights the values and priorities of each group; it will be a way of all sharing a common value and underpins their individuality.

Person-centred care was the focus for the leadership and development programme that focused on quality improvement. The aim was to show case a programme for Clinical Nurse Managers 2 (CNM2) to encourage new quality initiatives that were person-centred. Four projects in total were undertaken with ideas presented to all peers and progress was reported at the mid-point with a final presentation

at the end. Our methodology was CNM2s got to choose a quality initiative that they would implement with their team in 2019. This involved using a range of skill in determining the objective and functions and how they would implement the project, ensuing that this was transferable across all sites.

The results included:

1. *The Know, Ask, Check* campaign to promote safer medication management for residents going home was launched in the cottage and will be rolled out on all their sites.
2. Creating a restraint-free environment.
3. Post-residents satisfaction survey and having ease of access for outings.
4. Availability of acupuncture in the day hospital.

A proposal to introduce the Teaghlach Project *Making it Happen* - "Empowering staff to develop services to enhanced person-centred care for older residents". The purpose of this research is to improving the residents and staff experiences. The proposal aims to implement evidence-based interventions that will improve quality of care, guidelines and strategy to develop individual and team effectiveness through the developing a learning culture, reflecting on practice, working collaboratively, measuring existing practices, producing data and fostering creativity to develop professional expertise. Meetings were conducted with a focus on the Person-centred Practice Framework (McCormack and McCance, 2017) to help us focus on our vision and put it into practice.

Developing a New Model of Care (MoC)

Our current model of care does not always support those older people to live their lives and lead a full life no matter what their level of dependency. It was identified by the Centre for Aging, 2011 that in Ireland care models were based on many factors including historical and cultural traditions. There was an agreement in the service I work in that there was a need for practices to change and that we needed to create a centre of excellence that reflected the needs of the person using facilities. Research and policy MoC was completed on existing models of care, and we agreed that our service was very unique and therefore we need to have a MoC that reflected this with consideration given to:

- New opportunities to change practice
- A new culture
- New way of promoting the person at the centre of all we do
- Review of current issues and concerns e.g. our residents, our location, economical, geographic and our historical culture

We wanted to ensure that the way in which health services were delivered related to best practices that focused on person-centredness for our current and future population and patient group.

Our strategy aims were to:

- Create a high quality integrated service where the person is the priority
- Develop a sustainable service, which support the welfare of the person and their needs
- Build learning into the service for the person and staff to improve the service
- Focus on a MoC and ways of working that meet the needs of the person

The enablers identified included:

- Deliver outcomes that matter to the person and have a more sustainable person-centred model of care, working with our population and stakeholders to maximise their quality of life across all stage of their life.

- Be in partnership to create the right environment to support safe individual care that actively understands what matters to the person.

Through the process of developing this MoC the Person-centred Practice (PCP)Framework was essential to ensuring the inclusion of all people and it involved many of the facilitation skills and knowledge learned on the national facilitators programme including:

1. Facilitation skills that enabled exploratory, participative, encouraging, expressive and evaluative techniques to examine values
2. WCCAT observation tools
3. Peer reviews using critical reflection processes
4. Involvement of Keys Workers and Home Maker
5. Establishing a MoC Planning Working Group
6. Staff preparation using CIP principles
7. Resident focused using What *Matters to Me*

The development of the MoC has been the strategy for our Community Nursing Unit and using the PCP framework over that past 3 years has assisted me and the team to develop a model that ensured the person was always central to all we do.

Vicky's personal journey of learning

I started my person-centred program in 2018 with the aim of facilitating and supporting staff in delivering safe, effective and person-centred to improve the lives of residents in 3 Community Nursing Units (CNU) where residents had a variety of needs from transitional care, dementia and long term care. This was an area that was very important in that there was a culture within each unit that needed to be explored. Having used the PCP framework in the past I was at an advantage as I was able to use this experience to support my role as a Practice Developer.

The embedding of person-centred practices within the CNUs begun with many staff and residents working together to achieve a person-centred environment and explore the values and beliefs that each held through workshops and events (e.g. art and community boards etc.). We have a 12 month weekly programme developing person-centred care and exploring values and beliefs. We used the WCCAT over nine months and collected clinical observation in practice (which was shared with the team and a plan on how to address areas was developed and implemented).

The PCP framework has influences teaching and learning practice and programs have person-centred principles built into the curriculum. In addition meetings now have a person-centred format, all of

which support an environment for person-centredness to thrive. The person-centred programme has influenced practice daily but has formed the ethos for developing the services in older people, one in particular is a new model of care.

I can evaluate the success daily but the evidence speaks for itself. Measuring some of the success has been very transparent in the use of language, care plan changed to holistic care plans that reflect the needs of the residents. Staff identified that they can discuss culture within their team and that they were observing changes in practice and ritual practices.
Using narrative feedback was also valuable as it involved the residents, family and staff.
Questionnaires pre and post of the knowledge and practice of person-centred approaches was completed and it demonstrated a clearer understanding. From a personal and professional perspective it has assisted me in focusing my role as a practice developer by using the theory and knowledge learned, how to evaluate culture and practice, evaluation, and how to work creatively to innovate and to empower staff with life-long learning. It has given me the skills and abilities to have a framework to align to.

Vickie, one of the programme participants, developed her facilitation knowledge and skills to support and enable a focus on person-centredness for both residents and staff, evident in this brief account.

References

[i] HSE Corporate Plan (2021-2024) available on https://www.hse.ie/eng/services/publications/corporate/hse-corporate-plan-2021-24.pdf

[ii] HSE Patient Safety Strategy (2019-2024) available on: https://www.hse.ie/eng/about/qavd/patient-safety/hse-patient-safety-strategy-2019-2024.pdf

[iii] Manley, K., Solman, A., Jackson, C. (2013) Working towards a culture of effectiveness in the workplace. In McCormack, B., Manley, K., Titchen, A. (eds.) Practice Development in Nursing and Healthcare (2nd Edition). Oxford: Wiley-Blackwell.

[iv] Manley, K., Solman, A., Jackson, C. (2013) Working towards a culture of effectiveness in the workplace. In McCormack, B., Manley, K., Titchen, A. (eds.) Practice Development in Nursing and Healthcare (2nd Edition). Oxford: Wiley-Blackwell.

[v] Dewing, J. (2017) in McCormack, B., McCance, T. Person-centred nursing and health care – theory and practice. Oxford, UK: Wiley Publishing, 2017.

[vi] McCormack, B. (2022) Person-centred care and measurement: The more one sees, the better one knows where to look. *Journal of Health Services Research & Policy* 2022, Vol. 0 (0) 1–3

[vii] McCormack, B. (2022) Person-centred care and measurement: The more one sees, the better one knows where to look. *Journal of Health Services Research & Policy* 2022, Vol. 0 (0) 1–3

[viii] HSE National Patient Experience Survey, 2017. Available on: https://www.hse.ie/eng/services/list/3/acutehospitals/natpatientexperiencesurveyprogramme/

[ix] HSE Employee Survey, 2018. Available on: https://www.hse.ie/eng/staff/staff-engagement/resources/your-opinion-counts-staff-survey-2018.pdf

[x] HSE National Maternity Experience Survey (2020). Available on: https://www.hse.ie/eng/services/news/media/pressrel/results-of-new-national-survey-show-that-most-women-have-a-positive-experience-of-irelands-maternity-services.html

[xi] Schein, E. (2017) Organizational Culture and Leadership. (5th Edition). New Jersey: Wiley

[xii] [xii] HSE Framework for Improving Quality in Our Health Service (2016). HSE Publication. Available on HSE website https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/framework-for-improving-quality-2016.pdf

[xiii] Manley, K. (1997) A conceptual framework for advanced practice: an action research operationalising: An advanced practitioner/consultant nurse role. *Journal of Clinical Nursing* 6 (3), 179-190

[xiv] Manley, K., McCormack, B., Wilson, V. (eds.) (2008) International Practice Development in Nursing and Healthcare. Oxford: Blackwell Publishing.

[xv] McCormack, B., Dewing, J., Breslin, L., Manning, M., Coyne-Nevin, A., Kennedy, K., Peelo-Kilroe, L. (2010) The Implementation of a Model of Person-centred Practice in Older Persons Settings. Final Report. HSE Publication. Available on: https://www.lenus.ie/handle/10147/115689

[xvi] Titchen, A., McCormack, B. (2020) Dancing the Mandalas of Critical Creativity in Nursing and Health Care. A collection of new work, published papers, book chapters, creative media and Blog entries with weaving commentary. Division of Nursing, Queen Margaret University, Edinburgh. Available on: https://www.qmu.ac.uk/schools-and-divisions/nursing/

[xvii] Heron, J. (1999) The Complete Facilitator's Handbook. London: Cogan Page

[xviii] Shaw, T., Dewing, J., Young, R., Devlin, M., Boomer, C., Legius, M. (2008) Enabling practice development: delving into the concept of facilitation from a practitioner perspective. In International Practice Development in Nursing and Healthcare (eds.) Manley, K., McCormack. B., Wilson, V. Oxford: Wiley Blackwell

[xix] Manley, K., Sanders, K., Cardiff, S. and Webster, J., 2011. Effective workplace culture: the attributes, enabling factors and consequences of a new concept. *International Practice Development Journal*, *1*(2), pp.1-29

[xx] McCormack, B., Manley, K., Titchen, A. (Eds.) (2013) Practice Development in Nursing and Healthcare. Oxford: Wiley-Blackwell

[xxi] McCormack, B., McCance, T. (eds.)(2017) Person-centred Practice in Nursing and Health Care. Theory and Practice. Oxford: Wiley Blackwell.

[xxii] Phelan, A., McCormack, B., Dewing, J., Brown, D., Cardiff, S., Cook, N.F., Dickson, C.A., Kmetec, S., Lorber, M., Magowan, R., McCance, T., Skovdahl, K., Štiglic , G., van Lieshout, F. (2020) Review of developments in person-centred healthcare. *International Practice Development Journal Vol.10, Special Issue [3] pp1-29.* Available on: https://www.fons.org/library/journal/volume10-suppl2/article3

[xxiii] McCormack, B., Borg, M., Cardiff, S., Dewing, J., Jacobs, G., Janes, N., Karlsson, B., McCance, T., Mekki, T.E., Porock, D., van Lieshout, F. and Wilson, V. (2015) Person-centredness – the 'state' of the art. *International Practice Development Journal*. Vol. 5. No. 1. pp 1-15. Available on: https://doi.org/10.19043/ ipdj.5SP.003

[xxiv] McCormack, B. (2022) Person-centred care and measurement: The more one sees, the better one knows where to look. *Journal of Health Service Research and Policy Vol. 0 (0) pp1-3*

[xxv] van Dulmen, S., McCormack, B., Eide, H., Eide, T. and Skovdahl, K. (2017) Future directions for person-centred research. In McCormack, B., van Dulman, S., Eide, H., Skovdahl, K. and Eide, T. (eds.) (2017) Person-centred Healthcare Research. Hoboken, US: John Wiley & Sons. pp 209-218.

[xxvi] Institute of Medicine Committee on Quality of Health Care in America (2001) Crossing the Quality Chasm: A New Health System for the 21st Century. Washington: National Academies Press. Available on: https://doi.org/10.17226/10027

[xxvii] McCormack, B., Dewing, J., Breslin, L., Coyne-Nevin, A., Kennedy, K., Manning, M., Peelo-Kilroe, L., Tobin, C., Slater, P. (2010) Developing person-centred practice: nursing outcomes arising from changes to the care environment in residential settings for older people. *International Journal of Older People Nursing*. Vol. 5. No. 2. pp 93-107. Available on: https://doi.org/10.1111/j.1748-3743.2010.00216.x.

[xxviii] McCormack, B., McCance, T. (eds.) (2017) Person-Centred practice in Nursing and Health Care. Oxford: Wiley Blackwell.

[xxix] Dewing, J. (2017) in McCormack, B., McCance, T. Person-centred nursing and health care – theory and practice. Oxford, UK: Wiley Publishing, 2017.

[xxx] McCormack, B., McCance, T. (2017) Person-Centred Practice in Nursing and Health Care. Theory and Practice. Oxford: Wiley Blackwell

[xxxi] Titchen, A. (2018) Flowing like a river: facilitation in practice development and the evolution of critical-creative companionship. *International Practice Development Journal 8 [1] 4 pp 1-23.* Available on: https://www.fons.org/Resources/Documents/Journal/Vol8No1/IPDJ_0801_04-.pdf

[xxxii] McCormack, B., Wright, J., Dewer, B., Harvey, G., Ballintine, K. (2007) A realistic synthasis of evidence relating to practice development: interviews and synthesis of data. Practice Development in Health Care, 6, p 56-75

[xxxiii] Schein, E. (2017) Organizational Culture and Leadership. 5th Edition. New Jersey: Wiley

[xxxiv] Schein, E. H. (1992) Organisational Culture and Leadership. San Francisco: Jossey-Bass

[xxxv] Schein, E. (2017) Organizational Culture and Leadership. 5th Edition. New Jersey: Wiley

[xxxvi] HSE Patient Safety Strategy. Available on: https://www.hse.ie/eng/about/qavd/patient-safety/hse-patient-safety-strategy-2019-2024.pdf

[xxxvii] Framework for Improving Quality in Our Health Service. Available on: https://www.hse.ie/eng/about/who/qid/framework-for-quality-improvement/

[xxxviii] National Standards for Safer Better Healthcare. Available on: https://www.hiqa.ie/reports-and-publications/standard/national-standards-safer-better-healthcare

[xxxix] National Standards for residential Services for Children and Adults with Disabilities. Available on: https://www.hiqa.ie/reports-and-publications/standard/national-standards-residential-services-children-and-adults

[xl] National Standards Mental Health Commission. Available on: https://www.mhcirl.ie/what-we-do/guidance/national-standards

[xli] National Standards for Residential Care Settings for Older People in Ireland. Available on: https://www.hiqa.ie/sites/default/files/2017-01/National-Standards-for-Older-People.pdf

[xlii] National Standards for Safer Better Maternity Services. Available on: https://www.hiqa.ie/sites/default/files/2017-02/national-standards-maternity-services.pdf

[xliii] Healthy Workplace Framework. Available on: https://www.gov.ie/en/publication/445a4a-healthy-workplace-framework/

[xliv] [xliv] McCormack, B. (2022) Person-centred care and measurement: The more one sees, the better one knows where to look. *Journal of Health Services Research & Policy 2022*, Vol. 27 (2) 85-87. Available on: https://journals.sagepub.com/doi/10.1177/13558196211071041?icid=int.sj-abstract.similar-articles.1

[xlv] Medical Research Council (2019) Developing and Evaluating Complex Interventions. Available on: https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/

[xlvi] McCormack, B. (2022) Person-centred care and measurement: The more one sees, the better one knows where to look. *Journal of Health Services Research & Policy* 2022, Vol. 27(2) 85-87. Available on: https://journals.sagepub.com/doi/10.1177/13558196211071041?icid=int.sj-abstract.similar-articles.1

[xlvii] Boomer, C., McCormack, B. (2007) 'Creating the Conditions for Growth': Report on the Belfast City Hospital and The Royal Hospitals Collaborative Practice Development Programme. The Belfast Health and Social Care Trust. Available on http://www.science.ulster.ac.uk/inr/pdf/BCH_RGH

[xlviii] McCormack, B., Dewing, J., Breslin, L., Manning, M., Coyne-Nevin, A., Kennedy, K., Peelo-Kilroe, L. (2010) The Implementation of a Model of Person-centred Practice in Older Persons Settings. Final Report. HSE Publication. Available on: https://www.lenus.ie/handle/10147/115689

[xlix] McCormack, B., Dewing, J., Breslin, L., Manning, M., Coyne-Nevin, A., Kennedy, K., Peelo-Kilroe, L. (2010) The Implementation of a Model of Person-centred Practice in Older Persons Settings. Final Report. HSE Publication. Available on: https://www.lenus.ie/handle/10147/115689