

**Report on the Programme to
Enable Cultures of Person-
centredness in the Regional
Hospital Mullingar
(2018-2019)**



HSE, September 2021

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[National Person-centred Culture Programme](#)

Date September 2021

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EXECUTIVE SUMMARY

The HSE Corporate Plan¹ 2021-2024 commits to developing an organizational culture “*built on shared values, beliefs and assumptions [] where there is a common sense of purpose and pride in the team and all our people are treated with dignity and respect*”. In order to become a high performing organization “*we need to create the environment for our people to excel in their work and provide care to patients, service users and the public. At the core of our Corporate plan is a commitment to enable employees to ‘be the best they can be’*”. The methodology of the National Person-Centred Culture programme is a key contributor in enabling that commitment to become a reality.

In July 2018, the Regional Hospital in Mullingar (RHM) became the first hospital in Ireland to introduce a hospital wide approach to making its culture more person-centred. Over a period of 15 months, eleven senior staff from different departments participated in a programme to develop their knowledge and skills to facilitate person-centred culture change within their own services and teams.

Changing the structures and processes of a service can deliver rapid improvements. Culture work is slower. It takes time to dig deep, to understand and change the beliefs and ritualised practices within teams. RHM is a microcosm of many cultures within our health service with many of the same issues, complaints and difficulties that occur in all organisations. This report demonstrates the significant changes that can occur when people are given the space, time and appropriate facilitation to do things differently.

Key outcomes from RHM programme

- Developed skills and knowledge in relation to working in more person-centred ways.
- Learned to work together in a different way to be more effective as a team.
- Developed ‘Team Inclusive’ which gave a unique identity to the group and brought team members together.
- Participants learned to not take things for granted and to challenge each other on traditional assumptions and practices.
- Developed and practiced facilitation skills that helped others transform their thinking.
- Evidence of change in individual, group and some team practices.
- Some patient involvement was included in data relating to ‘person-centred moments’ (moments when people felt they were treated as individuals) but it is too early to see a major culture shift in terms of experience or outcome yet.
- Personal growth and flourishing for programme participants which had a knock-on effect on them and the people they worked with.

Learning from RHM programme

- Culture change requires different skills and courage than those needed for process and/or system change.
- New culture is fragile, it takes time and support to embed if it is to be sustained – facilitators need to be supported.
- Managers are often isolated in their roles and need support just like anyone else.
- Person-centred approaches and processes compliment and augment other improvement methods.
- New resources developed and tested in RHM will add to the body of knowledge in this field.

“The programme is protected time for us to view things in a different way. It has given us options to deal with people and situations in a different way. I have made friends out of people who were once my colleagues. Through shared experience in the hospital and a shared vision to try and make this programme work for all of us – I look forward to these days”.

INTRODUCTION AND BACKGROUND

In July 2018, the Regional Hospital in Mullingar (RHM) became the first hospital in Ireland to introduce a whole-hospital approach to making its culture more person-centred. The initiative resulted from a request by the Director of National HR for a programme specifically focusing on making workplace culture more person-centred as a means of addressing staff retention issues. The 15 month programme was an extension of the existing *National Programme to Enable Cultures of Person-centredness within the HSEⁱⁱ*. It was sponsored by the National Quality Improvement and Human Resource Teams and supported by the Ireland East Hospital Group and the Office of Nursing and Midwifery Services Director.

RHM agreed to be the demonstrator site because the programme built on foundation work they had already undertaken in 2017. The focus on deeper levels of culture would help address the findings of their recent culture audit and 'Great Place to Work' baseline in a way that is meaningful and relevant for staff, patients and their families. Also, it would work with the rapid improvement events and Lean methodology being used by the hospital group to affect improvements in the structures and processes of services.



Back row: Emily(catering), Margaret (facilitator), Brendan (facilitator), Ann (speech & language therapy), Martina (HR), Andrew (HR), Shona(general manager), Joanne (pharmacy) **Front row:** Leona (ED), Aine (support services), Lorraine (payroll), Grainne(dietetics), Emma (OPD) Eimer (physiotherapy)

11 staff from different disciplines across the hospital plus one member of the National HR team participated in the programme. The National HR participant joined in order to build facilitation capacity within that HSE division for the ongoing development of cultures of person-centredness.

Programme Aims

The aims of the programme were twofold:

- To embed person-centredness as the norm for how we do things so that experience and outcomes are better for the people who both use and provide services.
- To develop facilitator skills in participants who would lead person-centred culture change in their local services.

Implicit in a programme of transformational development like this is the outcome of flourishing for all.

METHODOLOGY

This was an **applied learning programme** with two equally essential learning and development components.

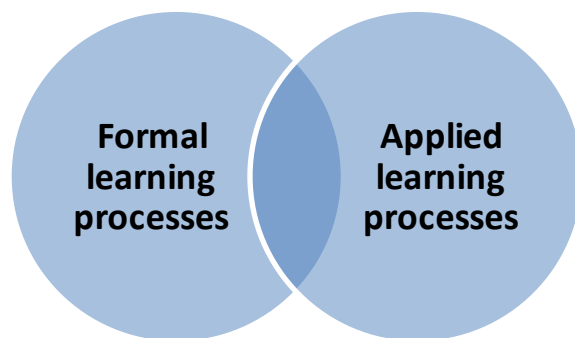


Figure 1: The programme's two learning and development components

1. **Formal learning process:** Participants took part in 17 programme days over 15 months to learn facilitation and person-centred theory and skills.
2. **Applied learning process:** Participants used and practiced their new knowledge, skills and processes to facilitate changes with colleagues in their own departments and with the three culture change groups set up to work on the person-centred projects prioritised by the group.

Three culture change groups were established in the hospital with up to 10 people per group. One culture change group was established within the National HR team.



Figure 2: The two main methodologies and the conceptual framework showing the deepening levels of learning focused on by participants.

Transformational facilitationⁱⁱⁱ offered a new approach that enabled participants to come together in a different way. Using cognitive and creative methods, a safe space was created for them to explore the realities and possibilities for their workplaces. They were facilitated to uncover their personal values and embedded assumptions about person-centredness and team working and to consider learning from a facilitation point of view rather than using traditional teaching and training methods that have little impact on culture. Active learning cycles^{iv} helped build their confidence as person-centred practitioners. Critical creative practices^v helped them to reengage with their inner selves and become more open to holistic learning, growth and development. Individuals learned and experienced working in person-centred ways together as a group first, then practiced what they learned with their colleagues.

Person-centred methodology focuses on values and principles that ensure individuals are at the heart of planning and decision making during this type of in-depth culture work. The person-centred framework^{vi} (Figure 3) provides the key structures, prerequisites and processes that directly impact on person-centred outcomes. It was used by participants to guide their work in unpicking and developing more person-centred practices and served as a map for progress. It also helped to make sure that any changes were value based and meaningful to participants and the people they worked with.

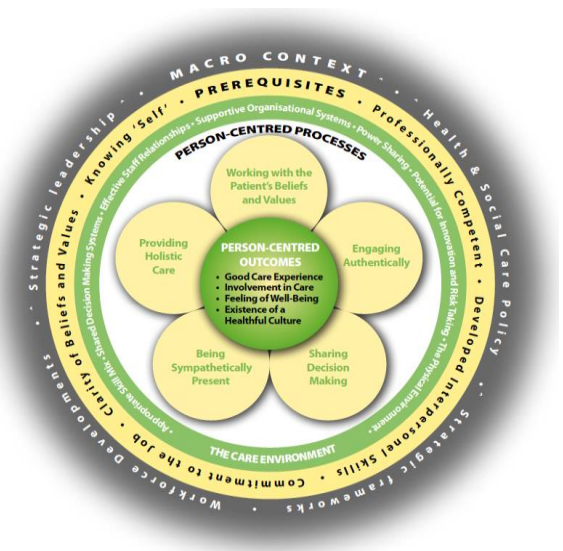


Figure 3: Person-centred Practice Framework, McCormack and McCance (2017)

Getting started

The programme focused on workplace as opposed to organizational culture as this is the level that most influences the way people behave and talk about each other^{vii}. It is also the interface between staff and people using services and directly impacts on overall experiences and satisfaction. While culture change always requires a collective approach, person-centred learning and development focused initially on self, then the group and practice / service settings (Figure 4). Skilled facilitation enabled participants to dig deep to uncover their values and beliefs about person-centredness, what it means to them and how it influences their approach and ways of working with others. For most it was the first time they connected work with their personal values. As one participant stated, “I felt it was the first time I could bring my values to work”.

Participants learned to identify the embedded patterns about how things are done^{viii} and unpick the deeper levels of assumption, values and beliefs that lie beneath^{ix}. They explored the concept of human flourishing, what it means to them and how they could enable it for each other as they worked together.

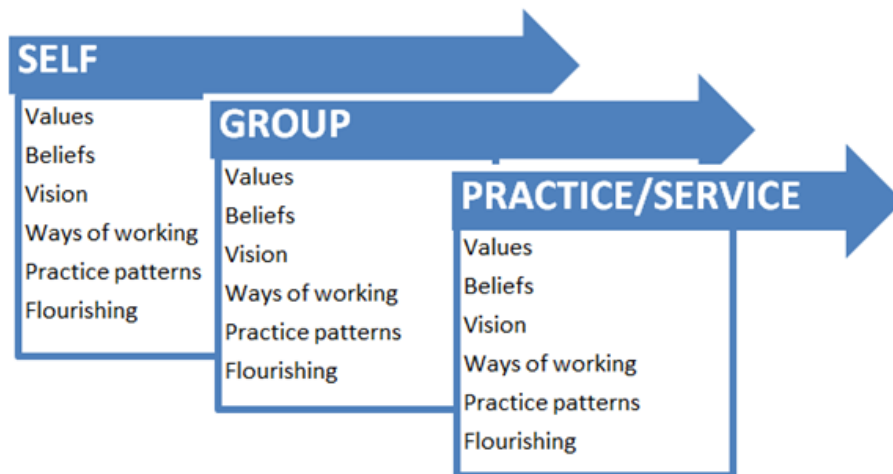


Figure 4: Person-centred learning and transformation focused initially on self, then the group and practice/service settings

Early wins

From the outset, participants saw the relevance and potential of what they were learning and were eager to start using it in practice. There was a level of confidence and bravery that came from being part of a group and having the support of like-minded colleagues on-site. Having two members of the senior management team on the programme gave an additional level of explicit permission to try new things.

Two early undertakings involved trying a different approach to changing duty rosters and using a person-centred process to evaluate the efficacy of the weekly senior management team meetings.

Changing staff duty rosters is a challenging, often contentious, change for any hospital team and it was something the catering team were struggling with at this time. Seeing an opportunity to try a different approach, the department lead enlisted the help of programme colleagues to co-facilitate meetings with the people who would be affected by the changes. The collaborative, inclusive and participative approach used in person-centred work helped to unlock the process and enable it to move on.



The group's first experience as co-facilitators was with the catering department

In the second example, a CCI exercise (Claims, Concerns and Issues) was used to evaluate the effectiveness of the weekly senior management team meetings. The tool provides a systematic way of hearing and collating the contributions of everyone in a democratic way. In this case it included feedback from the meeting administrator who was surprised to be asked even though she attended the meeting every week and had good ideas about what might help it to be more effective.

Practicing facilitation skills within the group and with departmental colleagues built skill and confidence in being able to do it with the wider hospital team.

Culture change groups

Having agreed the vision and priorities for what they wanted to achieve together, the group identified 3 projects through which they would share learning about person-centredness with the wider hospital team. These culture change groups would also provide a space for them to practice and build their facilitation skills. Following an open invitation, up to 10 volunteers joined each group. The three groups were:

- The OPEN Group
- Healthful Culture Group
- Shared decision making Group.

The OPEN Project

This project was about developing a dedicated, vibrant and relaxing place where staff could interact and socialise together. It had been identified and scoped before the programme began. The focus of the culture change group was to use what they were learning to change how they engaged with people on the project and how they used shared decision making.

The Healthful Culture Project

The Healthful Culture group explored concepts of wellbeing, flourishing and healthy relationships and began to translate how these can be implemented into practice.

The Shared Decision Making Project

The Shared Decision Making Group started by questioning the existing decision making processes they used and how these processes fitted within a culture of person-centredness.

EVALUATION

Consistent with the principles of co-design and transformational practice development an evaluation based on case study methodology^x was designed. Both cognitive and creative methods were used to uncover, capture and make sense of individual and joint evaluations at various points during the active learning cycles (Figure 5). Paying attention to both the impact (outcomes) and the experiences of participants and their colleagues (processes) helped us to understand what worked or did not work in this setting.

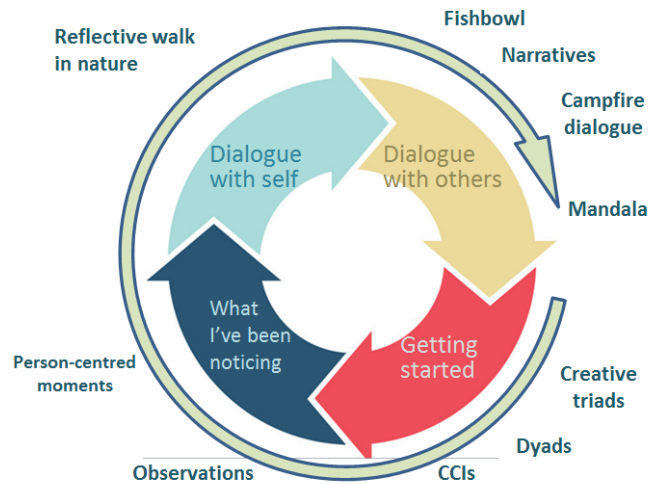


Figure 5: This diagram demonstrates how the group incorporated critical creative and active learning processes to evaluate ongoing culture development.

A collective approach to data analysis known as Critical Creative Hermeneutic Analysis^{xi} was used as it is more appropriate in capturing the deeper themes relating to culture work. It involved all members of the team looking at 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.

| Types of data included in evaluations | | |
|---------------------------------------|-------------------|-------------------------|
| Individual reflections | Narratives | Testimonials |
| Person-centred moments | Observer feedback | Language |
| Environmental walkabouts | Creative pieces | Facilitator notes |
| Observations of practice | Surveys | Well-being scores |
| Confidence lines | Individual themes | Key outcomes & meanings |

The five themes that emerged from the data were:

1. Ways of working
2. Collaboration
3. Creating a healthful/optimal culture
4. Flourishing
5. Achievements

For the purpose of presenting the data we have grouped these into three focus areas.

- Ways of working and collaboration
- Creating a healthful culture and human flourishing
- Achievements

Ways of working and collaboration

In order to make their culture more person-centred, participants needed to challenge the way they thought about and did their work currently, otherwise the existing culture would prevail. As they learned to unpick and examine the deep layers that underpinned their current practice, four key outcomes emerged that were significant in driving change for the participants (Figure 6).

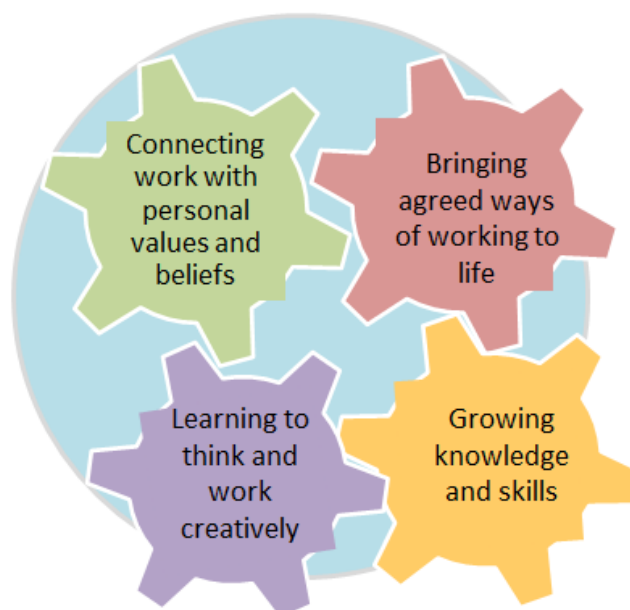


Figure 6: Four key outcomes emerged for programme participants in relation to ways of working and collaboration

Connecting work with personal values and beliefs

The systematic person-centred facilitation approach helped participants to develop insights about their personal beliefs and values and how these impacted on their work. They uncovered the deep assumptions they held about care and facilitating learning, and they could see the connection between their values and beliefs and their behaviour. They could also see the links between their approach to work and relationships with colleagues and people using the service. For many it was the first time they connected work with their personal values and beliefs in relation to person-

“It was the first time I felt able to bring my values to work”

centredness. They became more aware of how they perform within the team and how they spoke to and about each other. Their learning influenced their actions, how they listened and interacted together. As a group, they developed shared values about how they wanted to be more person-centred with each other and the people for whom they provide a service.

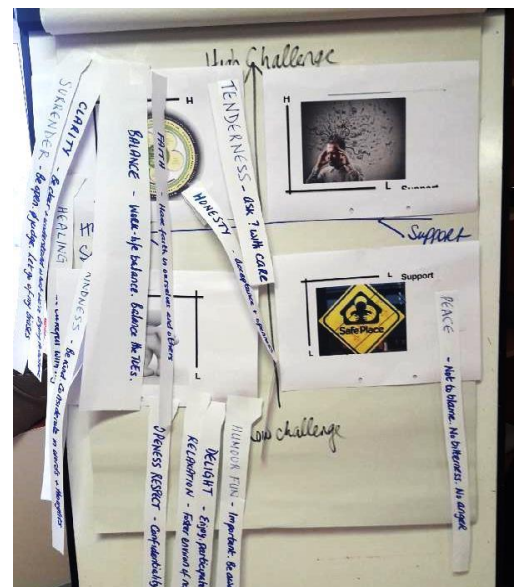


Figure 7: Screenshot of the group’s shared values

Bringing agreed ways of working to life

Participants took the time to clarify what each of them ‘bringsto’ and ‘needs from’ the group. In doing so they challenged their traditional thinking and developed new perspectives on how to work together as a more effective team – a fundamental starting point when beginning to work in a person-centred way. They agreed new ways of working that were in-keeping with their shared values and would help them to flourish in the work together – another essential building block in building a person-centred culture.

Unlearning and letting go of traditional assumptions took time and patience. Participants had to learn to challenge each other’s thinking and practice in a supportive way in order to bring their new ways of working to life. Developing the skills of high challenge with high support is yet another essential building block in moving culture from what is espoused to experienced. This photograph captures a group reflective exercise examining ‘how are we working now?’



The group practiced high challenge with high support in order to bring their new ways of working to life.

Learning to think and work creatively

The programme uses creativity to unlock peoples thinking and new ideas. Using critical creativity processes, participants learned to tap into their inner selves and their capacity for holistic growth and development. After a hesitant start, the creative processes became the preferred way for participants to get to the heart of critical issues about themselves, their practice and the reality of their workplace culture. It provided the means for them to look deeply at their practices and spotlight what is real as opposed to what is espoused. Participants said that using critical creativity freed their thinking and changed the language used to describe things which in itself was liberating. One person described it as having a “new, accessible, common language”. Working in this way injected a sense of fun, lightness, new energy and life into the work.



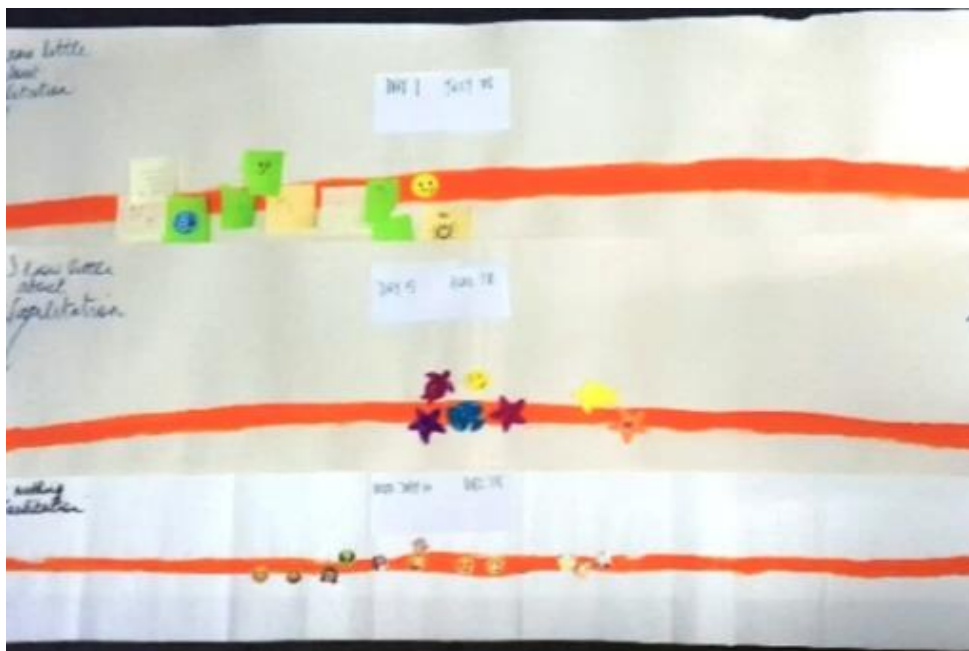
Critical creative processes unlocked thinking, cut to the heart of critical issues and injected a sense of fun

Growing knowledge and skills

Throughout the 15 months of the programme, participants worked with their colleagues to practice their person-centred facilitation skills and share their learning specifically in relation to:

- Working with person-centred principles
- Awareness of language
- Ability to identify practice patterns and their contribution to workplace culture
- Ability to unpick and change practice patterns
- Transformational facilitation skills
- How to work both cognitively and creatively

Over time the group's confidence in relation to person-centredness and facilitation increased. As their competence and confidence grew, so too did their courage and determination to practice their skills with others.



Over time participant confidence grew in relation to person-centredness and facilitation

Creating a healthful culture and human flourishing

The second area of focus that emerged from the evaluation related to the creation of a healthful culture and human flourishing. Again, there were five key aspects that emerged for participants (Figure 8)

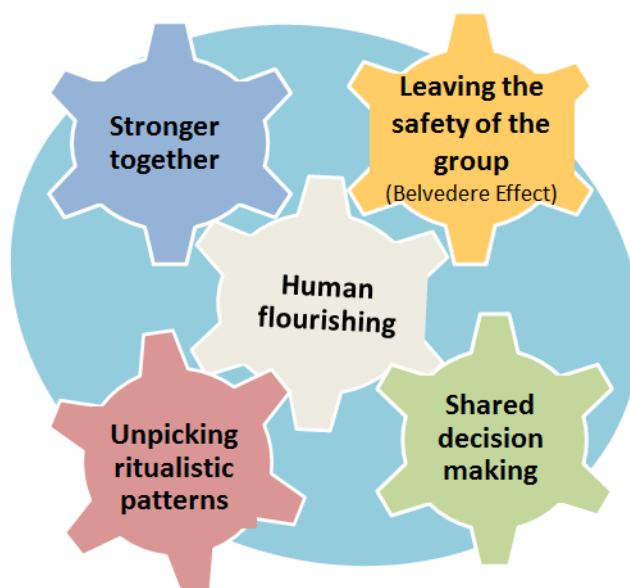


Figure 8: 5 key outcomes for participants in relation to creating a healthful culture and human flourishing

Stronger together



Establishing a common vision and purposefully connecting with shared values created a “foundation of friendship and support” within the group. Creating a team name and logo gave a sense of identity to the team and the wider hospital community. The sense of unity, belonging, and being “stronger together” were prevailing themes that “helped significantly” and lent to the groups determination to do things differently. Participants were open about how isolated they had been at times in their roles and how as managers they really don’t have confidantes at work to share things with. For some the greatest gift of the programme was to have a network of people they feel safe with that they can bounce things off. As it was a diverse group that would not normally mix, people began to notice and pay attention when they saw their colleagues getting together and collaborating.

“Reflecting on my role as a manager, it can be isolating. Now with this team and friendships, you always have someone to rely on and talk to”.

Leaving the safety of the group (the Belvedere Effect¹)

Having focused on themselves initially, the group progressed to sharing their learning with people in their departments and the culture change groups. Bringing their knowledge and skills about new ways of working and being to the wider hospital community was perhaps the greatest challenge faced by the participants. Despite their level of seniority and experience in managing change, they found it challenging to start the difficult conversations needed to explore the taken-for-granted ways of working that teams were used to. Even with clear methods and support it was difficult to disrupt the safe mind-set that people work in. Participants needed to find the balance between using new ways of doing things and keeping people safe.

Helping participants to 'unstick' and overcome this challenge involved shifting the energy and thinking of the group by moving to the nearby woods to work it through. The impact of this tangible shift became known as the

"Belvedere Effect" - that feeling of being able to tap into nature and "unlocking, freeing, liberating possibility, hope and fun." The learning from the Belvedere Effect was something the group could tap into again and again on days when things weren't going so well. Using a creative approach to overcoming obstacles is another fundamental of transformational facilitation.

"I feel that perhaps we are at a standstill, but if we regroup and refocus we can positively improve any difficult situation"

Unpicking ritualistic patterns

Practice patterns are the taken for granted, often unconscious ways of being and doing things that drive our decisions and behavioural norms at work. They often go unchallenged but are always felt as experiences that can be negative and destructive both for staff and people using services. Using person-centred processes the group learned to identify and unpick the habits and rituals in their own practice first before practicing the same with colleagues. The practice patterns exercise helped them to explore the values and beliefs behind everyday practices such as:

- The culture around emails; tone and language; greeting; sign-off; how information is requested; how emails are acknowledged or not.
- How power and hierarchy are used in group decision making – e.g. all decisions being left to one person?
- Personal habits around connecting and networking with others. For one participant it meant leaving the office to lunch with others in the staff canteen for the first time in years.

¹ Belvedere House, Gardens & Park is a country house located on shore of Lough Ennell approximately 8 kilometres from Mullingar in County Westmeath, Ireland.

- Patterns around the early morning walk from the car park into work. The significance of those seemingly random yet habitual conversations and the way information is shared and gathered that would never happen in a meeting! Why that is so, and exploring those interactions in terms of value versus intrusion.

Observations of practice highlighted some of the patterns that exist in teams, such as:

- The habits and rituals around the TV remote in outpatients!
- A manager's habit of closing the door and the difference it made to the team when she changed to an open door policy.
- Patterns around flow through the pharmacy department - all callers coming to one end, when in fact it was safer, less distracting to call to the other.
- The routine agenda of management meetings and the impact of changing the format of alternate meetings to incorporate attendees' priorities in a different way.

While the examples may seem simple, they were used by the team to begin exploring topics such as power sharing, shared decision-making, patient and family engagement, whose preferences get prioritised and why in a real and tangible way. This was the first time a group of senior staff from one hospital had come together to explore the existing culture in this way and at the same time develop facilitation knowledge and skills to be able to lead changes in their culture. Learning to identify and unpick ritualistic practice patterns is another key building block to changing culture. Just as it takes time to unpick and unlearn practices that no longer serve us, it takes time too to embed new ways of being and working.

Shared decision making

How decisions are made is a key indicator of how person-centred a culture is. When we make decisions in the same way over and over again, it produces the same results and maintains the culture that already exists. The 'negotiated approach'^{xiii} of shared decision making is a complex skill that is embedded in characteristics such as partnership working, empowerment, autonomy, mutuality, authenticity, honesty and respect^{xiii}. Throughout the programme, participants were intentional about how they practiced this skill within the group and also with their colleagues. In the Team OPEN and staff rostering projects for example, adopting a shared decision making approach was key to enabling self-determination for the people involved (*nothing about me without me*^{xiv}). This is another building block to both person-centred practice and changing workplace culture.

At hospital level, the Shared Decision-making Culture Change Group started to look specifically at decision-making, but as a topic it was too broad and could not stand alone. As a core element of

person-centred working and transformational facilitation it needed to be incorporated into planning and doing all pieces of work. This was good learning for the group in relation to how to make their shared values a reality.

Human flourishing

Flourishing through work was one of the key outcomes for participants on the RHM programme. They described the personal flourishing, well-being and growth they experienced as a result of being challenged to think differently, work collaboratively and be themselves at work. Participants felt safe within the group. Working in person-centred ways encouraged them to bring their “whole-self” to work. There is growing evidence that flourishing workplaces helps people to feel more connected and more committed to their work and colleagues^{xv}. The group’s experience of togetherness and kindness towards each other is captured in the poem *Flourishing Together* composed as a way of summarising their experience on the programme.

“I was able to be myself”

“I was able to use my talents on the various pieces of work”

Flourishing Together

Through engagement, listening, individual and group expression, our shared values came to life!
We grew in confidence, being brave to be ourselves and sparkling in our person centred moments.
Haiku, narratives and the “Belvedere effect”
Allowed for new optimism, fun and expressions of creativity.

Our shared vision enables opportunities for Individuals to express themselves creatively,
To fully participate and be included in established healthful working relationships.
Reflection and self-learning encourages us to develop friendships, personal and team growth and hope for expansion of person centred cultures

Achievements

The third and final area of focus that emerged from the evaluation was the outcomes achieved by the group throughout the 15 month programme. As expected, the most profound changes were in terms of the individual learning and transformation not only in thinking but in personal practice. The groups approach to how they worked and supported each other changed, and we started to see changes in the way the wider teams worked and carried out their business. The following summarises achievements in terms of individual, group and service:

| Individual level outcomes |
|--|
| <p>Clarified personal values and beliefs about person-centredness and facilitating learning with others. Connected work with these for the first time.</p> <p>Increased awareness about:</p> <ul style="list-style-type: none">▪ what person-centredness means▪ personal behaviours and approaches to work and relationships <p>Flourished as individuals:</p> <ul style="list-style-type: none">▪ “Felt safe to be myself”▪ “Got to use my talents on the project”▪ “I have made friends out of people who were once my colleagues” <p>Growth in skills and confidence:</p> <ul style="list-style-type: none">▪ Using person centred principles in work▪ Awareness of language,▪ Learning to think and work creatively.▪ Ability to identify and unpick practice patterns▪ Transformational facilitation |

| Group level outcomes |
|--|
| <p>The group agreed shared values and vision for their work together.</p> <p>Ways of working were agreed and brought to life by intentionally supporting and challenging each other in relation to them.</p> <p>The creation of ‘Team Inclusive’ and symbol gave identity to us as a team and the people across the organization.</p> <p>Flourished as a team</p> <ul style="list-style-type: none">▪ stronger together became a prevailing theme▪ having a network that has your back▪ that you can bounce things off▪ safe to be vulnerable within the group▪ safe to ask the hard questions of ourselves and others and to challenge each other <p>The ‘Belvedere effect’ - that feeling of being able to tap into nature to “unlock, free, liberate possibility, hope and fun” that the group could tap into on days when things weren’t going so well.</p> |

| Service level outcomes | |
|--|---|
| <p>Out-Patients Department Environmental assessment led to changes in signage, some layout and importantly - who controls the TV remote?</p> <p>Changed approach to staff engagement led to</p> <ul style="list-style-type: none"> ▪ More flexible rosters ▪ Whole workforce meetings for the first time ▪ Staff opinion polls ▪ A change to an open door policy by the manager | <p>OPEN project A colourful, vibrant relaxing place where staff can interact and socialise together</p> <hr/> <p>Dietetic team New ways of working led to significant change within this department, and could be seen in</p> <ul style="list-style-type: none"> ▪ how they communicated together as a team ▪ the appointment of a social secretary for the first time ▪ introduction of “Tea Tuesday’s “ and “Coffee Culture Morning’s” |
| <p>Senior management team meetings CCI exercise (Claims, Concerns and Issues) was used to evaluate the effectiveness of these weekly meetings. It provides a systematic way of hearing and collating the contributions of all involved in a democratic way. The meeting format changed as a result.</p> | <p>Physiotherapy team Agreed their ways of working as a group for the first time</p> |
| <p>Healthful culture group</p> <ul style="list-style-type: none"> ▪ This culture change group started to include staff well-being scores in their feedback ▪ Approach and spirit of celebrating success as a way of promoting a healthful culture e.g. the person-centred award for staff | <p>Payroll team</p> <ul style="list-style-type: none"> ▪ Changed the approach and way a new person was welcomed to the team. ▪ Artwork helped the payroll team deal with grief following the death of a colleague. |
| <p>Catering department Used a different approach to changing staff duty rosters. Programme participants co-facilitated meetings with the people who would be affected. The collaborative, inclusive and participative approach used in person-centred work helped to unlock the process and enable it to move on.</p> | <p>Emergency department Established a local person centred group that successfully made the case for a sensory room within the department – opened in February 2020^{xvi}, it was one of the first hospitals to provide this space for children with autism.</p> |

As shown, by the end of the 15 month learning programme there were significant changes in thinking and personal practice for individuals and for participants as a group. There was evidence too of changes emerging in the teams and services they worked with. As expected, it was too early to say there had been a major culture shift in terms of experience or outcome. Evidence shows that it takes years of consistent focus for sustainable culture change to take root.

Update August 2021

From our experience on the national facilitator development programme^{xvii} we know that year one is about participants learning and practicing new skills. It is from year two onwards the impact of culture change starts to be experienced in the workplace as person-centred approaches and methods continue to be practiced by individuals and teams. Where ongoing, consistent support is given to facilitators, the levels of person-centredness achieved have endured and most have continued to progress^{xviii}.

Since the programme ended in RHM in October 2019, four participants have moved to jobs in other hospitals and one has retired. The formal person-centred structures have discontinued and like every other hospital, RHM has faced the unprecedented challenges and disruption of the global pandemic and subsequent cyber-attack on the Irish health service. Despite this, the update from participants (see Appendix 1) demonstrates that:

- Changes within individuals have been sustained.
- Person-centred knowledge and skills helped individuals to deal with the challenges they faced - for themselves and the people they worked with.
- Some person-centred processes have been used all respondents, with the claims, concerns and issues being the exercise most frequently used.
- Transferability of learning across services and practice settings is seen in the accounts of how individuals are using and building their person-centred practice in new roles.



In February 2020, RHM became one of the first hospitals in Ireland to have a specially-designed Sensory Room for children with autism.

CHALLENGES AND LESSONS FROM RHM

“The most challenging times bring us the most empowering lessons” (Karen Salmansohn)

This was the first time a group of senior people from one hospital undertook a culture change programme like this. The energy and support that came from having numerous people from one site participating and learning together was tangible. Having two members of the senior management team involved, including the general manager, gave a huge message of support for the programme as well as an additional level of permission to do things differently.

Despite the clear methods and supports, participants still found it challenging to start the difficult conversations that challenge the ways of working that teams take for granted. It highlighted again that culture change requires different skills and different courage than those needed for process and/or system change. Learning to facilitate others to co-create a desired future together wasn't easy. Practice is needed to get the balance right between new ways of doing things and keeping people safe.

There were times of uncertainty and fear for participants in relation to what might happen if / when they lifted the lid on existing ways of working. There was an element of having to let go and trust the new processes they were learning. The poem attached captures the fear and hope experienced initially with this type of work followed by the motivation and flourishing that comes with new learning and practice.

The issue of senior managers feeling isolated and lonely in their roles is something that was raised in RHM and echoes similar findings by managers on other culture programmes. That managers need

support just like everyone else needs to be acknowledged and addressed if real culture change is to happen. It is a feature of our culture that on one hand we claim that our workforce is our greatest asset, but on the other, this is not necessarily the reality of people's experience.

The focus of the RHM programme was on culture and context relating to care and practice as opposed to process or change management. This changed the approach and influenced the processes that were used for the various pieces of work. They complimented and enhanced the methods already being used such as Lean, Six Sigma, rapid improvements events (RIE's).

The model of external / internal facilitation worked. Having external facilitators provide the 15 programme days on-site (plus interim support visits) was efficient in terms of cost and time for RHM.

The vision is noble
The path is unclear
At times there are obstacles
Sparking a fear

But slowly a glimmer of hope it
appears
It brings the relief and dispels
all the fears
A renewed motivation to fan the
flames grows
The potential of all these flames
no-one knows

Resources and processes developed and tested in RHM build on the significant body of knowledge for working in this field that is growing from the National Programme in Ireland.

While some impact on care and care process was captured in the *Person-centred Moments*, it must be remembered that it is too early to see significant changes in this area yet. Similarly, there was positive evidence from staff experiences in the data collected, and while it is a positive indicator, it is too soon to say it is indicative of sustainable change.

As an acute hospital, it was notable that no doctors and only one midwife joined the programme as participants. An assistant director of nursing did join the national programme the following year.

We know from national and international evidence that workplace culture change requires long term sustained investment. It is an ongoing practice that depends on the support of senior leaders and linkages to a community interested in improving workplace culture and person-centred care. As the saying goes - *use it or lose it!*

CONCLUSION

This report captures the key outcomes and learning from RHM, the first hospital in Ireland to introduce a whole-hospital approach to making its culture more person-centred. It demonstrates the changes in thinking and mind-set that occurred for participants during the 15 month programme. Also the changes in practice and the impact this had at individual, group and service levels. The update from participants demonstrates their interest and commitment to this work. While the impact of COVID on progressive developmental work has been profound, there is an opportunity now to build on the work already done.

Culture change is a long term investment, after all it takes years for any culture to develop in the first place and logical to think that it is going to take time to change it. Ongoing commitment and support from leaders is crucial if culture change is to have any impact on practice and ultimately care experience and outcomes. The methodology of the National Person-Centred Culture Programme goes to the heart of workplace culture and is a key contributor in enabling us to become a high performing organization.

Appendix 1: Update from participants – August 2021.

Participants were asked about the difference, if any, the programme had made to them and their work in the time since finishing the programme.

Update from participants - August 2021

Difference in me:

- *On a personal level it (the person-centred programme) has changed me so much.*
- *I've come out of it a different person – especially in terms of appreciating others, where they are coming from.*
- *The programme opened up a new perspective for me in terms of my day to day work.*
- *It has made it possible and more importantly, necessary for me to acknowledge how essential it is to be given the space to flourish at work. It is only then that I can be my best self at work and in my personal life.*
- *For me: daily reflective walks, inclusion and participation of all managers in updates, inclusion of all staff in weekly updates, actively listening, person centred moments and flourishing in my role*

Difference in my personal practice:

- *This programme has enabled me to think and work more creatively as a professional, particularly during difficult and challenging times. It has expanded my repertoire of tools that I can use in the knowledge that I now have a support network of similarly-minded colleagues around me.*
- *Helped with COVID and the cyber-attack, when all our processes changed overnight and the pressure that put on staff. Just this morning I used it in conversation with a staff member who was having issues and stress related to work.*
- *I am continuously considering and re-evaluating the manner in which I work and how I can adapt to enhance the service user experience in terms of their medication use.*
- *The programme is never too far from my mind – it helped my personal practice a lot.*
- *I am more aware of things such as: implementation of values and beliefs; shared decision making and collaborative working; creating healthful working environments; feedback mechanisms for staff; use of CIP and PIP; encouraging and supporting creative expression and initiatives*

How I use what I learned with others:

- *It's been really helpful during COVID – I've been able to influence in my little circle, There's been a disconnect between the management and clinical sides – I've been helping with that, seen as the voice of understanding, look to me for that.*
- *I've used the facilitation skills for service and departmental development work; for meaningful appreciation for staff during the pandemic; for strategy, vision, mission and values engagement.*
- *I have used CCI's within my previous team on numerous occasions. I cannot speak highly enough of this process. From my experience, if the individuals involved feel that they are in a safe environment to share authentically, and provided the facilitator can keep things on track – significant progress can be made and has been made on a variety of work-related systems and processes, with the additional*

benefit of improving relationships through open communication.

- *I have recently changed role...it is important now, more than ever during this challenging time of a pandemic, to utilise and incorporate the person-centred practice framework into my daily work and interactions with staff and service users*
- *Changed my use of language, observation of care and engagement with staff & service users, engagement with families and volunteers.*
- *I believe providing holistic care to services users in my new role as a frontline Clinical Pharmacist is critical. I do this through two-way discussions and education relating to medication use; being sympathetically present when issues relating to non-compliance are raised, and attempting to increase shared-decision making between service users and the healthcare professionals.*
- *I believe I am engaging in more meaningful interactions with new work colleagues and service users. It has not been formally evaluated yet in my new role, however anecdotally I believe the service users that I come in contact with have an enhanced hospital experience due to their increased inclusion and involvement in the use and purpose of their medications.*
- *In my new role:*
 - *Service user feedback is included in all projects and pathway development*
 - *Person Centred videos have been developed by staff and service users*
 - *Staff are socialising safely – courtyard café, outdoor seating, Res Café, Choir, Step challenge, BBQ & appreciation day*
 - *Individual staff appreciation (included Christmas gift, Valentine’s Day, Easter)*
 - *Patient outcomes and experience*
 - *Human rights and equality committee with independent chair and family committee member*
 - *Sensory and wellness pods project (Recreation, leisure & supported activities)*

What processes have you / are you using?

- *CCI – (the most used process/ exercise). For one person “ we used it recently to evaluate how we’re actually working on the team”*
- *Creative methods for developing a shared vision (Evoke cards)*
- *Language exercise*
- *Observational practice*
- *Environmental walkabouts*
- *Person-centred moments*
- *Use facilitation skills informally at staff meetings*
- *Where I work now we use creativity (Health & Wellness Centre, Facilities, Crafts, Horticulture, pottery, exercise classes)*
- *Celebrating achievements*
- *Use of mood boards*
- *Recently I went with a colleague for lunch to the outdoor space in Bloomfield - where we had done some of this work - just to step away from the office, look at the lake and take time out*
- *Summertime experience for staff, residents, service users (beach, picnic, forest & lavender garden scenes^{xix}*

Appendix 2: Office ethos poster

“The poster came from an exercise we did exploring how we like to work as a team, particularly in shared office space with differing personalities. We drew it up as an agreement where staff ‘sign up’ to it. I use it now in all my Inductions with new staff & students”.

‘Positive Work Space’ – How we like to work....
‘Office Ethos’, Nutrition & Dietetic dept RHM

Noise levels



- We Respect our co-workers!
- We Minimise noise activity and distractions
- We Mute/ lower telephone ring tones
- We Organise Tel calls when colleagues are out or arrange another venue
- We don't outburst when not necessary
- We are conscious of our conversation levels and tone of voice in the office
- Ear plugs/ headsets are welcome

Mood



- Positivity in the dept creates a nicer atmosphere for everybody to work in!
- Our mood can affect our colleagues – we avoid lingering poor moods
- Negative talk and attitudes can be tiring & impact on the atmosphere
- We can ‘De-brief’ with a colleague at an arranged time
- We Respect colleagues work time & privacy





Time out



- We can Take time out /Go for a walk
- We can clear our heads at break-times
- We welcome some Mind-space
- We enjoy Team lunches
- Social calls are welcome in our offices!
- We Celebrate Birthdays/ Special Occasions!
- We Help, support & care for each other











We're Pleasant

We're Polite

Nutrition & Dietetic Dept RHM 2020

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