Person-centred cultures of care: myth or reality?

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Professor of Nursing, Maribor University, Slovenia;
Extraordinary Professor, University of Pretoria, South Africa;
Visiting Professor, Ulster University, Northern Ireland
The spectrum of the care experience

Care that is mediocre
(Defined as, only ordinary or moderate quality; neither good nor bad; barely adequate)

Best practice

Failures in our system
<table>
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<tr>
<th>Enabling Engagement</th>
<th>Conflicting Priorities</th>
<th>Living Person-centred Care</th>
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<td>Ways of working</td>
<td>Feeling pressurised</td>
<td>Embracing person-centred values</td>
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<td>Building relationships</td>
<td>Staffing and resources</td>
<td>Being confident and competent</td>
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<tr>
<td>Maintaining momentum</td>
<td>Evolving context</td>
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(McCance et al, 2013)
Patient-centredness Disguised as Person-centredness (IHI)

- Developing care pathways that are co-designed and co-produced with individuals and their families;
- Ensuring that people’s care preferences are understood and honoured, including at the end of life;
- Collaborating with partners on programs designed to improve engagement, shared decision making, and compassionate, empathic care; and
- Working with partners to ensure that communities are supported to stay healthy and to provide care for their loved ones closer to home
Editorial: Tell me, how do you define person-centredness?

The International Community of Practice for Person-centred Practice (PCP-ICoP) coordinated from Queen Margaret University, Edinburgh, recently wrote about the current state of person-centredness across several countries in the world (McCormack et al. 2015). In that publication, we highlighted a number of concerns, the existence of which are working against the advancement of person-centredness as a coherent theoretically informed and practice-embedded framework for nursing. We believe that a focus on recurring in the literature are that person-centredness is working with what matters to the patient; it is about acknowledging the values, choices and preferences of patients, and it is about a certain type of nurse-patient relationship – always a compassionate one! Indeed, person-centredness does include all of these attributes; however, this is not the totality of person-centredness and, to advocate it, promotes an unhelpful simplification of the concept. There is a paradox here, as the oversimplification also misses the point that, in how Karl Rogers is repeatedly proposed as the founder of person-centredness when the etymology of the concept predates Rogers, or Tom Kitwood’s definition of personhood unquestioningly accepted as the underpinning framework in research and development work, without considering the implications of using that definition out of context. Sitting on the periphery, we can see a theoretical knot about concepts related to person-centredness and whether or not they fit under the umbrella of person-centred-
“Person-centredness is 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 (personhood), individual right to self determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development”.

(McCormack & McCance 2017)
Organisational Considerations

This is our organisation...

What’s this then!??

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REAL ORGANIZATION CHART

Chart courtesy of Integration Training (www.integrationtraining.co.uk)

The microculture
Protected Mealtime Review
Findings and Recommendations Report

Exploring patient, visitor and staff views on open visiting
• Barriers to Implementation
  – Ward rounds
  – Diagnostic tests
  – Visitors
  – Other healthcare professionals
  – Lack of “Board to Ward” level leadership
  – Lack of education and training of all staff groups
Systems elements: structures, processes, patterns (after McCormack, Manley & Walsh 2008)

<table>
<thead>
<tr>
<th>Service Improvement</th>
<th>(Micro) Culture Development</th>
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<tr>
<td><strong>Structures</strong></td>
<td><strong>Processes</strong></td>
</tr>
<tr>
<td>• Organisation boundaries</td>
<td>• Patient journeys, care pathways</td>
</tr>
<tr>
<td>• Layout of equipment, facilities, departments</td>
<td>• Supporting processes such as requesting, ordering, delivering, dispensing</td>
</tr>
<tr>
<td>• Roles, responsibilities</td>
<td>• Funding flows, recruitment of staff, procurement of equipment</td>
</tr>
<tr>
<td>• Teams, committees and working groups</td>
<td></td>
</tr>
<tr>
<td>• Targets, goals</td>
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</tbody>
</table>

- Magnet Hospitals
- Patient Safety Programmes
- Service Redesign
- Quality Improvement Programmes
- Systems Change
Determining Factors that impact upon effective evidence based pain management with older people, following abdominal surgery

A CONTEXTUAL WEB

(Brown and McCormack, 2010)
Organisation of care

Coping strategies

Pain assessment & practice

Factors that compromise pain management practices

with older people

CULTURE

LEADERSHIP

EVALUATION

PARiHS

FRAMEWORK

ETHNOGRAPHY

FACILITATION

CONTEXT

EVIDENCE
Organisation of care
Coping strategies
Pain assessment & practice

Factors that compromise pain management practices with older people

TWO YEAR ACTION RESEARCH STUDY

REFLECTIVE COMMUNICATION INTERRUPTIONS PAIN ASSESSMENT

REFLECTIVE CYCLES
Organisation of care
Coping strategies
Pain assessment & practice

Factors that compromise pain management practices

Coping strategies with older people

Pain assessment & practice

Communication

Interruptions

Pain assessment

Evidential

Facilitation Context Culture Leadership

Evaluation

Parihs framework

Ethnography

Reflective cycles
Factors that compromise pain management practices with older people

Pain assessment & practice

Organisation of care
Coping strategies

PARiHS FRAMEWORK

LEADERSHIP

EVIDENCE

COMMUNICATION

PAINT ASSESSMENT

TRUST

Support (or lack of)

TRUST

SUPPORT (or lack of)

Autonomy

Conceptual Themes

Horizontal Violence

Power

Reflection Cycles

Communication

Interruptions

EVALUATION

Context

Facilitation

Culture

Leadership

Ethnography
Autonomy

ETHNOGRAPHY

FACILITATION

CONTEXT

CULTURE

LEADERSHIP

PARIHS FRAMEWORK

PAIN ASSESSMENT

COMMUNICATION

EVIDENCE

POWER

OPPRESSION

TRUST

HORIZONTAL VIOLENCE

DISTORTED PERCEPTIONS

Factors that compromise pain management practices with older people

Organisation of care
Coping strategies
Pain assessment & practice

Conceptual Themes

Reflective Cycles

Evaluation

Leadership

Support (or lack of)
Horizontal violence

- Organisation of care
- Coping strategies
- Pain assessment & practice

Factors that compromise pain management practices with older people

- Ethiopia
- Facilitation
- Context
- Culture
- Leadership

PARIHS framework

- Ethnography
- Evidence
- Communication
- Interruptions
- Pain assessment

- Power
- Autonomy
- Support (or lack of)
- Distorted perceptions

- Conceptual themes
- Reflective cycles
- Leadership
- Evaluation

Horizontal violence
Oppression

- Organisation of care
- Coping strategies
- Pain assessment & practice
- Factors that compromise pain management practices with older people
- Coping strategies
- Pain assessment & practice
- Oppression
- Horizontal violence
- Power
- Autonomy
- Trust
- Support (or lack of)
- Distorted perceptions

Ethnography
ParHIS Framework
Reflective cycles
Conceptual themes
Psychological safety
Distorted perceptions

**Factors that compromise pain management practices with older people**

- Organisation of care
- Coping strategies
- Pain assessment & practice

**Coping strategies**

**Pain assessment & practice**

**Organi**

**Ethnography**

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**EVALUATION**

**CULTURE**

**POWER**

**AUTONOMY**

**HORIZONTAL VIOLENCE**

**OPPRESSION**

**DISTORTED PERCEPTIONS**

**SUPPORT (or lack of)**

**Reflective cycles**

**PARIHS framework**

**Conceptual theme**

**Communication**

**Interruptions**

**Pain assessment**
Factors that compromise pain management practices with older people

Coping strategies
Pain assessment & practice

Organisation of care

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EVIDENCE
EVALUATION

INTERUPTIONS

OPPRESSION
HORIZONTAL VIOLENCE
DISTORTED PERCEPTIONS

SUPPORT (or lack of)

REFLECTIVE CYCLES

CONCEPTUAL THEMES

Trust
Leadership

- Pain assessment & practice
- Coping strategies
- Organisation of care

Factors that compromise pain management practices with older people

- Leadership
- Evaluation
- Culture

Parihs framework

Ethnography

Facilitation

Context

Culture

Parihs

Overview graphic

Pain assessment

Communication

Interruptions

Autonomy

Power

Oppression

Horizontal violence

Trust

Reflective cycles

Conceptual themes

Evaluation

Evidence

Facilitation

Context

Culture

Leadership

Pain assessment

Support (or lack of)

Distorted perceptions
All connections

Organisation of care
Coping strategies
Pain assessment
& practice

Factors that compromise pain management practices
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Framework

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Distorted perceptions

Support (or lack of)
(Dewing 2015; Dewing and McCormack 2017)
Social Networking Changes as a Result of Engaged Leaders

Benefits

• New social relations that span structural holes
• Form stronger ties
• Increase in information seeking from peer experts
• Distribution of knowledge in the organisation
• More highly engaged staff communicate with others more

Fig. 1 The hypothetical diagram of the expected changes in social relations as a result of the organisational intervention
4 Key Messages

• Need to move from moments of person-centredness to sustained person-centred cultures

• Micro-culture development needs to address practice patterns

• Collaborative, inclusive & participatory approaches are needed to change patterns

• A focus on flourishing through social learning has the potential to achieve this goal
Developing Person-centred Learning Environments
“The final year was a time when we, as senior students, were meant to flourish in a supportive environment. However, it did not feel like our achievements were being celebrated or our hopes and dreams for the future encouraged. I am passionate about nursing but I felt we ended on an anti-climax. I left university strangely deflated … I did not feel a sense of emerging confidence or empowerment to take on the responsibility of a newly qualified staff nurse.”
(Graduated Nurse, 2014)
Who or What are the Oppressors?

- Government policy
- Regulatory authorities
- University Leaders
- Service providers/healthcare systems
- Academics – lack of ‘courage’
- The media
- Students themselves - socialisation
“Transformational Learning is about change, dramatic, fundamental change in the way we see ourselves and the world in which we live” (Merriam 2007)
Queen Margaret University

EDINBURGH

DIVISION OF NURSING STRATEGIC FRAMEWORK 2015 – 2018

INSPIRING NURSES

Flourishing People, Spaces and Places

Engage and belong,
Be part of the tree growing;
Branching out, rooted.
Person-Centred Culture

A person-centred culture enables effective practices based on the formation and fostering of healthful relationships between all team members and key stakeholders. It has explicit values of respect for persons self-determination, mutual respect and understanding. It empowers all staff to engage in continuous development and quality enhancement.
Habermas’ Theory of Communicative Action (1987)

• Communicative action – interruption to the norm by asking: “What is going on here?”
• Communicative action is achieved when we achieve:
  – intersubjective agreement about our ideas and the language we use,
  – mutual understanding (recognition) of individual perspectives and views
  – unforced consensus about what to do in a situation in which we find ourselves.
Capacities of the U movement (Brown & McCormack 2010, adapted from Senge, Sharmer et al 2005).

- **Presencing**
  - Group & individual reflection to transform self & will

- **Sensing**
  - Create space to see connection with existent reality & transform perceptions

- **Realising**
  - Bringing new action to transform context

- **Embodying**
  - Letting come
  - Embracing the new (project completion)

- **Envisioning**
  - Reaching clarity & connection to inner ‘knowing’

- **Psychological Safety**

- **Letting go**
  - Redirecting

- **Suspending**
  - Seeing our seeing

- **Facilitating**
  - Courage
  - Commitment
  - Facilitative leadership
Psychologically Unsafe Environments: characterised by …

- Misuse of power and lack of autonomy
- Horizontal violence and oppressed behaviours
- Transactional leadership
  (Brown & McCormack 2010)
Methodology

- Emancipatory Action Research/Co-operative Inquiry
  - Informed by critical theory
  - Practice development
  - Critical creativity
Nursing Vision & Values

Divisional Values:
To be a collaborative and inclusive team, valuing individual strengths and talents within a mutually respective environment.
Methods

- Shared Governance model (Belonging & Challenge)
  - Teaching & Learning Development & Enhancement Group
  - Innovations & Partnerships Group
  - Research & Development Group
  - Divisional team meeting
- Monthly Communicative Spaces (Engagement, Belonging & Challenge)
- 3 Team Away Days annually (Engagement, Belonging & Challenge)
- Weekly ‘open forum’ (Autonomy & Diversity)
- Performance–review (Engagement & Challenge)
- ‘Triads’ evolving into peer performance-review (Engagement, Belonging & Challenge)
- Operational Plan (Engagement)
- Support for CPD (Diversity & Challenge)
- Celebration of achievements/’Champagne moments’ (Belonging)
Achievements (36 months)

- Clinical Academy established
- NSS (1st in Scotland, joint 1st in UK)
- NMC ‘clean bill of health’
- Athena Swan Bronze Award
- Person-centred Masters Framework and Pathways (5)
- Significant rise in research/project income - £20k - £2.3 million
- Increase in doctoral students from 8 – 60
- Increase in range and type of international relationships and partnerships (TNEs; R&D; Erasmus)
- TEDx Events: ‘Flourishing People & Places’ & Transgenerational Culture
- Nursing ‘lunches’ and ‘Awards Dinner’
- STTI Honor Society
- Established Centre for Person-centred Practice Research
- Visiting/Honorary Scholars and Associate Lecturers
- Raised profile of nursing internally and externally – QMU as place of choice!
- 10 (potential) REF returned nurses
- New Undergraduate curriculum development
- Prof Doctorate in Person-centredness
- More embedded ‘self-managed teams’
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<th>Key Breakthroughs</th>
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<td><strong>TEAL</strong>&lt;br&gt;Evolutionary</td>
<td>Self Management, Wholeness, Evolutionary Purpose</td>
</tr>
<tr>
<td><strong>GREEN</strong>&lt;br&gt;Culture Driven Organizations</td>
<td>Empowerment, Value Driven Culture, Stakeholder Model</td>
</tr>
<tr>
<td><strong>ORANGE</strong>&lt;br&gt;Large Corporations, Charter Schools</td>
<td>Innovation, Accountability, Meritocracy</td>
</tr>
<tr>
<td><strong>AMBER</strong>&lt;br&gt;Governments, Churches, Public Schools</td>
<td>Formal Roles, Hierarchies, Processes</td>
</tr>
<tr>
<td><strong>RED</strong>&lt;br&gt;Gangs, Mafias, Mercenaries</td>
<td>Division of Labor, Command Authority</td>
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Laloux Model from *Reinventing Organizations*, Image from Philippe Bailleur
Reinventing Organizations (Laloux 2014)

Deep inside, we long for soulful workplaces, for authenticity, community, passion, and purpose.

• Trust
• Autonomy
• Soulful Practices
NEW UNDERGRADUATE CURRICULUM
(in progress)

- Co-designed curriculum
- Focusing on ‘strengths’ and creativity
- A teaching & learning model that promotes a sense of safety, openness, trust and resilience.
- Use of authentic methods that support a learner-centred approach.
- Facilitation of autonomy, participation, collaboration and confidence.
- Engagement with activities that encourage the exploration of alternative personal perspectives, problem-posing, and critical reflection
- Communicative spaces for democratic dialogue and experimentation
Challenges for Person-centred R&D

- Lack of adequate tools for handling the complexity of individuals, illness and evidence.
- Need for more flexible methods.
- Interdisciplinary research to best meet the complex needs of the patient.
- Increased emphasis on psychosocial as well as biomedical models.
- Phronesis, judgement and clinical experience as core components of knowledge generation.
- Increased emphasis on ‘experience’ alongside ‘objective’ measures.
- It is not sufficient to show how often an intervention works, we also need to understand how and why it works.
- A challenge is to avoid relativism or “anything goes”.

(Anjum et al 2015)