Enabling human flourishing through the development of person-centred care in nursing: the challenge of person hood

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“Mutual confirmation is the most important aspect of human growth. An I-thou relationship involves real knowledge of another, and requires openness, participation and empathy”

(Buber, 1958)
• Human flourishing is both the **end** and the **means** of person-centred practice
Flourishing in Partnership

inner knowing - taking right action effortlessly

pushing boundaries

achieving growth

natural flow

(Senge et al 2005, Titchen & McCormack, 2008)
Person-Centred Nursing Framework

Tanya McCance
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University of Ulster/Belfast HSC Trust
Principles of person-centred care

- Treating people as individuals
- Respecting their rights as a person
- Building mutual trust and understanding
- Developing therapeutic relationships
The context

- Increased emphasis on targets
- The impact of organisational culture on individuals and teams
- The increase in treatment options and technological care
- The requirement of professionals to be technically competent
- The drive for effectiveness and efficiency and an unrelenting focus on the financial bottom line!
Person-centred Nursing Framework
(McCormack & McCance 2006)
The PCN Framework

CARE PROCESSES
Delivering care through a range of activities

CARE ENVIRONMENT
The context in which care is delivered

PREREQUISITES
Attributes of the nurse

OUTCOMES
Results of effective person-centred nursing
Prerequisites

- Professionally competent
- Developed interpersonal skills
- Commitment to the job
- Clarity of beliefs & values
- Knowing ‘self’
Care environment

- Appropriate skill mix
- Shared decision making systems
- Effective staff relationships
- Supportive organisational systems
- Power sharing
- Potential for innovation & risk taking
- The physical environment
Person-centred processes

- Working with patient’s beliefs and values
- Engagement
- Having sympathetic presence
- Sharing decision making
- Providing Holistic Care
Outcomes

- Satisfaction with Care
- Involvement with Care
- Feeling of Well-Being
- Creating a therapeutic Culture
Critique

- Conceptual development
- Merging
- Abstraction
- Measurement

(Edvardsson 2010)
Conceptual Development

- Conceptual origins are located in PhD work
- Collectively, they represented a synthesis of the then available literature on caring and person-centredness (McCormack & McCance 2006).
- The focus is on developing therapeutic relationships
Merging

- Both philosophically consistent with human science principles:
  - human freedom, choice and responsibility
  - holism (non-reducible persons interconnected with others and nature)
  - different forms of knowing (empirics, aesthetics, ethics and intuition)
  - the importance of time and space, and relationships.

- Initial review of the frameworks indicated a high degree of consistency across individual concepts and thus a high degree of face validity.
Developing the PCN Framework

1. Reading and re-reading of original underpinning research
2. Mapping of concepts
3. Reconstruction of framework and refinement of concepts
4. Construction of pictorial representation of framework
5. Testing the face validity of the conceptual framework
6. Continuous refinement of the conceptual framework
Abstraction

Metaparadigm

Philosophies

Conceptual models

Theories

Grand theories

Mid range theories

Empirical Indicators

(Fawcett, 1995)
I LOVE THEM — WARTS AND ALL!
Use of the framework in practice

- To promote an understanding of person-centred care
- To analyse barriers to change
- As an aid for reflection
- To focus the implementation and evaluation of developments in practice
- To inform strategy
Nurstoons

by Carl Elbing

www.nurstoon.com
Working with the Person-Centred Nursing framework in a Dutch context

Shaun Cardiff
Person-centeredness & Leadership

• Effective workplace cultures value and realise person-centeredness in practice. Enabled by transformational leadership (Manley et al, in press)

• PC Leadership is “an approach to participatory management and leadership that directs as much attention to the individual as the team, requiring senior leadership to be responsible for empowering people at all levels of the organization, and develop quality through continuous attention to organizational culture and system processes.” (Plas & Lewin, 2001:35)
Q: What is person-centred leadership? How can it be developed?

Methodology: Participatory Action Research
Gerontology unit (24 bed/OPD/DC)
16 FTE
20 qualified nurse

Urban (430 bed)

Setting

2x Charge N
1x Unit Man
1x CNS
5x Geriatricians
Q: As facilitators of person-centeredness, which processes can we use to enable nurses to move from a more traditional unstructured and intuitive way of being, to one that is more structured and intentional, making use of the available theories, frameworks and models?
Facilitation

Accessibility of literature

Observation & Feedback

Role modelling

Persevering

Increasing engagement

Increasing circle of influence

Creating spaces for action

Evaluating change

Creating critical & creative reflective spaces

Sympathetic presence

Binding to a (research) project
Providing for physical needs

Working with patient values and beliefs

Engagement

Sharing decision making

Having sympathetic presence

Outcomes

Context

The person-centred windmill of care

Supported and elevated, capturing the winds of relation. Colours blend, into pure white. Person-centeredness.
Older Persons Services National Practice Development Programme

Principal Investigators/Lead Facilitators
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Regional Facilitators/Co-researchers
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Ann Coyne-Nevin, NMPDU SE
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Programme Aims

- To engage in **transformational change** to prepare staff for culture change
- To extend the attributes of **person-centred cultures of care for older people**
- Introduce a specific **model of person-centred practice** in long term care/rehabilitation settings
- Extend key **practice development** and management interventions needed to achieve a person-centred care culture
- Systematically **evaluate outcomes** on practice and for older people
- Enable local **facilitators** to work with shared principles, models, methods and processes in practice development work across older people’s services
- Birr Community Health & Nursing Unit.
- Cappahard Lodge Residential Unit of Old Age Psychiatry, Ennis
- Carrigoran House Nursing Home, Newmarket-on-Fergus, Clare
- Community Hospital of the Assumption, Thurles
- Falcarragh Nursing Unit, Falcarragh
- St. Joseph’s Hospital, Ardee
- St. Joseph’s Unit, Bantry General Hospital Bantry
- St. Mary’s Hospital, Castleblaney
- St Patrick’s Hospital, Carrick-on-Shannon
- St. Joseph’s Hospital, Trim
- St. Finbarr’s Hospital, Cork
- St. Columbanus Home, Kerry
- St. Colambas, Thomastown Kilkenny
- St. John’s Hospital, Enniscorthy
- St. Mary’s Care Centre, Mullingar
- Sacred Heart Hospital, Carlow
- St Brigid’s Hospital Shaen Portlaoise
- St Vincent’s Hospital, Mountmellick
Facilitation Groups

Over the 2 years:

- Small groups of staff formed practice development groups in each site to co-ordinate the work.
- Sites had a regional facilitator and an internal facilitator working with the practice development group.
- The group met for 1 day every 6-8 weeks and 2 hours in between.
- The group followed a structured programme of development and evaluation over the two years.
- All staff in each unit were gradually involved in the practice development work along with the older people in each site in a range of ways.
Evaluation (National) – 4 Time Points

- Observation of practice (WCCAT) – McCormack et al 2009
- Person Centred Nursing Index and Person Centred Caring Index - Slater et al 2009; McCormack et al 2008; McCance et al 2009
- Context Assessment Index (CAI) – McCormack et al 2008
- Resident Stories – Hsu & McCormack 2006

Action Evaluation (Local) - Continuous

- Resident Stories
- Environmental walkabouts
- Reflective groups
- Use of Local and National data to inform action planning / development cycles
- Action plan review and approval with management
Facilitating Person-centred Care

- Knowing the person
- Knowing self as person/care worker
- Knowing own and others limitations
- Knowing the environment

(McCormack & McCance 2006; McCormack & McCance in press; McCormack 2004)
CRITICAL REFLECTIVE QUESTIONS

- How are residents helped to form relationships?
- How are residents enabled to retain social connections and grow through social contact?
- How are residents helped to make sense of their space and place?
- How is dignity and respect shown to residents?

ACTIVITIES

- Person-centred biographical assessment
- Finding out about the kinds of relationships the person likes to form
- Getting to know the person’s social context (roles, relationships, meaningful relationships etc)
- How do residents feel about their space and place
- Getting to know the person’s values and beliefs
CRITICAL REFLECTIVE QUESTIONS

- How explicit are care values in the setting?
- How are care values used to shape the way the team engages?
- How are older people talked about?
- How does ‘formal talk’ match ‘informal talk’?
- How well do I know myself as a care worker?

ACTIVITIES

- Developing values statements collaboratively, inclusively and involving all stakeholders.
- Paying attention to language
- Changing and challenging language and ‘everyday talk’
- Exploring own beliefs about ageing and disability
- Exploring individual rights
Knowing own and others limitations

CRITICAL REFLECTIVE QUESTIONS

- What do I need to know to be able to work in a person-centred way?
- What are my learning needs?
- How do we create a practice culture where feedback and challenge with support are part of everyday practice?
- What is my role and role of others in the team?

ACTIVITIES

- Clinical supervision.
- Active learning and work-based learning.
- High challenge with high support workshops and role-modelling in practice.
- Role clarification
- What is valued in practice and what is not – the ‘simple tasks’ of nursing
Knowing the environment

CRITICAL REFLECTIVE QUESTIONS

- How well does the environment support person-centred care?
- What are the limitations of the environment and how might these be overcome?

ACTIVITIES

- Cats, Skirts, Lipstick and Handbags!
- Environmental ‘walkabouts’
- Practice observations.
- Changes to physical environment, (e.g. lighting, use of colour, creating different spaces)
- promoting dignified care as care worker and receiver of care (e.g. meaning of ‘private space’; shared spaces; use of rehabilitation aides.
Sample Size

The Person-centred Nursing Index
- Time 1 (N=614)
- Time 2 (N=498)
- Time 3 (N=422)

The Person-centred Caring Index
- Time 1 (N= 620)
- Time 2 (N= 504)
- Time 3 (N= 460)

Observations and User Narratives
- In total across the 3 time points, 180 periods of observation and 120 user narratives were collected.
Prerequisites and Care Environment – PCNI/PCCI Results
Positive impacts of the Developments on Care Environment/Prerequisites

- Preparation for the role
- Staff support
- Knowledge of treatment decisions
- Communication and support
- Career development
- Role satisfaction
- Staffing and resources
- Commitment to the setting
- Workload
- Intention to stay in role
Care Process Outcomes
- Knowing the person
- Knowing self as person/care worker
- Knowing own and others limitations
- Knowing the environment

- Working with the Patient’s Beliefs and Values
- Engagemen t
- Having Sympathetic Presence
- Sharing Decision Making
- Providing for Physical Needs
There was significant change in nurses' perceptions of caring as assessed using the Caring Dimensions Inventory (CDI). The data analysis shows that staff had shifted their views from one of seeing technical aspects of nursing as caring, to a view that the ‘non-technical’ aspects of caring were more important. This was at a statistically significant level.
Outcome Themes for Residents

• Hope and Hopelessness
• Choice
• Belonging and connectedness
• Meaningful relationships
In the Year 1 data there were as many poor practice examples as there were good practice, in year 2 data set there were significantly less examples of poor practice, demonstrating a change in culture and supporting the findings from the PCNI and PCCI.
“It is communal living and I accept it”
“I hate not being independent and having to stay here. I’d like to leave here but I can’t”
If I have a problem? – I just stay quiet – “a shut mouth catches no flies”.
“Do you think they would let Bella (dog) come in here? I don’t know if Bella is still alive, ah, just leave it”
“I miss the smell of silage – was part of my life for so long”
“It’s great here as long as she’s not around (meaning a particular nurse)”
“Can’t remember the last time I had a Guinness – now that would be a treat”

“Feels like a hotel here, you have everything you want. It is the staff really, they leave their troubles behind and focus on you, have a laugh and a joke and attend to your questions, you can ask them anything and they are very attentive”.
“We made cream slices and were barely hot out of the oven before they were eaten”.
“I like my own room and love watching the telly. I am a real telly addict”.
“I like the company in here, you always have someone to talk to when you want. The nurses are brilliant, especially the wee blonde Sister”
“They serve wonderful food in here. Margaret and I always ate well – it’s important”
The findings from the combined evaluation approaches show:
- Residents having more choice
- More hopeful environments
- More effective teamwork
- Better inter-professional relationships
- Settings being more open to change and innovation
- High challenge with high support being practiced
- Development of facilitation skills
- The development of more person-centred environments

The positive role of the internal facilitator and NMPDU facilitator working collaboratively and in partnership with staff groups.

The role of the DoN in different units is a significant factor in the way different settings achieved more or less change in culture.

Creating ‘hopeful’ care environments in residential settings should be a key focus of any future work.
Key Issues - General

- Person-centred and evidence-based workplaces have a significant impact on resident experience and the work-life of staff.
- No simple solution to changing workplace cultures – not a quick fix and ‘projects’ don’t lead to sustained change.
- Ongoing facilitated reflective strategies help to unravel deeply embedded cultural characteristics of context that hinder person-centredness.
- Practice development embedded in whole-systems models has the greatest potential to change workplace cultures.
- Approaches to the evaluation of person-centredness need to account for contextual complexity.
Key Issues - Specific

- Four themes (Hope and Hopelessness; Choice; Belonging and connectedness; Meaningful relationships) to become key areas for ongoing development.
- Need for the facilitation of person-centred practice in residential services to become core work of NMPDUs.
- Need for the ongoing development of facilitation knowledge, skills and expertise and a review of current roles re facilitation expertise.
- Need for the work to be linked strategically with other developments in Ireland.
- Need to use the Department of Health and Children’s Practice Development Strategy as a vehicle for undertaking more of this kind of work.
- Need for clarity about the future role of community hospitals and their relevance as centres for the provision of residential care.
Improving the Patient Experience by Exploring Person-centred Care

Tanya McCance, BHSCT/University of Ulster
Bernadette Gribben, BHSCT
Brendan McCormack, University of Ulster
Liz Mitchell, University of Ulster
Content

- Context
- Aims and objectives of the Person-centred Care Programme (PCC)
- Overview of Programme
- Research methodology
- Preliminary results
Health and Social Care Trusts

Northern Trust (includes)
- Causeway
- United Hospitals Group
- Homefirst

Belfast Trust (includes)
- Royal Group of Hospitals
- Belfast City Hospitals
- Mater Infirmorum
- Greenpark
- North & West Belfast
- South & East Belfast

South Eastern Trust (includes)
- Ulster Community & Hospitals
- Down Lisburn

Southern Trust (includes)
- Craigavon Area Hospitals Group
- Craigavon & Banbridge Community
- Newry & Mourne
- Armagh & Dungannon
The Belfast Trust

- Established 1 April 2007 (merger of 6 distinct separate Trusts)
- Population base of 340,000 plus regional specialities
- Providing care across a diverse range of community & primary care settings
- 100+ acute inpatient wards and 30+ others
- Total staff of over 22,000
- 1000+ different jobs
- Family of Nursing
  - 7000 registrants (5000 wte)
  - 2500 non registrants (1500 wte)
- Budget – in excess of £1.1 Billion per year
The overarching aim of the Person-centred Care Programme

…is to enable nursing and midwifery teams to explore the concept of person-centredness within their own setting, to improve care delivery
Objectives

At the end of Programme participants would be able to:

- demonstrate a greater awareness & understanding of the principles of person-centredness
- use the Person-centred Nursing Framework as a means of operationalising these principles in practice
- articulate a shared vision for person-centred nursing within their own clinical settings
Objectives continued...

- use the shared vision and the Person-centred Nursing Framework to determine the quality of the user experience

- demonstrate an understanding the dynamics that impact on providing effective person-centred care

- develop one aspect of practice and demonstrate improved outcomes for patients.
Overview of the Programme

- Underpinned by practice development principles and activities which enable Inclusion, Participation & Collaboration

- Utilised a range of practice development methods which focus on working collectively, adopting facilitative approaches and completing evaluation of practice

- Included a range of Facilitation approaches
  - Large group work
  - Facilitation within clinical settings
  - One to one supportive facilitation with ward/team leader

- Project managed by a Steering Group & an Implementation Team
Selection Criteria

Inclusion Criteria

☑ Previous PD involvement or programme activity which focused on developing practice

☑ Evidence of clinical leadership

☑ Evidence of service support from senior nursing managers

☑ Access to an Nursing Development Lead linked to the selected area who has experience of using a practice development approach

Exclusion criteria

☒ Currently involved in other service or developing practice initiatives

☒ Areas where there are significant performance issues
Role of the Nursing Development Lead

- Local Champion
- Core members of the Implementation Team
- Participate and support programme activities
- Facilitate team activities
- Provide challenge and support for team leaders e.g. with interventions
- Engage in the evaluation process

And balance competing organisational priorities
10 Participating Sites

Belfast City Hospital
Ward 8 South,
Ward 9 South
Ward 3, Cancer Centre
Intensive Care Unit

Musgrave Park Hospital
Regional Area Brain Injury Unit

Mater Infirmary
Ward B
Ward J

Royal Victoria Hospital
E & Ent. Theatre
Ward 6D
Ward 4E
PCC Programme Launch
21st November 2008

- Funded by the DHSSPSNI Education Commissioning Group
- 18 month programme of work

The Person-centred Care Programme

Belfast Health and Social Care Trust

University of Ulster
Person-Centred Care Programme

**Theme 1:** Promoting an awareness & understanding of person-centredness:

**Programme Activities:**
- Explore principles of Person-centred Care
- Introduction to the Person-centred Nursing Model
- Introduction to Reflective activities

**Theme 2:** Developing a shared vision

**Programme Activities:**
- Values clarification
- Visioning workshops
- Development of vision statements in each care setting

**Theme 3:** Determining the quality of the user experience:

**Programme Activities:**
- Analysis of Compliments & Complaints
- Observations of practice
- Patient stories
- Mapping data against PCN Framework
- Presentation of data & identification of trends

**Theme 4:** Developing Practice:

**Programme Activities:**
- Identifying an aspect of practice for development
- Developing action plans
- Evaluating practice change

-------- EVALUATION APPROACH --------
‘Sharing the vision..’

The staff in Eye and ENT theatres believe that the purpose of Person Centred Care is to work together to ensure the delivery of best practice in an environment of support, mutual respect and where everyone is valued.
### Theme 1: Promoting an awareness & understanding of person-centredness:

**Programme Activities:**
- Explore principles of Person-centred Care
  - Introduction to the Person-centred Nursing Model
  - Introduction to Reflective activities

### Theme 2: Developing a shared vision

**Programme Activities:**
- Values clarification
  - Visioning workshops
- Development of vision statements in each care setting

### Theme 3: Determining the quality of the user experience:

**Programme Activities:**
- Analysis of Compliments & Complaints
- Observations of practice
- Patient stories
- Mapping data against PCN Framework
- Presentation of data & identification of trends

### Theme 4: Developing Practice:

**Programme Activities:**
- Identifying an aspect of practice for development
- Developing action plans
- Evaluating practice change

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**EVALUATION APPROACH**

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Theme 3: Programme Activities

- Analysis of Compliments and Complaints
- Observations of Practice
- Patient Stories
- Mapping to the Person-centred Care framework
- Identification of trends
Person-Centred Care Programme

| Theme 1: Promoting an awareness & understanding of person-centredness: |
| Theme 2: Developing a shared vision |
| Theme 3: Determining the quality of the user experience: |
| Theme 4: Developing Practice: |

### Programme Activities - Theme 1:
- Explore principles of Person-centred Care
- Introduction to the Person-centred Nursing Model
- Introduction to Reflective activities

### Programme Activities - Theme 2:
- Values clarification
- Visioning workshops
- Development of vision statements in each care setting

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### Programme Activities - Theme 4:
- Identifying an aspect of practice for development
- Developing action plans
- Evaluating practice change

-------- EVALUATION APPROACH --------
CARE ENVIRONMENT
1. Improving the physical environment (x2)
2. Improving person-centred communication (x2)
3. Ensuring effective nursing handovers
4. Promoting nurse facilitated discharge
5. Enhancing staff movement across BHSCT

CARE PROCESSES
1. Enhancing person-centred assessment within a cancer context
2. Promoting therapeutic active engagement in a mental health context

CARE PROCESSES
1. Enhancing person-centred assessment within a cancer context
2. Promoting therapeutic active engagement in a mental health context

PREREQUISITES
1. Introduction of the CCF

Practice Changes
Programme Evaluation

How does a facilitated programme focusing on exploring the concept of person-centredness:

1. impact on nurses and midwives' knowledge and understanding of the principles of person-centredness?

2. assist in the development of a shared vision which can support nurses and midwives to examine their practice?

3. increase nurses and midwives' understanding of the emerging challenges to providing person-centred care?

4. impact on outcomes for patients as a result of practice change?
Evaluation Approach

- **Research Methodology - Realistic Evaluation (Pawson & Tilley 1997)**
  
  ‘what works, for whom and in what context’

- **External Collaborators – University of Ulster**

- **Informed by the Person-centred Nursing Framework (McCormack and McCance 2006)**

- **Data collection methods**

- **Use of creative hermeneutic analysis**
Data Collection

- Process evaluation

- Claims Concerns and Issues
  - Implementation team
  - Individual sites

- Individual reflections pre and post workshops

- Focus Groups
  - Nursing development leads
  - Participants from each site

- Patient stories from each participating site
Preliminary Results

- Communication
- Support
- Challenges
- Experience of patients
- Professionalism
Vision Statement

The staff of 9 South endeavour to provide the highest standard of care to all patients, relatives and carers.

We aim to achieve this through creating a culture that educates, challenges and supports the staff in order that they can achieve our common goal - to treat all patients and individuals in a person-centred manner, so that everyone who enters our ward feels valued, respected and treated with dignity and leaves feeling satisfied and well cared for to the highest standard.

...valued, respected and treated with dignity...

...educates, challenges and supports staff.
Person-centred Nursing Outcomes and their Evaluation

Professor Brendan McCormack
Professor Tanya McCance
Issues in the Evaluation of Nursing Outcomes

- The ‘Invisibility’ argument
- The ‘complexity’ argument
- The ‘objectivity’ argument
- Challenges of the impact of ‘context’
The evaluation of nursing specific outcomes arising from the adoption of a person-centred approach to practice is underdeveloped.

The empirical evidence available to support it as an operational framework for nursing and healthcare delivery is as yet unconvincing.

There is a need to develop creative strategies for evaluating the complex processes that underpin person-centredness in practice.

The need for evaluation frameworks that capture the complexity of the interrelationships of the elements of person-centred nursing if it is to be embedded in practice.
Aspects of Care that Patients Value

- A holistic approach to physical, mental and emotional needs, patient-centred and continuous care
- Efficiency and effectiveness combined with humanity and compassion
- Professional, high quality evidence-based practice
- Safe, effective and prompt nursing interventions
- Patient empowerment, support and advocacy
- Seamless care through effective teamwork with other professions

(Maben and Griffiths 2008)
Combining Frameworks

Person-centred Nursing Theoretical Framework (McCormack & McCance 2010)

REACH Conceptual Framework (Boomer, Devlin & McCormack 2006)
Evaluation Framework

- satisfaction with care;
- involvement with care,
- feeling of well-being,
- therapeutic culture.
- enablers of person-centred cultures
### Satisfaction with Care
- Systems that facilitate shared decision making
- Effective staff relationships
- Professionally competent

### Involvement with Care
- Developed interpersonal skills
- Commitment to the job
- Appropriate skill mix
- The sharing of power
- Organisational systems that are supportive

### Nursing Well-being
- Potential for innovation and risk taking
- Clarity of beliefs and values
- Knowing ‘self’ (self awareness from REACH framework)

### Therapeutic Culture
- Empowered practitioner
- Autonomous practitioner
- Accountable practitioner
- Reflective practitioner
- Evidence use
- Patient-centred care
  - Working with Patient’s Beliefs and Values
  - Providing for physical needs
  - Sharing decision making
  - Having sympathetic presence
  - Engagement

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**Enabled by:**
- Facilitation
- Organisational responsibility

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**Leadership**
evaluations of social programs take place in environments that are rapidly changing and in which the setting is just as important as the intervention being evaluated.

realistic evaluation sets out to answer:
‘what is it about a programme that works (the mechanisms of change), why it works, for whom it works, and in what circumstances it works’

Context (C) + Mechanism (M) = Outcome (O).
Mechanisms, Context, Outcomes Evaluation Framework
(McCormack & McCance 2010)

Mechanisms
• Facilitation
• Organisational responsibility
• Leadership

Context
Individual practice contexts and therapeutic cultures

Outcomes
• Satisfaction with care
• Involvement with care
• Feeling of wellbeing
Links with Symposium Papers

- **Paper 2**: Facilitation (M) + Leadership in an older person setting (C) = Satisfaction with Care (more involvement with care; Effective staff relationships; Professionally competent (O))

- **Paper 3**: ePD Programme (M) + culture change (C) = Satisfaction with care (e.g. Effective staff relationships); Involvement with care (e.g. Developed interpersonal skills); Feeling of wellbeing (e.g. Clarity of beliefs and values) (O)

- **Paper 4**: ePD Programme (M) + local facilitation of contexts (C) = Nursing well-being (e.g. Clarity of beliefs and values/shared vision); Satisfaction with care (e.g. Professionally competent/knowledge of PCN); Person-centred care (e.g. Engagement) (O)
Developing person-centred ways of working has been like becoming familiar with using a mobile phone! I am not very technical minded and therefore initially I would only use my phone when I had to or when required – a little like person-centred practice. But as I became more familiar with it, I felt it was part of me. I could not go anywhere without it, it became part of me, part of who I am – like person-centred practice, a great way to engage, a tool I cannot do without, I think of it all the time.”

(McCormack and McCance 2010)