

International Practice Development Journal

Online journal of FoNS in association with the IPDC and PcP-ICoP (ISSN 2046-9292)



IDEAS AND INFLUENCES

Implementing a vision of person-centredness across a new university hospital in Denmark

Bibi Hølge-Hazelton*, Thora Grothe Thomsen, Mette Kjerholt and Elizabeth Rosted

*Corresponding author: Zealand University Hospital, Roskilde, Denmark

Email: bihh@regionsjaelland.dk

Submitted for publication: 13th January 2021

Accepted for publication: 20th April 2021

Published: 19th May 2021

<https://doi.org/10.19043/ipdj.111.013>

Keywords: Nursing research culture, person-centred strategy, practice development, capacity building

Introduction

The experience of a collaborative process to build a research and development culture at a new university hospital underlined that the Person-centred Practice Framework (McCance and McCormack, 2017) forms a solid and valuable foundation for ongoing work. The fact that the process has involved researchers, leaders at different levels, clinical nurse specialists and other healthcare professionals makes the framework's focus on the whole care environment especially relevant.

How work towards a nursing research culture developed into a person-centred strategy

In 2010, the management at our hospital in Denmark established a director of nursing research position, with a remit to create, develop and support a research culture within the nursing and allied health professions. No guidance was offered on how this should be done and as a consequence the ideas and professional profile of the person hired were highly influential (Hølge-Hazelton, 2019). Having a solid background in action research and studies of vocational and professional education, the new director launched a collaborative process to identify the desired characteristics of the research culture. Those contributing included the networks of clinical development nurses and head nurses, and the executive director of nursing. The proposed vision that emerged was: *Our research culture should be constructive, creative, inclusive and visible at all levels of the hospital.*

This vision was discussed and agreed among all head nurses at the hospital. The idea was that the culture should be everybody's business and include all levels of nursing, and furthermore that these levels would be interdependent and dynamic. The strategy to achieve this was defined as 'bottom up, top down and don't forget the middle', to signal that research and development are closely related and that they should be participatory, based on a broad understanding of evidence (Rycroft-Malone, 2010), clinically relevant, and supported by the hospital's leadership. Within the first years of work towards realising the vision, two more nursing researchers were hired in clinical departments at the hospital. They also had a background in personal and organisational learning processes, organisational development and action research. Their task was to support the realisation of the strategy at departmental and unit level.

In the beginning, the strategy was described as patient-centred, but after discovering the concepts of person-centred nursing (McCormack et al., 2017), it was reformulated by the head nurses and researchers to be person-centred, as it was realised that the Person-centred Practice Framework better reflected the ambitions and actions that took place. Of particular resonance with the values of our strategy was the core idea to focus on all persons in the healthcare setting, as well as the argument that '*person-centredness can only happen if there is a person-centred culture in place in care settings that enables staff to experience person-centredness and work and communicate in a person-centred way*' (McCormack et al., 2017, p 6).

How the strategy came alive – focus on context and development tools

On reflection, the change of focus from a nursing research strategy to a person-centred strategy involving all allied health professionals came alive when staff – mainly nurses – at all levels of the organisation became involved. Nurses form by far the largest group of staff at the hospital, but other allied healthcare professionals, such as physiotherapists and midwives, became part of the process as they had similar ambitions and collaborated with nurses in many aspects of practice. Furthermore, over time it became obvious that the person-centred approach (McCormack and McCance, 2017; McCormack et al., 2017) was suited to this wider involvement, as it focuses on patient experience and on context. It became clear that the essence of person-centred care is to possess compassion and that the Person-centred Practice Framework is a valuable tool to guide theory and practice. It made sense to all involved – clinicians, leaders, researchers, knowledge translators within the healthcare professions and administrative staff, as well as patients and their relatives.

As a part of promoting and facilitating a person-centred strategy at the hospital, different methods were used at organisational and at unit level. While some departments were quite passive, others were much more engaged, participating in regular networking across levels and specialties, small-scale action research projects, stakeholder analysis, dialogue meetings and ongoing evaluations (Manley, 2017). Academically educated clinical specialists and researchers were employed in clinical departments to take the lead on targeted facilitation processes across departments and at the organisational level (Harvey and Kitson, 2015). In addition, it became easier to initiate development and research projects of importance to the entire organisation because the necessary networking was already in place.

Where are we heading?

Despite the pressures caused by the Covid-19 pandemic, the person-centred strategy has been accepted by the hospital's executive team as a gold standard for the next four years. The work of many departments is already inspired by the idea of person-centredness, but due to the existing hustle-and-bustle culture we face a challenge to embed the person-centred vision throughout the hospital. Against that backdrop, one of our main learnings has been that moments of person-centredness (Dewing and McCormack, 2017) can be the foundation for the further strengthening of a person-centred culture throughout the hospital. Our next step may be to focus on relational values and beliefs in order to break the habit of working in silos. We must learn to draw on each other's knowledge and resources.

We still have a long way to go before our moments of person-centredness develop into a genuine person-centred culture, but we are definitely heading the right way. We are developing while walking the road.

References

- Dewing, J. and McCormack, B. (2017) Creating flourishing workplaces. Chp 10 in McCormack, B. and McCance, T. (Eds.) *Person-centred Nursing and Health Care: Theory and Practice*. London: Wiley-Blackwell. pp 150-161.
- Harvey, G. and Kitson, A. (2015) PARIHS revisited: from heuristic to integrated framework for the successful implementation of knowledge into practice. *Implementation Science*. Vol. 11. Article 33. <https://doi.org/10.1186/s13012-016-0398-2>.

- Hølge-Hazelton, B. (2019) Pioneers in an old culture. Developing and leading a research and development capacity building program. Chp 5 in Hafsteinsdóttir, T., Jónsdóttir, H., Kirkevold, M., Leino-Kilpi, H., Lomborg, K. and Rahm Hallberg, I. (Eds.) (2019) *Leadership in Nursing: Experiences from the European Nordic Countries*. Cham, Switzerland: Springer Nature. pp 57-68.
- Manley, K. and Titchen, A. (2017) Facilitation skills: the catalyst for increased effectiveness in consultant practice and clinical systems leadership. *Educational Action Research*. Vol. 25. No. 2. pp 256-279. <https://doi.org/10.1080/09650792.2016.1158118>.
- McCance and McCormack (2017) The Person-centred Practice Framework. Chp 3 in McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Oxford, UK: Wiley-Blackwell. pp 36-64.
- McCormack, B., van Dulmen, S., Eide, H., Skovdahl, K. and Eide, T. (2017) Person-centredness in healthcare policy, practice and research. Chp 1 in McCormack, B., van Dulmen, S., Eide, H., Skovdahl, K. and Eide, T. (Eds.) (2017) *Person-centred Healthcare Research*. Chichester, UK: Wiley-Blackwell. pp 3-17.
- McCormack, B. and McCance, T. (Eds.) (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. (2nd edition). Oxford, UK: Wiley-Blackwell.
- Rycroft-Malone, J. (2010) Promoting Action on Research Implementation in Health Services (PARIHS). Chp 5 in Rycroft-Malone, J. and Bucknall, T. (Eds.) (2010) *Models and Frameworks for Implementing Evidence-based Practice: Linking Evidence to Action*. Oxford, UK: Wiley-Blackwell. pp 107-136.

Bibi Hølge-Hazelton (PhD, MScN, RN), Director of Nursing Research and Nursing Professor, Zealand University Hospital, Roskilde, Denmark.

Thora Grothe Thomsen (PhD, MEd, RN), Nursing Research Leader and Associated Professor, Zealand University Hospital, Roskilde, Denmark and University of Southern Denmark, Odense, Denmark.

Mette Kjerholt (PhD, MScN, RN), Director of Nursing Research, Department of Hematology, Zealand University Hospital, Roskilde, Denmark.

Elizabeth Rosted (PhD, MScN, RN), Nurse Specialist and Nursing Research Leader, Zealand University Hospital, Roskilde, Denmark.