Insights into Developing Caring Cultures:
A Review of the Experience of The Foundation of Nursing Studies (FoNS)

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Contents

Acknowledgements

On behalf of the Foundation of Nursing Studies (FoNS), I would like to acknowledge and thank the NHS Institute for Innovation and Improvement for providing an improvement grant to enable FoNS to commission and review its activity to date and harness learning which can inform future innovation and improvement activity. This review comes at a time when the work of nurses and healthcare teams is experiencing significant scrutiny and challenge.

FoNS believes that nurses practice with the intention of giving the best possible care and through our activity regularly see fantastic examples of caring, safe and compassionate nursing practice. However, there are also times when patients experience care that is not at its best and there are occasions where significant failures in the delivery of healthcare have occurred. Whilst examples of poor care are not representative of all healthcare, they do highlight factors, which if left unresolved, can lead to deterioration in care. These factors are often complex but can be succinctly described as relating to the nature of places where healthcare is delivered, the process or way care is delivered and the values, attitudes and behaviours of the people who are part of care giving. In essence, all these factors make up the culture of healthcare and if we want to assure the quality, compassion and effectiveness of patient care then finding ways to create and sustain caring cultures is paramount.

Reviewing the aspirations of healthcare providers, it is clear that creating environments that deliver healthcare that is effective, caring and compassionate is a top priority. Achieving this is not easy or quick, indeed, change implemented at pace with only the endpoint or outcome in focus will have limited success. Working systematically with people (staff, patients and families) and values in practice settings is much more likely to challenge and alter workplace and practice culture thereby enabling care, compassion and person-centredness to flourish; especially when aligned with and supported by corporate strategy.

FoNS has a history of being responsive and to this end, we have drawn on our experience to develop a new programme of support to enable nursing and healthcare teams to create caring cultures that are person-centred, safe and effective. To further inform this work, we recognised the need to look at what could be learnt from the nurse-led teams we have worked with over the last ten years in order to give insight into the methods, processes and approaches which are most effective in enabling culture change. We are most grateful to Dr Kim Manley, CBE for undertaking this review and most importantly the recommendations which will help steer FoNS' future activity as well as offering direction to others.

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1. Introduction

'Culture' is the most frequently word used in the Francis Report (2013). This suggests that culture is a key factor influencing the quality of care; for example; how care is experienced by patients and service users; whether care is person-centred, safe and compassionate; whether standards are maintained in everyday practice ensuring best practice is implemented; and also, whether staff feel supported and valued. The consequences of culture on staff does not just impact on staff wellbeing and subsequently quality, but also, on whether their views and concerns are respected and listened to when standards are not met.

This pivotal role of culture in relation to quality of care and the consequences when cultures are poor is not a new insight but sadly the conclusion of other failings in health care identified in recent healthcare reports and reviews (Francis, 2010; Patients Association, 2009, 2010).

Whilst toxic cultures are recognised, little attention is given to what a good culture 'looks and feels like' and how practitioners can go about ensuring their workplace cultures are shaped by core values such as person-centredness, care and compassion, and learning. In addition, there is little focus on how to change culture by working with people to explore the core values that influence practice at the frontline.

For the past two decades, developing effective healthcare cultures that are person-centred and evidence based across frontline teams has been one of the key purposes of practice development (Manley et al., 2008). This review critically evaluates projects supported by The Foundation of Nursing Studies (FoNS) over the last ten years in order to spread and share learning that could be used to inform the development of more effective and person-centred workplace cultures. This review is informed by what has been learnt theoretically over this time about what an effective workplace culture 'looks and feels' like, and how to develop and sustain effective cultures in the workplace.

2. The Foundation of Nursing Studies (FoNS)

Over the past ten years, FoNS (see Box 1) has supported and funded a wide range of practice related projects led by and involving nurses, midwives and health visitors with the purpose of improving and developing practice, based on approaches that focus on practice development, research implementation, knowledge translation, practice based research or combinations of these. These projects therefore provide invaluable insights into culture and culture change when analysed from the perspective of what is known about effective cultures in healthcare at the frontline.

Box 1: About FoNS

For over two decades, The Foundation of Nursing Studies (FoNS), an independent organisation, has supported nurses[1], midwives and health visitors working in all healthcare settings across the United Kingdom (UK) to lead innovation in the workplace that transforms the way nurses work and care for patients. Over this time, they have developed an excellent reputation for the unique and practical hands-on approach to supporting nurses. With help from FoNS, nurses have been able to make significant improvements to their practice and patients' experience of care. FoNS utilises a range of systematic and enabling methods, however, a distinctive feature of their work is the approach used, which focuses on working *with* teams in practice to help *them* to identify and make the improvements rather than *telling* them what to do. This, coupled with a commitment to person-centred nursing, results in changes in attitudes, nursing practice and the prevailing workplace culture.

[1] FoNS works with nurses, midwives and health visitors; however for the remainder of this review, nurse/nurses/nurse-led/nursing will be used as inclusive terms to also represent midwives and health visitors and the work they undertake.

This review will scrutinise the reports of 82 projects from teams who have taken part in one of three FoNS programmes of support (see Box 2).

Box 2: FoNS Improving Practice Programmes

FoNS Projects Programme (2002 – 2009)
This programme of work supported a range of projects which utilised evidence and research to improve patient care. These projects included general applications from individual nurses and nurse-led teams along with a number of themed projects including Developing Practice for Healthy Ageing, Developing Practice to Improve Thrombosis Prevention and Developing Practice to Improve the Patient Environment. Each of the teams received support from one of FoNS Practice Development Facilitators over a period of one-three years.

Patients First (2009 – onwards)
The 'Patients First' programme (in partnership with the Burdett Trust for Nursing) provides support and facilitation to clinically based nurse-led teams to help them to develop, implement and evaluate locally focused innovations that improve patient care in any healthcare setting across the UK. The programme extends over 12-18 months during which time each team benefits from a five day practice development learning programme and the expertise of one of FoNS Practice Development Facilitators.

Practice Based Development and Research (2006 – onwards)
The Practice Based Development and Research Programme (in partnership with the General Nursing Council Trust for England and Wales) aims to support nurse-led healthcare teams who have identified an aspect of care that needs improving and are committed to working in a systematic way to develop and change practice through research. Teams work with the support of one of FoNS Practice Development Facilitators over a two year period and during this time also have the opportunity to attend Master-Classes with other team members to share their learning and extend their knowledge regarding practice based research methodologies and methods.

Whilst the teams participating in these programmes always start by focusing on an aspect of practice they would like to improve/change, it is almost always the case that issues relating to workplace culture arise and time is spent on enabling them to work with colleagues to better understand values, attitudes and culture in the workplace. This has led FoNS to believe that without such a focus, much of the activity to encourage innovation, improvement and change cannot be sustained.

With this in mind, more recently, FoNS has developed and is beginning to pilot a programme that focus directly on workplace culture. The Creating Caring Culture Programme has a simple purpose; helping nurses-led teams to create healthcare workplaces that are conducive to the delivery of high quality care and that provide a supportive place for staff to work. FoNS believes that in caring cultures, staff feel valued and are more able to take responsibility for what happens in practice. Patients and families experience effective, compassionate and safe care that is centred on their needs. Whilst the purpose is a simple one, achieving a successful outcome is more complex. The intention of the programme is not to work at scale across whole organisations but rather to work at ward/clinic/unit/community team level where the need for change is acknowledged and a commitment to working differently is demonstrated.

3. Defining terms and identifying assumptions

3.1. Culture

Whilst 'culture' is the concept under review for which greater insight is aimed in this report, it is important to recognise that there are many and multiple cultures influencing healthcare practice. For example: corporate culture – the culture of the executive team; organisational culture – the culture of the healthcare organisation; and also divisional and directorate cultures – all of which may be different.

When culture is referred to in different reports, including the Francis Report (2013), it is generally assumed that it is the 'organisational culture' that needs to be addressed. Whilst, organisational culture, and particularly organisational readiness[2] , is recognised as having an impact on practice and the experiences of patients and staff alike, it is not the most important or influential culture impacting on the experience of patients, service users and staff. Manley (2001) studied the processes used by the consultant nurse in understanding and developing a transformational culture necessary for delivering quality care which sustains a person-centred approach, and develops practitioners to this end at the frontline. Internationally, the importance of the frontline teams in determining quality of care has been recognised by Nelson in the term, 'microsystems':

'Clinical microsystems are the small, functional, frontline units that provide most health care to most people. They are the essential building blocks of larger organizations and of the health system. They are the place where patients and providers meet. The quality and value of care produced by a large health system can be no better than the services generated by the small systems of which it is composed.' (Nelson et al., 2002, p 42)

Whilst organisations that deliver healthcare services are made up of structures and processes (systems) that should support those in direct contact with patients, it is in fact the providers in direct contact with patients that comprise microsystems that result in quality, safety, and cost outcomes at the point of care.

In the UK, the NHS Institute for Innovation and Improvement (2005) endorse the view that it is the microsystem level that has the biggest impact on the overall patient experience, proposing that it represents the most effective focus of action if widespread change is to be achieved. It is at the microsystems level of frontline care that practice development directs its activity (Manley et al., 2009), focussing on the development of an effective culture at the workplace (microsystem) level rather than emphasising the organisational or corporate culture levels (Manley et al., 2011). Workplace culture is defined as:

'*The most immediate culture experienced and/or perceived by staff, patients, users and other key stakeholders. This is the culture that impacts directly on the delivery of care.'* (Manley, Sanders, Cardiff, Webster, 2011, p 4)

Nelson et al. (2002, p 42) conclude that 'a seamless, patient-centered, high-quality, safe, and efficient health system cannot be realised without the transformation of the essential building blocks that combine to form the care continuum'.

The focus of this review therefore occurs within the context of public questions about how to change culture. How do we ensure that the culture enables patients to be at the heart of care and staff to be supported and enabled to provide care that is underpinned by the 6 Cs (care, compassion, commitment, competent, communication and courage, NHS, 2012), and ensure these values are consistently experienced?

Whilst recognising that culture is not a tangible phenomenon, a number of enabling factors, characteristics and consequences have been identified that describe effective workplace cultures (Manley et al., 2011) (see Appendix 1). These characteristics have been used together with the processes identified in an influential realist evaluation of practice development processes for achieving person centred cultures (McCormack et al., 2006) (see Box 3) to develop a draft impact framework for examining practice development projects (see Appendix 2). This draft framework has been used to guide the review and analyses of 82 projects supported by FoNS since 2002 (see Appendix 3).

[2] Defined as 'a state of preparedness for change that is influenced by the organisation's previous history of change, its plans for continuous organisational refinement, and its ability through its social and technical systems to initiate and sustain that change' (Ingersoll et al., 2000, p 13).

Box 3: Key methods that are underpinned by the methodological principles of practice development (McCormack et al 2006)

- Agreeing ethical processes
- Analysing stakeholder roles and ways of engaging stakeholders
- Being person-centred
- Clarifying the development focus
- Clarifying values
- Clarifying workplace culture
- Collaborative working relationships
- Continuous reflective learning
- Developing a shared vision
- Developing critical intent
- Developing participatory engagement
- Developing a reward system
- Evaluation
- Facilitating transitions
- Giving space for ideas to flourish
- Good communication strategies
- Implementing processes for sharing and disseminating
- High challenge and high support
- Knowing 'self' and participants

McCormack, Manley and Titchen (2013, p 7)

3.2. Reviewer's values and beliefs

In the spirit of the review's transparency and trustworthiness, the reviewer's own values and beliefs as a practice developer and practice based researcher who has worked over several decades in the field of developing and research workplace culture in health care are identified to enable the reader to judge the impact these may have had on the analysis and its interpretation. Values and beliefs held about what an effective culture is and how to develop one are reflected in the framework for an effective culture identified by Manley et al. (2011) as part of a programme of work by the International Practice Development Collaborative (see Appendix 1). Strategies for achieving culture change are believed to be through relationships and leadership that embed shared values, beliefs and purpose in everyday practice through systems that endorse and profile them, such as shared governance. Whilst acknowledging values and beliefs as influential, it is also intended that a critical stance to identifying implicit and explicit features in the reports is used and an open mind held to what to expect in the reports which span the period 2002-present.
The reviewer has made the assumption that the concept of person-centred care encompasses the values associated with the 6 Cs (Commissioning Board Chief Nursing Officer and Department of Health Chief Nursing Adviser, 2012) with the addition of patient choice.

4. Review aim, objectives and methods

The purpose of the review is to identify if anything can be learnt about how effective cultures that are person-centred, compassionate, safe and effective can be achieved and sustained through reviewing 82 FoNS project reports. This specific aim and objectives of the review are therefore stated as follows:

4.1. Aim

What insights do the FoNS project reports provide for recognising and developing effective workplace cultures[3]?

4.2. Objectives

What evidence is there that key values, beliefs and attributes identified in the effective workplace culture framework influenced how the project was undertaken for improving healthcare practice?

What evidence is there that key values, beliefs and attributes identified in the effective workplace culture framework became present/more present at the end of the project in practice?

What processes seem to have been influential on the achievement of the project's outcomes or improving healthcare practice or workplace culture?

What learning from past projects needs to inform healthcare organisations, including future FoNS activity, when creating more caring cultures that are person-centred, safe and effective?

4.3. Methods and analysis

A staged approach has been taken to the analysis of the 82 project reports. This process is outlined in Box 4.

Box 2: Stages involved in analysing the 82 project reports

Stage 1:

A sample of 12 reports drawn randomly from across the 82 projects were analysed in detail against the draft impact framework (see Appendix 3). On the basis of this analysis it was concluded that all project reports were appropriate to include in the analysis.

***Stage 2*:**

A preliminary classification of projects included in stage 1 was undertaken (see section 4.4).

Stage 3:

Remaining projects that had not been reviewed were then reviewed and classified to discriminate between the projects that would offer insight into culture change in practice, the development of a person-centred culture, and those that did not as their focus was on raising awareness rather than implementation.

Stage 4:

The review questions were used to interrogate those projects that involved practitioners changing their practice in the workplace rather than those projects that focused on:

- raising awareness about evidence based approaches or policy
- sought to undertake a needs analysis,
- research an aspect of practice but not change it
- develop collaborative guideline with service users but did not focus on their implement in practice

[3] Effective workplace cultures are recognised as workplaces that are experienced as person-centred, safe and effective. Three clusters of ten values will be experienced: person-centredness, working with others (open communication, high support and high challenge, involvement and participation of stakeholders, teamwork, leadership development), and effective care (evidence-use and development, lifelong learning, positive attitude to change, safety (holistic)). (Manley et al., 2011).

In stage 1 of the analysis, the presence of different characteristics of an effective workplace culture and practice development processes were analysed against the impact framework. Sometimes these were explicitly stated in reports e.g. the driving values, the engagement and collaboration processes, the outcomes and impact; on other occasions, these characteristics were suggested or implied. The absence of aspects from the impact framework in the project report may have meant either that it was not included/addressed or that it was not noted because it was either considered insignificant or was taken for granted. To verify whether both stated and implied aspects were actually present would require the use of methods other than documentary analysis, but this falls outside the remit of the project brief.

One of the limitations of undertaking this review within a relatively short timescale is that it has not been possible to verify aspects of the projects with stakeholders, explore whether changes were sustained over time, or challenge whether values and beliefs espoused matched those experienced in practice.

4.4. Classification of projects

Projects were classified according to the following groups, depending on whether the intention of the project was to make a direct difference to healthcare practice.

The classification grouped projects as either:

1. Pure research/evaluation/needs analysis with/without service users with intent to disseminate, development tools, make recommendations for practice.
2. Implementing evidence based practice/policy/development or guidelines and raising practitioner awareness. Some of these were in collaboration with service users.
3. Practitioner-led/insider-outsider project management approach to change, improvement, and development in practice akin to a service improvement typology (after Shaw, 2013).
4. Practitioner-led/insider-outsider facilitation of change, improvement, and development based on CIP[4] (Collaboration, Inclusion, Participation) principles (Manley et al., 2008) and practice development ways of working with attention paid to shared purpose/values and stakeholder engagement across the whole project process, akin to a practice development typology (after Shaw, 2013).
5. Action research with/without practice development processes.

Table 1 outlines how each project was classified.

It was decided not to use projects in groups 1 and 2 for the purpose of identifying insights into culture change or effective cultures because these projects did not focus directly on practice change, although they may have identified recommendations or implications for practice, or did not reach the stage of implementing and using evidence in practice.

[4] Manley et al. (2008, p 11) argue that the principles of inclusion, participation and collaboration should underpin all practice development decisions.

Table 1: Broad classification of projects		
Type of project	**Project number (see Appendix 3)**	**Total (n=82)**
1. Pure research/evaluation/needs analysis with/without service users with intent to disseminate, develop tools, make recommendations for practice	34, 38, 39, 40, 64, 71	6
2. Implementing evidence based practice/policy/development of guidelines and raising practitioner awareness	2, 7, 9, 14, 31, 35	6
a. in collaboration with service users	4, 13, 15, 16	4
3. Practitioner-led/insider-outsider project management approach to change, improvement, development in practice	1, 3, 6, 8, 10, 17, 19, 20, 21, 23, 28, 29, 30, 32, 33, 48, 50, 52, 53, 54, 55, 57, 62, 65, 66, 72, 74	27
4. Practitioner-led/insider-outsider facilitation change, improvement, development based on CIP principles and practice development ways of working with attention to shared purpose/values and stakeholder engagement across the whole process (emancipatory)	11, 12, 18, 22, 24, 25, 37, 41, 42, 43, 44, 45, 46, 47, 49, 51, 56, 58, 59, 60, 61, 63, 67, 69, 70, 73,77, 78, 79	29
5. Action research with/without practice development processes	5, 26, 27, 36, 68, 75, 76, 80, 81, 82	10
Total projects		**82**

5. Findings

5.1. Different project foci

Projects in classes 3, 4, and 5 were involved in implementing practice change. There was slight overlap in some of the projects classified into groups 3 and 4 with each group including some of the elements of the other. The key characteristics of group 3 were associated with a project management stance, commonly there was a steering group involving all key stakeholders, there was frequent use of audit and also questionnaires and surveys engaging staff and service users, also selected use of practice development tools. Stakeholders tended to not be involved in the whole project process and no or limited attention was given to developing shared values, beliefs and purpose by project participants. Although there may have been systematic evaluation and also some positive outcomes, learning by participants at the end of the project often included the recognition that more attention needed to be paid to stakeholder involvement, ownership of ideas, reflection by staff and the role of leadership in practice at the frontline. This group of projects are labelled as reflecting a service improvement typology after the work of Shaw (2013).

The key characteristics in group 4 were focused more on approaches that aimed to achieve empowerment of all, for example the use of tools that aimed to develop shared values and beliefs and a common vision and purpose as well as continued involvement of practitioners and other stakeholders across the duration of the project; the use of reflection was also a distinguishing feature (projects 22, 24, 25, 51, 74). The role of facilitation, engagement and also leadership was more prominent and recognised as essential enablers in several of these reports (e.g. project 58).

The key characteristics of group 5 was the use of action research with a systematic approach to developing staff and practice change as well as contributing to theory, knowledge and understanding. Most of the

action research projects embraced a greater use of practice development processes than others (i.e. non-action research projects) in their design. Most were very strong in the use of refection as a source of evidence in practice (projects 27, 80, 82).

5.1.1. Enabling factors

Organisational support and commitment was a key enabling factor in all project groups. This exerted a powerful impact in either its presence or absence e.g. positive influence was identified in projects 12, 22 and 45. Several projects identified that outcomes could not have been achieved without this. Although some practice led initiatives were able to achieve successful change despite its absence, particularly where leadership at the frontline appeared to be transformational and collaborative e.g. project 17.

FoNS facilitators were frequently identified as enabling project teams to remain focused on core purposes and values, as well as providing expertise in using key practice development processes. The skills and presence of FoNS facilitators on steering groups and in providing support to frontline teams provided a value added contribution that enabled these teams to really benefit, particularly around the achievement of clarity of purpose, vision, values and beliefs, learning through reflection, as well as focusing on achieving effective culture change associated with values e.g. project 47.

5.2. What evidence is there that key values, beliefs and attributes identified in the effective workplace culture framework influenced how the project was undertaken for improving healthcare practice?

There was far greater awareness of the need to address both context and culture in the groups of projects using either practice development or action research approaches (e.g. projects 12, 22, 44, 45, 58, 67 and 82) compared with little mention in other projects (e.g. a single mention in project 21 which used a service improvement approach). A specific focus on empowering frontline staff was identified in project 58 and there was recognition in project 59 that for culture to be improved and sustained required change to be embedded within the social system, rather than be dependent on individuals. A number of projects used the Context Assessment Index (McCormack et al., 2009) to measure the components of context – culture, leadership and evaluation - and its use was more noticeable in the practice development typology projects (Projects 43, 68, 77, 79).

The following characteristics of effective cultures together with core values and beliefs were addressed as follows:

5.2.1. Stakeholders involvement, engagement and participation

All stakeholders were frequently included in steering groups in project classes 3-5. Generally there was less representation of different stakeholders in project teams of the service improvement typology. In some projects service users were key partners in developing evidence and guidance, or occasionally changing practice. Reports published towards the end of the review period, were more often characterised by users becoming increasing involved not just on steering groups and project groups but included also in evaluation processes and other aspects of the project as partners with practitioners. Through experience, many teams learnt the importance of including all stakeholders, particularly practitioners at the frontline, in all stages of the project processes. This was often a reflection included in the conclusions of projects (e.g. project 23). The practice development typology projects tended to be driven by and involved all practitioners. This distinction was more associated with achieving and sustaining collaborative change around shared values.

5.2.2. Identification of values and beliefs

Predominant values identified as influencing projects and their processes both implicitly and explicitly included person-centredness, privacy and dignity, patient/service user experience, collaboration, partnership and some focus on inclusion and participation. There was equal emphasis on evidence based practice in the service improvement typology projects (8, 19, 12, 74) and the practice development typology

projects (51, 73, 77). There appeared a strong focus on team work in many of the projects reviewed (74), but particularly the practice development typology projects (24, 25, 42, 67, 69, 77, 78).

5.2.3. Development of shared purpose, vision, direction

Many projects did not use exercises to develop a common purpose for the project or shared values and beliefs, particularly at the beginning of the ten year project review period. Towards the latter end of this period, values clarification, collaborative action planning and exercises such as claims, concerns and issues (Guba and Lincoln, 1989) were used to provide a sense of common purpose. This was particularly noticeable in the practice development typology projects (e.g. projects 51, 77, 78, 79) although also present in some borderline service improvement typology projects (e.g. project 74).

5.2.4. Facilitator approaches

A change in focus was noticed over the review period regarding project facilitation, with single internal or external facilitators more evident in earlier projects and mixed facilitation combinations using a range of stakeholders more latterly. This reflected a more collaborative approach involving clinical leaders as well as other internal and external facilitators. Some facilitators were appointed project managers; others were practitioners or clinical leaders who were clearly passionate about their project. Some were researchers and others reflected researcher-practitioner partnerships or researcher-service user partnerships. Facilitation was a key role in many of the projects and facilitation approaches influential in all types of projects (e.g. 23 and 58).

5.2.5. Evaluation approaches

The importance of systematic evaluation was a prominent value that led to a range of evaluation approaches being used in most projects, regardless of their type. Often this encompassed audit, questionnaires and surveys, stakeholder evaluation and documentary analysis. Increasingly, more eclectic approaches have been used over time to include patient stories or emotional touch points. Few studies have used 'observation of practice', a tool useful in conveying information about culture, as well as obtaining engagement of stakeholders. Where this evaluation tool was used, it tended to be in practice development typology projects (projects 17, 18, 73, 77).

Workplace culture has rarely assessed directly, with a small number of projects using the Context Assessment Index (McCormack et al., 2009), a handful using observation of care and patients stories was also used to provide feedback on the culture, but the use of staff stories was rare.

5.2.6. Creativity

Using creativity in projects to express ideas and find solutions is a common approach in practice development projects. However, a limited focus on the use of creativity was evident in projects of this typology (projects 11, 18, 43, 69).

5.2.7. Celebration

Although a number of projects from all classes focused on presentations and conferences to celebrate the projects outcomes, there was not an innate focus on celebration in every day practice except in project 22.

5.3. What evidence is there that key values, beliefs and attributes identified in the effective workplace culture framework became present/more present at the end of the project in practice?

It is very difficult to ascertain whether frontline teams involved in FoNS projects demonstrated the achievement of the values, beliefs and attributes of effective teams from documentary evidence alone. A number of projects stated intentions to change or embed a culture within project aims and objectives. Values implied at the end of projects included: a strong presence of person-centredness; the importance of working in partnership; collaboratively with patients and service users; teamwork; reflection; organisational

support and commitment; clinical leadership and facilitation; and the development of an open communication culture through using tools such as claims, concerns and issues.

Those projects that specifically addressed culture were exclusively categorised as having a practice development typology (e.g. 12, 22, 44, 45, 58, 69) with project 26 a model case, integrating action research and practice development processes to achieve a strong culture based on core values that positively impacted on patients, staff and culture.

Many project reports acknowledged learning at the end of projects about the importance of including all stakeholders using the CIP principles (e.g. project 54). These insights resulted because progress had been stunted due either to time not being built in initially for building relationships with stakeholders, or because the significance of this aspect was not appreciated when developing effective cultures at the frontline. When implementing initiatives and innovations, the importance of working with stakeholders at all levels, not just in the steering group and project groups was recognised by project teams in the end of project reflections. In projects with a practice development typology this was an intentional strategy from the beginning of projects and partnerships therefore become more a way of life.

Many frontline teams demonstrated confidence and recognition that what they had learnt would influence future projects in both their own teams and others.

Learning for individuals as well as project teams was a thread through many projects reports with practice development typology more often associated with strategies such as reflection, active learning and action learning which contributed powerfully to this outcome (projects 8, 41, 51, 74, 75, 80, 76).

5.3 What processes seem to have been influential on the achievement of the project's outcomes or improving healthcare practice or workplace culture?

Whilst the impact framework (see Appendix 2) has enabled relationships between processes and cultural outcomes to begin to be unpacked, a level of sophistication that can enable corollaries between processes and outcomes is some way off. General impressions about associations can only therefore be identified at this point.

The processes most used in practice development typology projects for developing a common vision, shared purpose, values and beliefs included; values clarification, appreciative inquiry, action planning, claims, concerns and issues; and experienced based design approaches (NHS Institute for Innovation and Improvement, 2009). These tools when used successfully were used with all stakeholders consistently not just on a one-off occasion. As a result, their use engendered an open culture where people could be honest and direct; a values based culture where there was a focus on actioning values and beliefs in every day practice; and a learning culture based on what matters to patients, service users and staff (practice development typology projects 11, 26, 27, 68; service improvement typology project 53).

Whilst approaches to decision-making were common in the service improvement classed projects e.g. PDSA (plan, do, study, act) or action planning cycles, equally explicit attention was not given to the culture change required to embed and sustain changes (project 75). Particularly strong project leaders were able to drive through change (e.g. project 20) and although this may have been a successful intervention for addressing immediate implementation in some projects of the service improvement typology – it did not address workplace culture and was therefore unlikely to sustain change. This aspect can be addressed by a stronger focus on working collaboratively with stakeholders across the whole process and working intentionally with the processes of culture change regardless of the focus of the project.

5.4. What learning from past projects needs to inform healthcare organisations, including future FoNS activity, when creating more caring cultures that are person-centred, safe and effective?

The ways in which FoNS has worked with practitioners and frontline teams over the life of projects has emphasised the need to provide care that is person-centred and which makes a difference to patients' experience of care. Person-centred approaches are underpinned by the 6 Cs identified as core values central to contemporary practice. FoNS' has provided skilled facilitation and expert support to frontline teams that has been particularly influential on learning and on changing workplace culture as evidenced in many of the later projects that were catergorised as practice development typology. This support helps particularly inexperienced teams to move towards more effective cultures and also more successful culture change at the frontline through their focus on values and their implementation (e.g. projects 47, 48).

FoNS may wish to consider how some of these key processes and values necessary for achieving effective workplace cultures are made more explicit in funding applications and project reports to ensure that funding opportunities have optimal effect for patients.

All organisations need to provide genuine and active organisational commitment and support to frontline staff as well as introduce strategies for growing expertise in the skilled facilitation of culture change as demonstrated by FoNS if they want to:

- Reflect and embed core values with patients at the heart of healthcare practice
- Make what matters to patients the driver for change at the frontline
- Use the full potential of frontline staff in delivering quality services and creating compassionate caring cultures

Organisations need to prioritise the development of a critical mass of staff with this skillset at the frontline so as to help staff work with shared values and purpose, translate these values into everyday action, enable staff to be systematic in their evaluation, be reflective and confident in using the CIP principles with all stakeholders. In addition more attention is required to support staff at the frontline to implement shared governance systems that will help embed shared values into everyday practice and evaluation. Wider use of observation tools will be a useful strategy for organisations to support frontline staff with culture change that will benefit a number of quality initiatives.

Whilst there are many models of change including the NHS Change Model (2012, see http://www.changemodel.nhs.uk/pg/dashboard) and the experience based design approach (NHS Institute for Innovation and Improvement, 2009), using some of methods identified in this review could make these models more effective and increase the likelihood of more sustained and consistent person-centred practice cultures because of their focus on working with values and beliefs at the frontline which is where most healthcare is provided and experienced.

6. Summary

Using an impact framework to classify 82 FoNS projects into five different groups, has led to the identification of three categories of projects that can provide insights into developing caring, person-centred cultures and the role of values such as the 6 Cs in frontline workplace culture. Whilst projects with a service improvement typology have been linked to improvements in practice using project management type approaches and evidence based practice, as well as the implementation of other initiatives and innovations, their intention was not specifically been to address workplace culture and therefore they did not pay attention to this explicitly. Approaches in this category therefore appear less likely to be successful in embedding and sustaining the initiatives that they focus on. Learning by the project teams frequently recognised that engagement with stakeholders across the whole project process and particularly at the frontline had been lacking.

In contrast, those projects using practice development typologies, as well as those including action research, frequently intended to address the workplace culture through working with values and beliefs around person-centred care and the patients' experience as well as the attributes of effective workplace cultures. Such projects deliberately used tools and processes to identify and implement values and beliefs and drew on eclectic approaches to facilitate all stakeholders, working together as partners, using the CIP principles and using systematic evaluation approaches. These approaches appear to be more successful in making changes and sustaining caring, person-centred and effective workplace cultures, to the extent that this can be concluded from documentary analysis alone.

The outcomes of projects and certainly those projects that achieve impact on patients and staff associated with person-centred values are closer to achieving effective workplace cultures and are linked to a number of other factors and values. Factors such as organisational commitment and support, skilled facilitation and clinical leadership are identified as essential pre-requisites, as are the values of learning though reflection and systematic evaluation. No projects identified the importance of embedding values into practice through developing systems such as shared governance.

7. Conclusion

The review of projects supported by FoNS over ten years has enabled insights into the creation of caring cultures and how they are sustained. These insights reflect and endorse the literature around the attributes of effective workplace cultures at the frontline (Manley et al., 2011), the values and beliefs that are important to work with, and the contribution practice development processes make when working with values and beliefs to develop caring person-centred cultures (McCormack et al., 2006). In addition to finding similarities with the typologies identified by Shaw (2013), this review supports the view that practice development typologies deliberately intend to address workplace culture whereas, service improvement typologies do not. Furthermore, the role of action research has been highlighted as a practice based research approach that can also achieve successful culture change in tandem with the development of practitioners individually and collectively and contribute to the body of knowledge.

The insights achieved from this review have significance for all processes of practice improvement, innovation and change. Using values based methods which are inclusive for all stakeholders, together with embracing enabling approaches that are creative and harness opportunities to learn in and from practice, will enhance the effectiveness of such approaches and are more likely to embed change and/or influence workplace culture towards that which is person-centred, safe and effective. This is of particular significance as this is the culture where most care is provided and experienced.

8. Recommendations

8.1. For frontline teams wishing to develop caring, safe and effective cultures, attention needs to be given to:

- Ensuring they are involved collaboratively in developing a shared purpose, values and beliefs and developing a shared understanding of what these mean for every day actions and behaviours
- Using shared purpose, values and beliefs to guide everyday decision-making and priorities
- Enabling structured reflection and critical evaluation individually and collectively around ways of working, patients and staff feedback and indicators of effectiveness in relation to the values and beliefs held
- Developing relationships with patients and service users to ensure that there is a focus on what matters to them as well as staff, so that action around what matters is at the heart of team action
- Growing both leadership and facilitation skills that pay attention to establishing and sustaining effective workplace cultures, learning and reflection
- Embedding values and beliefs in workplace systems such as shared governance and systems for learning and evaluation

8.2. FoNS should:

- Continue its work with nurse-led teams
- Further influence/enable practitioners to focus on culture when looking to improve service/patient care
- Continue to promote the use of methods and approaches that enable the collaboration, inclusion and participation of all stakeholders to achieve the development of shared purposes/visions for practice improvement
- Further evaluate the impact of its strong foundation in working with and through people in practice to demonstrate its value and effectiveness
- Undertake further evaluative work that would verify aspects of the projects with stakeholders, to explore whether changes were sustained over time, or challenge whether values and beliefs espoused matched those experienced in practice
- Review proposal and reporting templates to further amplify the processes that are significant in creating caring person-centred cultures
- Work with organisations to develop indicators of real organisational commitment and support for frontline staff

8.3. For healthcare organisations supporting frontline teams with establishing caring, safe and effective cultures, there is a need to:

- Recognise that the workplace culture at the frontline is a major influence on quality of care and whether patients, service users and staff experience it as caring
- Actively support frontline staff by offering practical support, valuing their contributions and providing continued commitment as well as systems for celebrating their achievements
- Help frontline teams to access and grow facilitation expertise to enable internal facilitators to lead the development of clarity of purpose and shared values
- Invest in the development of clinical leaders and facilitators around the skills needed to develop effective relationships and caring teams and cultures, specifically emotional intelligence, transformational leadership and skills in facilitating effective teams, practice and service improvement where values guide action and inform the evaluation of effectiveness and what matters to patients

8.4. For commissioners and policy makers, there needs to be:

- Much greater recognition of the role of workplace culture at the frontline in developing caring, safe and effective staff who have person-centred values at the heart of their care
- Support for the development of frontline teams and their skills and expertise in clinical leadership and facilitation
- Recognition of the contribution of practice development processes and how these can strengthen other change models and approaches with their focus on workplace culture

8.5. For higher education institutes and educators, there needs to be:

- Integration of practice development approaches in undergraduate and post graduate curricula, that focus on caring person-centred cultures and the links with core values, relationships, facilitation and leadership

8.6. For researchers, there is a need to further explore:

- The role and potential for action research as an effective methodology in changing workplace culture
- The impact of culture and context on the implementation of values and beliefs, as well as the implementation of evidence and policy, and subsequently the importance of recognising workplace culture impact as an important impact factor when undertaking research

9. References

Commissioning Board Chief Nursing Officer and Department of Health Chief Nursing Adviser (2012) *Compassion in Practice: Nursing, Midwifery and Care Staff: Our Vision and Strategy.* London: HMSO.

Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. HC947. The Stationery Office: London.

Francis, R. (2010) *Robert Francis Inquiry Report into Mid-Staffordshire NHS Foundation Trust*. Retrieved from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113018. (Last accessed 7th January 2011).

Guba, E.G. and Lincoln, Y.S. (1989) *Fourth Generation Evaluation*. Newbury Park: Sage.

Ingersoll, G., Kirsch, J., Merk, S. and Lightfoot, J. (2000) Relationship of organizational culture and readiness for change to employee commitment to the organisation. *Journal of Nursing Administration.* Vol. 30. No. 1. pp 11-19.

Manley, K., McCormack, B. and Wilson, V. (2008) Introduction *in* Manley, K., McCormack, B. and Wilson, V. *International Practice Development in Healthcare*. Oxford: Blackwell. pp 1-16.

Manley, K., Sanders, K., Cardiff, S., Webster, J. (2011) Effective workplace culture: the attributes, enabling factors and consequences of a new concept. *International Practice Development Journal.* Vol. 1. No. 2. Article 1.

McCormack, B., Manley, K. and Titchen, A. (2013) Introduction. *In* McCormack, B., Manley, K. and Titchen, A. (Eds.) *Practice Development in Nursing and Health Care.* 2nd edition. Oxford: Wiley-Blackwell. pp 1-17.

McCormack, B., Dewar, B., Wright, J., Garbett, R., Harvey, G. and Ballantine, K. (2006) *A Realist Synthesis of Evidence Relating to Practice Development: Final Report To NHS Education For Scotland and NHS Quality Improvement Scotland.* Scotland: NHS Quality Improvement Scotland.

McCormack, B., McCarthy, G., Wright, J., Slater, P. and Coffey, A. (2009) Development and testing of the Context Assessment Index (CAI). *Worldviews on Evidence-Based Nursing.* Vol. 6. No. 1. pp 27–35.

NHS Institute for Innovation and Improvement (2005) *Working in Systems: Process and Systems Thinking*. Improvement Leaders Guides. Coventry: NHS Institute for Innovation and Improvement.

NHS Institute for Innovation and Improvement. (2009) *The EBD Approach: Experienced Based Design: Using Patient and Staff Experience to Design Better Healthcare Services*. Coventry, UK: NHS Institute for Innovation and Improvement.

Nelson, E.C., Batalden, P.B., Huber, T.P., Mohr, J.J., Godfrey, M.M., Headrick, L.A. and Wasson, J.H. (2002) Microsystems in health care: part 1. Learning from high-performing frontline clinical units. *Joint Commission Journal on Quality Improvement.* Vol. 28. No. 9. pp 472-493.

Patients Association (2009) *Patients...Not Numbers, People...Not Statistics*. Retrieved from: http://www.patients-association.com/DBIMGS/file/Patients%20not%20numbers,%20people%20not%20statistics.pdf. (Last accessed 7th January 2011).

Patients Association (2010) *Listen to Patients, Speak up for change.* Retrieved from: http://www.patients-association.org.uk/dbimgs/Listen%20to%20patients,%20Speak%20up%20for%20change(1).pdf. (Last accessed 13th January 2011).

Shaw, T. (2013) Approaches to practice development. *In* McCormack, B., Manley, K. and Titchen, A. (Eds.) *Practice Development in Nursing and Health Care.* 2nd edition. Oxford: Wiley-Blackwell. pp 66-87.

Appendix 1. Effective workplace culture framework

Manley, K., Sanders, K., Cardiff, S. and Webster, J. (2011) Effective workplace culture: the attributes, enabling factors and consequences of a new concept. *International Practice Development Journal*. Vol. 1. No. 2. Article 1.

Enabling factors	Essential attributes	Consequences
EF1. Individual: a) Transformational leadership b) Skilled facilitation c) Role clarification EF2. Organisational: a) Flattened and transparent management b) An enabling approach to leadership and decision-making c) Organisational readiness d) Human resource management support	A1. Specific values shared in the workplace, namely: • person-centredness • lifelong learning • high support and high challenge • leadership development • involvement, collaboration and participation by stakeholders (including service users) • evidence-use and development • positive attitude to change • open communication • teamwork • safety (holistic) A2. All the above values are realised in practice, there is a shared vision and mission and individual and collective responsibility A3. Adaptability, innovation and creativity maintain workplace effectiveness A4. Appropriate change is driven by the needs of patients/users/communities A5. Formal systems (structures and processes) enable continuous evaluation of learning, evaluation of performance and shared governance[3]	C1. Continuous evidence that: a) Patients', users' and communities' needs are met in a person-centred way b) Staff are empowered and committed c) Standards, goals and objectives are met (individual, team and organisational effectiveness) d) Knowledge/evidence is developed, used and shared C2. Human flourishing for all C3. Positive influence on other workplace cultures

1. Effective = achieving the outcomes of person-centredness and evidenced-based care (performance).
2. Workplace culture = the most immediate culture experienced and/or perceived by staff, patients, users and other key stakeholders. This is the culture that impacts directly on the delivery of care. It both influences and is influenced by the organisational and corporate culture as well as other idiocultures. Idioculture is used to imply that there are different cultures that exert an influence on each other rather than one organisational/corporate culture with sub-cultures within a hierarchical arrangement.
3. Shared governance = the formal engagement of stakeholders in using evidence from a variety of sources (e.g. audit, feedback, reflective practice, research) for decision making.

Appendix 2: Outcomes and Impact of Practice Development: A Draft Framework for Guiding International Dataset Development (Manley, Hardy; Shaw and Sanders V2 26/02/13)

1. INCLUSION CRITERIA: Identifying PD Projects

1.1: Collaboration, Inclusion, Participation (CIP Principles)

Which stakeholders were represented in your study/project?			
Practitioners(P)/health care teams(HCT)	*Patients/families/service users*	*Managers*	*Others e.g. pharmacists*

1.2 How were stakeholders engaged in your study/project?			
Stakeholder evaluation	*Collaborative researchers*	*Advisory group*	*Steering group*
Design	*Data collection*	*Data analysis*	*Data interpretation*
Data synthesis	*Reporting*	*User Forum*	*Audience to be trained*

1.3: Ethics

What ethical processes were used with stakeholders/participants?			
Agreed ground rules and ways of working	*Local research ethics approval*	*Local research governance protocol*	*National ethics*
informed consent	*Process consent*	*Ethical principles around patient information, consent and anonymity*	

1.4: Shared ownership/vision

How did you develop shared ownership and a shared vision for the study?			
Concerns, claims and issues	*Values clarification/working with values and beliefs*	*Visioning*	*Concept clarification*
Collaborative analysis	*Action planning*	*Other*	

1.5: Facilitation

Who were the project facilitators?			
Practitioner researcher	*External facilitator (EF)*	*Internal facilitator/project leader (IF/IPL)*	*Mix (internal and external)*
Practice development/clinical educator	*Researcher*	Clinical leaders (CL)	Project manager

1.6: Evaluation

How was the study/project evaluated?			
Informal evaluation	*Stakeholder evaluation*	*Realistic evaluation*	*4th generation evaluation*
Narratives/stories	*PRAXIS evaluation*	*Documentary analysis*	*Measures (tools)*
Surveys and questionnaires	*Indicators*	*KPIs*	*Observations*
Process evaluation	*Outcome evaluation*	*Audit*	*Other*

2: STARTING POINTS TO YOUR PRACTICE DEVELOPMENT PROJECT

2.1 Organisational readiness

Organisational commitment	*Organisational support for change*	*Accessibility of Director of Nursing/Quality*	*Organisational celebration*
Organisational objective/strategy	*Organisational support for clinical leaders/internal facilitators*	*Other*	

2.2. What was the starting point (purpose) for the project/study?

Improving the patients experience/patient journey (quality of care)	*Implementing evidence based, interventions, guidelines, policy or strategy*	*Developing individual and team effectiveness*	*Developing a learning culture (nurturing creativity and reflexivity to develop professional expertise)*
Implementing and sustaining a change (ISC)	*Nurturing innovation and evaluation*	*Using resources effectively (productivity linked to ways of working and leadership)* (URE)	*Tackling 'failing' workplaces (poor care delivery/unsafe practice/toxic cultures)*
Developing a strategy for practice	*Other*		

2.3 Who/what is driving the need for change?

Practitioners	*Managers*	*Organisation*	*Policy*
Researchers	*Patients/service users/need/patient experience*	*Reducing costs*	*Improving quality/safety*
Other			

3: METHODOLOGY/METHODS

3.1 Which values were focused on in/during your study/project?

Person-centredness	Team work	High support high challenge	Lifelong learning
Collaboration, inclusion and participation of stakeholders	Open communication	Leadership development	Positive attitude to change
Evidence-use and development	Safety (holistic)	Other	

3.2 Workplace culture assessment

How was workplace culture assessed (implicitly or explicitly) in your study?			
Assessed and measured using a tool e.g. WCCAT	*Balanced score card of data/standard quality datasets*	*observation of care*	*Staff stories/staff wellbeing*
Patient experience/stories	*Other*		

3.3 Workplace culture characteristics at the beginning of the project/study

What were the key characteristics of the workplace culture at the beginning of the study/project in relation to?			
Ways of working together - collaborative	*Working predominantly as individuals*	*Core assumptions about priorities*	*Implicit values/ espoused values*
Reflection and learning	*Role clarity/unclear roles*	*Time spent together*	*Hamster wheel of busyness*
Training	*Other*		

3.4 What approach to project/study was used?				
Technical/project management	*Emancipatory/transformational practice development*	*Service improvement/quality improvement*	*Mixture*	*Other*

3.5 What macro (overarching) methods were used to facilitate critical reflection and learning?			
Action learning	*Active learning*	*Critical companionship*	*On the spot (in the moment of practice)*
Mentorship/coaching	*Communities of practice*	*Experiential learning*	*Solution focused approaches*
Appreciative inquiry	*Knowledge transfer/mobilisation*	*Reflection on action*	*Other*

3.6 What other methods were used to facilitate critical reflection and learning?			
Observation of practice	*360^{O} feedback*	*Self assessment*	*Collaborative baseline assessment*
Handover/formal meeting	*Others*		

3.7 What methods were used to promote and enable critical creativity?			
Picture cards/word cards	*Collage*	*Poetry*	*Visualisation*
Sculpting	*Drama*	*Dance*	*Song*
Role play	*Music*	*Other*	

3.8 What methods were used to enable participants implement and use evidence in their practice?			
Observation of practice	*Collaborative baseline assessment*	*Self assessment*	*Clinical audit*
Clinical protocols	*AGREE tool*	*Portfolio development*	*Personal reflections*
Critical dialogue	*Working with values*	*Appreciative inquiry*	*Supervision/role modelling*

3.9 What methods were used to help participants become practitioner researchers and inquire into own practice?			
Critical reflection	*Supervision*	*Critical companionship*	*Formal academic research study*
Mentorship/coaching	*Peer support and review*	*Action learning*	*Co-operative inquiry*
Appreciative inquiry	*Emotional touchpoints*	*Working with values*	*Other*

3.10 How was feedback and critical learning utilised?			
Action planning	*Action cycles/spirals*	*Governance structure*	*Committee development*
Steering group	*Other*		

3.11 What methods were used to enable systematic evaluation?			
Action planning	*Action cycles/spirals*	*Audit cycles(AC)*	*Stakeholder evaluation(SE)*
Pre and post evaluation(PPE)	*Other*		

3.12 What methods were used to celebrate achievements?			
Organisational/local conferences	*Presentation at organisational forums*	*Awards internal/external*	*Organisations publications/newsletter*
Executive Board	*Other*		

4: OUTCOMES/IMPACT*:* What were the outcomes/impacts?

4.1. Stakeholder benefits

4.1.1 Which of the following were demonstrated for patients/service users?			
Being cared for in a person centred way (ie experience of person centred care)	*Being treated as a person with dignity and respect*	*Provided with information and support to make informed choices*	*Involved and included in care decisions and options*
Improved continuity and co-ordination of care	*Improved individual health outcomes*	*Improved individual measures for quality of life*	*Achievement of personal health recovery goals*
Confidence in health care team	*Other*		

4.1.2. Which of the following were demonstrated for staff/ colleagues/students?			
Increased confidence	*Increased staff commitment (intention to stay)*	*Improved staff wellbeing / morale*	*Increased empowerment*
Improved effectiveness (personal development, appraisals)	*Staff promotion*	*Everyone flourishing*	*Other*

4.1.3 Which attributes of an effective workplace culture were demonstrated at the end of the study?			
Person-centred values experienced	*Ways of working and team work values experienced*	*Effectiveness values with continuous improvement , development and learning experienced*	*Shared mission and vision and staff responsibility experienced in practice*
Changes driven by patient need	*Staff working together creatively*	*Shared governance frameworks implemented*	*Staff wellbeing (committment, confidences, reduced sickness)*
Other			

4.1.4 Which of the following were demonstrated for the service/organisation?			
Standards and goals met	*Individual and team effectiveness including interdisciplinary teams*	*Knowledge/evidence used and shared*	*Effective workplace culture – spread across organisation*
Innovation and creativity	*Adaptability/flexibility*	*Increased efficiency/resource cost saving/productivity*	*Wastage*
Sustainable change	*Achievement of vision*	*Service development*	*Other*

4.2 Research, knowledge transfer & tool development

What has the project/research contributed to knowledge utilisation and transfer, research and development of tools?			
Knowledge transfer and utilisation in practice	*Frameworks and methods*	*Tool development*	*Protocols/guidelines*
Intellectual property	*Further research funding*	*Research collaborations/networks*	*Research training and careers*
Further research workstreams	*Concept clarification/theory development*	*Other*	

4.3. Education and training

What has the project/research contributed to education and training?			
Education and training materials	*Programmes and module content*	*Learning and development strategies*	*Curriculum content and strategy (C)*
Using the workplace as the main source of learning for changing practice	*E-learning materials*	*Career enhancement*	*Other*

4.4. Dissemination

How has the project/research been disseminated?			
Organisations media (newsletter, intranet etc.)	*Local media (local newspapers, regional TV and radio*	*National media*	*Conferences: national*
Conferences: international	*Publications: non peer review*	*Publications: peer review*	*Local/national networks*
Websites	*Social networking*	*Video/digital stories*	*Seminars/master classes*
Other			

4.5. Health policy/wider influences

How has the project/research contributed to health policy or wider influence?			
Influenced local practice/policy	*Informed regional practice/policy*	*Research/practice developer involved in guideline development*	*Content included national or international guideline development*
Informed national/international policy	*Informed national/international strategy*	*Audit commission*	*Beacon sites*

4.6. Public health advice (patient information)

How has the project/research contributed to public health advice			
Content of public health advice	*Involvement in public health advice development*	*Strategies for engaging public in public health*	*Other*
Local public health advice			

Appendix 3: Details of Projects Supported by FoNS Included in Review 2002 – 2012

Project identification number	Date report published	Project title	Keywords
1	January 2002	Reducing Patient Falls in an Acute General Hospital http://www.fons.org/library/report-details.aspx?nstid=5670	acute care, plans, falls, nursing assessment
2	January 2002	Breaking Bad News http://www.fons.org/library/report-details.aspx?nstid=5608	breaking bad news, experiential design, paediatrics
3	March 2002	Self-Administration of Drugs and the Re-Use of Patient's Own Drugs http://www.fons.org/library/report-details.aspx?nstid=5678	patients own drugs, self administration of medication, self medication
4	April 2001 (published in 2002)	Implementing and Validating Guidelines to Facilitate the Involvement of Carers in the Care of People with Dementia http://www.fons.org/library/report-details.aspx?nstid=5630	carers, people, user
5	May 2002	Improving Access to Healthcare for Farming Communities: The Farmer's Health Project http://www.fons.org/library/report-details.aspx?nstid=5677	access to healthcare, action research, nurse practitioner, outreach service, rural health
6	June 2002	Rapid Recovery from Acute Psychosis http://www.fons.org/library/report-details.aspx?nstid=5658	acute psychiatric care, cognitive behavioural therapy, psychosis, schizophrenia
7	July 2002	Establishing Clinical Supervision in Prison Healthcare Settings http://www.fons.org/library/report-details.aspx?nstid=5619	clinical supervision, prison healthcare
8	July 2002	Developing and Implementing a Family Health Assessment http://www.fons.org/library/report-details.aspx?nstid=5598	family health assessment, health visiting
9	July 2002	An Integrated Approach to Evidence-Based Practice http://www.fons.org/library/report-details.aspx?nstid=5599	acute care, evidence based practice, research utilisation
10	October 2002	Partnership in Care: The Implementation of a Model of Nursing Documentation http://www.fons.org/library/report-details.aspx?nstid=5660	documentation, family, nursing model, paediatrics, partnership

11	January 2003	Developing Solution-Orientated Interventions within a Nursing Model in Acute Psychiatric Settings http://www.fons.org/library/report-details.aspx?nstid=5615	acute in-patient care, mental health nursing, solution-focused therapy, therapeutic milieu
12	January 2003	Enhancing Partnerships with Relatives in Care Settings for Older People http://www.fons.org/library/report-details.aspx?nstid=5644	communication, practice development, relative involvement, work-based learning
13	October 2002	Supplying Women with Evidence-Based Information http://www.fons.org/library/report-details.aspx?nstid=5684	best practice guidelines, consumer involvement, evidence based information, midwifery
14	January 2004	Improving Research Utilisation for Community and Mental Health Nurses http://www.fons.org/library/report-details.aspx?nstid=5642	barriers, community nursing, mental health nursing, research implementation, research utilisation
15	March 2004	Promoting Autonomy and Independence for Older People in Acute Hospital Care http://www.fons.org/library/report-details.aspx?nstid=5620	acute care, autonomy, independence, older people
16	December 2003	Children's Pain Assessment: Implementing Best Nursing Practices http://www.fons.org/library/report-details.aspx?nstid=5612	children, evidence-based practice, guideline implementation, pain assessment
17	July 2005	What's Food Got to do With It? – The Dewsbury Link Nurse Project http://www.fons.org/library/report-details.aspx?nstid=5673	link nurse, multidisciplinary patient care, nutrition, nutritional screening, patient meals
18	August 2005	The Development of User Consultants for People with Learning Disabilities in an Acute Trust http://www.fons.org/library/report-details.aspx?nstid=5679	access, consultation, learning disabilities, user involvement
19	June 2005	Incorporating Evidence into Practice to Improve Perineal Care http://www.fons.org/library/report-details.aspx?nstid=5649	evidence based practice, guidelines, perineal care, postpartum midwifery care, practice change

20	June 2005	Patient Initiated Review in Rheumatoid Arthritis http://www.fons.org/library/report-details.aspx?nstid=5637	chronic illness, follow-up, nurse-led care, patient-initiated, rheumatoid arthritis, telephone helpline
21	December 2005	Actioning Health in Struell Lodge for People with Learning Disabilities http://www.fons.org/library/report-details.aspx?nstid=5637	health action planning, health facilitation, learning disabilities
22	November 2005	Patient Dignity – Promoting Good Practice http://www.fons.org/library/report-details.aspx?nstid=5671	action plans, dignity, facilitation, practice
23	April 2006	Changing Practice in Continence Assessment http://www.fons.org/library/report-details.aspx?nstid=5609	Continence assessment, facilitation, multidisciplinary working, older people
24	April 2006	Improving the Care for Women with Learning Disabilities in Secure Mental Health Services http://www.fons.org/library/report-details.aspx?nstid=5645	Challenging behaviour, high secure hospital, learning disability, women
25	October 2005 (Published 2006)	"Ward Workout" - Implementing Nurse-led Exercise Programmes for Older People http://www.fons.org/library/report-details.aspx?nstid=5622	exercise, falls, healthy ageing, leadership, older people, rehabilitation
26	December 2005 (published 2006)	Improving the Health Choices for Older People: Implementing Patient-Focused Mealtime Practice http://www.fons.org/library/report-details.aspx?nstid=5646	facilitation, food, nutrition, older people, practice development
27	October 2005 (Published 2007)	Developing Gerontological Nursing in Scotland: A Demonstration Project http://www.fons.org/library/report-details.aspx?nstid=5600	action research, evidence based practice, gerontological, practice development, user participation
28	October 2006	Developing Practice for Thrombosis/Embolus Prevention in Medical Patients http://www.fons.org/library/report-details.aspx?nstid=5604	deep vein thrombosis, guidelines, pulmonary embolism, risk assessment, thromboprophylaxis, venous thromboembolism

29	October 2006	Implementing Change in Practice for Thrombosis Prevention in Obstetrics http://www.fons.org/library/report-details.aspx?nstid=5631	Deep vein thrombosis, guidelines, practice development, pulmonary embolism, risk assessment, thromboprophylaxis, venous thromboembolism
30	October 2006	Developing Clinical Guidelines for Thromboprophylaxis - One Size Doesn't Fit All http://www.fons.org/library/report-details.aspx?nstid=5634	Deep vein thrombosis, guidelines, practice development, pulmonary embolism, risk assessment, thromboprophylaxis, venous thromboembolism
31	October 2006	Thrombosis Prevention during Pregnancy, Labour and Following Birth http://www.fons.org/library/report-details.aspx?nstid=5676	Deep vein thrombosis, guidelines, practice development, pulmonary embolism,risk assessment, thromboprophylaxis, venous thromboembolism
32	October 2006	Stopping Clots – Saving Lives http://www.fons.org/library/report-details.aspx?nstid=5682	Deep vein thrombosis, guidelines, practice development, pulmonary embolism, risk assessment, thromboprophylaxis, venous thromboembolism
33	October 2006	Developing a Risk Assessment Tool for Surgical Patients to Prevent Deep Vein Thrombosis http://www.fons.org/library/report-details.aspx?nstid=5596	Audit, risk assessment, surgery, thrombosis
34	December 2006	Activity and Culture: the Contribution to Health and Well-being in Later Life http://www.fons.org/library/report-details.aspx?nstid=5591	Active ageing, older people, sheltered housing, activity and culture, meaningful activities, needs analysis

35	November 2006	Lifelong Learning for Older Persons on Intermediate Care Wards in an Acute Hospital Trust http://www.fons.org/library/report-details.aspx?nstid=5655	Activities, acute care, creative therapy, healthy ageing, lifelong learning, older person, rehabilitation, wellbeing
36	October 2007	Developing Practice through Action Learning to Improve the Nutritional Status of Care Home Residents http://www.fons.org/library/report-details.aspx?nstid=5610	Action learning, nursing home, nutrition
37	July 2007 (published 2008)	Developing Practice to Reduce Hospital Acquired Infections on a Vascular Ward http://www.fons.org/library/report-details.aspx?nstid=5611	Focus groups, healthcare acquired infections, patient experience, values clarification
38	May 2008	Exploring Ethically Sensitive Decision-Making in Acute Hospital Care http://www.fons.org/library/report-details.aspx?nstid=5624	Acute care, ethically sensitive decision-making, hand control mittens
39	January 2008	Improving Bowel Care for People with Learning Disabilities http://www.fons.org/library/report-details.aspx?nstid=5638	Bowel care, learning disabilities
40	April 2008	Kettering Infection Predictor Project http://www.fons.org/library/report-details.aspx?nstid=5650	Care plans, clostridium difficile, healthcare associated infections, infection control, MRSA, risk assessment tool
41	January 2009	Exploring and Reducing Healthcare Associated Infections on a Respiratory Ward http://www.fons.org/library/report-details.aspx?nstid=5650	Healthcare associated infections, leadership, multidisciplinary team working, values clarification
42	January 2009	Maintaining the Privacy and Dignity of Patients with Dementia in a District General Hospital http://www.fons.org/library/report-details.aspx?nstid=5650	Acute care, dementia, dignity, person centred care, privacy
43	September 2008 (Published 2009)	Enabling Privacy and Dignity in Care: Using Creative Arts to Develop Practice with Older People http://www.fons.org/library/report-details.aspx?nstid=5640	Creative arts, dignity, older people, practice development, privacy

44	February 2009	Developing Practice to Improve Ward Culture: “Back to Basics” http://www.fons.org/library/report-details.aspx?nstid=5617	Facilitation, leadership, patient centred care, teamwork, ward culture
45	July 2009	Life Stories Work for Older People with Dementia http://www.fons.org/library/report-details.aspx?nstid=5654	Admiral nurse, dementia, facilitation, life story work, reflection, values clarification
46	December 2009	Taking Care of Myself: A Self Care Management Plan for Patients with COPD http://www.fons.org/library/report-details.aspx?nstid=5685	Chronic obstructive airways disease, collaborative working, self-care management plans, user involvement
47	October 2009	Enhancing the Patient Care Environment: Nursing Home http://www.fons.org/library/report-details.aspx?nstid=5616	Benchmarking, culture, essence of care, facilitation, involvement, nursing home, observation of practice, older people, patient environment, patient experience, values clarification
48	October 2009	Enhancing the Patient Care Environment: Emergency Department http://www.fons.org/library/report-details.aspx?nstid=5651	Accident and emergency, benchmarking, culture, essence of care, facilitation, involvement, observation of practice, patient environment, patient experience, values clarification
49	October 2009	Enhancing the Patient Care Environment: Acute Care http://www.fons.org/library/report-details.aspx?nstid=5647	Acute care, benchmarking, culture, essence of care, facilitation, involvement, observation of practice, patient environment, patient experience, values clarification
50	January 2010	Improving Diabetes Care for Residents in Care Homes in a Rural Setting http://www.fons.org/library/report-details.aspx?nstid=5639	Action research, care homes, diabetes

51	October 2010	The Assessment of Resilience and Vulnerability in Families http://www.fons.org/library/report-details.aspx?nstid=6171	Action learning, assessment, bereavement, children, palliative, hospice
52	July 2010	Improving Food and Nutrition for Patients Receiving Hospice Care http://www.fons.org/library/report-details.aspx?nstid=6124	Benchmarking, focus groups, hospice, involvement, nutrition, palliative
53	October 2010	Call 4 Concern: Patient and Relative Initiated Critical Care Outreach http://www.fons.org/library/report-details.aspx?nstid=6664	Acute, critical care outreach, involvement, rapid response system, stakeholder event
54	October 2010	Developing and Implementing a Distressing Procedures Tool http://www.fons.org/library/report-details.aspx?nstid=6663	Children, distress tool, experience based design, young people
55	November 2010	Proactive Patient Rounding: Developing Nursing Practice to Improve the Quality of Patient Care http://www.fons.org/library/report-details.aspx?nstid=6708	Acute care, nursing rounds, patient experience, reflection
56	November 2010	Developing a Supportive Care Clinic for Women with Gynaecological Cancer http://www.fons.org/library/report-details.aspx?nstid=6835	Cancer, focus groups, holistic assessment, involvement, questionnaire, supportive care
57	December 2010	Developing an Inclusive Approach to Care Programme Approach Review Meetings http://www.fons.org/library/report-details.aspx?nstid=6833	Care programme approach, experience based design, learning disability
58	May 2011	Tell it like it is - Delivering Information to Young People Undergoing Bone Marrow Transplantation http://www.fons.org/library/report-details.aspx?nstid=11370	Bone marrow transplant, information, questionnaires, young people
59	June 2011	Caring for the Carers - The Establishment of a Support Group for Carers of Stroke Survivors http://www.fons.org/library/report-details.aspx?nstid=11369	Stroke, support group, experience based design, values clarification, carers
60	September 2011	Working in Partnership with Patients and Families on a Dementia Assessment Unit to Improve Care http://www.fons.org/library/report-details.aspx?nstid=12471	Dementia, person-centred care, culture, practice development, life story

61	October 2011	Fistula First in Belfast http://www.fons.org/library/report-details.aspx?nstid=14877	Arteriovenous fistula, haemodialysis, values clarification, patient experience, practice development
62	October 2011	Chest Clinic Experienced Based Design Project http://www.fons.org/library/report-details.aspx?nstid=14877	Experience based design, patient experience, outpatients
63	May 2011	Bladder after Stroke - Meeting the Needs of Service Users http://www.fons.org/library/report-details.aspx?nstid=14915	Stroke, in-patients, continence, toileting, bedpans
64	December 2011	Raising the Profile of Preferred Priorities at the End of Life with Patients at St Nicholas' Hospice http://www.fons.org/library/report-details.aspx?nstid=16845	Advanced care planning, end of life, hospice, preferred priorities of care
65	January 2012	Involving Young People in the Development and Evaluation of Self Harm Services http://www.fons.org/library/report-details.aspx?nstid=16846	Adolescents, CAHMS, mental health, self harm, service user involvement, young people
66	December 2011	Working Effectively with People with Learning Disabilities and Offending Behaviours http://www.fons.org/library/report-details.aspx?nstid=16565	Capacity, criminal justice system, learning disability, offending, patient stories, risk, training
67	February 2012	Critical to Care: Improving the Care to the Acutely Ill and Deteriorating Patient http://www.fons.org/library/report-details.aspx?nstid=18132	Delirium, relatives, person centred, communication, confusion
68	September 2011 (published 2012)	Identifying a Pain Assessment Tool for Patients with Cognitive Impairment in Acute Care http://www.fons.org/library/report-details.aspx?nstid=13188	Pain assessment, acute care, cognitive impairment, dementia, participatory action research, practice development
69	October 2011 (published 2012)	Piloting Discovery Interview Technique to Explore its Utility in Improving Dignity in Acute Care for Older People http://www.fons.org/library/report-details.aspx?nstid=13769	Dignity, hospitals, narratives, older people, practice development, user involvement

70	September 2011 (published in 2012)	Improving Patient Involvement in Stroke Care http://www.fons.org/library/report-details.aspx?nstid=13187	Communication, patient involvement, patient led developments, stroke, rehabilitation
71	September 2011 (published 2012)	Your Past is Our Future: A Service Improvement Project Evaluating Patient Adherence to Healthy Lifestyle Post-discharge from Cardiac Rehabilitation http://www.fons.org/library/report-details.aspx?nstid=12470	Cardiac rehabilitation, adherence, healthy lifestyle, coronary heart disease, risk factors
72	February 2012	Good Health for All: Promoting the Physical Health of People with Mental Health Needs http://www.fons.org/library/report-details.aspx?nstid=18128	Mental health, physical health screening, health promotion, multidisciplinary team
73	February 2012	Embedding Excellent Nutritional Care Practices on a Large Acute Hospital Ward http://www.fons.org/library/report-details.aspx?nstid=26950	Mealtime care, nurses engagement, facilitation, Malnutrition Universal Screening Tool (MUST)
74	February 2012	Establishing a Nurse-Led Respite Ward within a Hospice http://www.fons.org/library/report-details.aspx?nstid=18129	Respite, palliative care, hospice, nurse-led, multi-disciplinary
75	March 2012	Evaluation of Back to the Floor Friday http://www.fons.org/library/report-details.aspx?nstid=24404	Action research, nurse leadership, patient experience, standards of care
76	February 2012	An Action Research Project Exploring the Utility of Rectal Irrigation in Children from a Professional and Parent Perspective http://www.fons.org/library/report-details.aspx?nstid=24405	Action research, parents experiences, rectal irrigation
77	June 2012	The Establishment of the Heathfield Healthcare Centre in HMP Wandsworth http://www.fons.org/library/report-details.aspx?nstid=26951	Minor illness, primary care, secure establishment, walk- in centre, prison nursing
78	February 2012	Improving the Patient Journey within a Minor Injuries Area http://www.fons.org/library/report-details.aspx?nstid=26953	Minor injuries, improving patient journey, patient satisfaction, quality, structured case records

79	March 2012	Improving the Patient Experience of Admission to an Older Persons Acute Mental Health Ward http://www.fons.org/library/report-details.aspx?nstid=26952	Older people, mental health, family carers, support
80	February 2012	Supporting Patients in Their Own Homes http://www.fons.org/library/report-details.aspx?nstid=26954	Vulnerable, primary care, support, independence, quality of life
81	August 2012	Involving Service Users' Stories to Develop Mental Health Services http://www.fons.org/library/report-details.aspx?nstid=29098	Mental health, patient involvement, action research, narrative
82	April 2012	Oral Care Management for Children, Young People and their Families in the Palliative Care Setting http://www.fons.org/library/report-details.aspx?nstid=25826	Oral care management, paediatric palliative care, action research, practice development