

## **6 CONCEPTUAL FRAMEWORK**

### **PERSON-CENTERED NURSE RESIDENCY PROGRAMME**

#### **6.1 INTRODUCTION**

In Chapter 5 the research findings and discussion were presented. In Chapter 6, I will discuss the conceptual framework of the Person-centered Nurse Residency Programme that I constructed based on my understanding and synthesis of the research findings and literature reviewed. I envisioned the Person-centered Nurse Residency Programme as a plant that blooms, which will lead to human flourishing in the NQPN and the facilitator. I will discuss the concepts and how they link into each other in order to make sense of the derived framework.

#### **6.2 OVERVIEW**

The conceptual framework 'Person-centered Nurse Residency Programme' (see Figure 6.1) comprises of key concepts (see Table 6.1) that are linked. I arrived at the concepts from my understanding of the research findings (see Chapter 5) as well as the literature reviewed throughout my PhD journey.

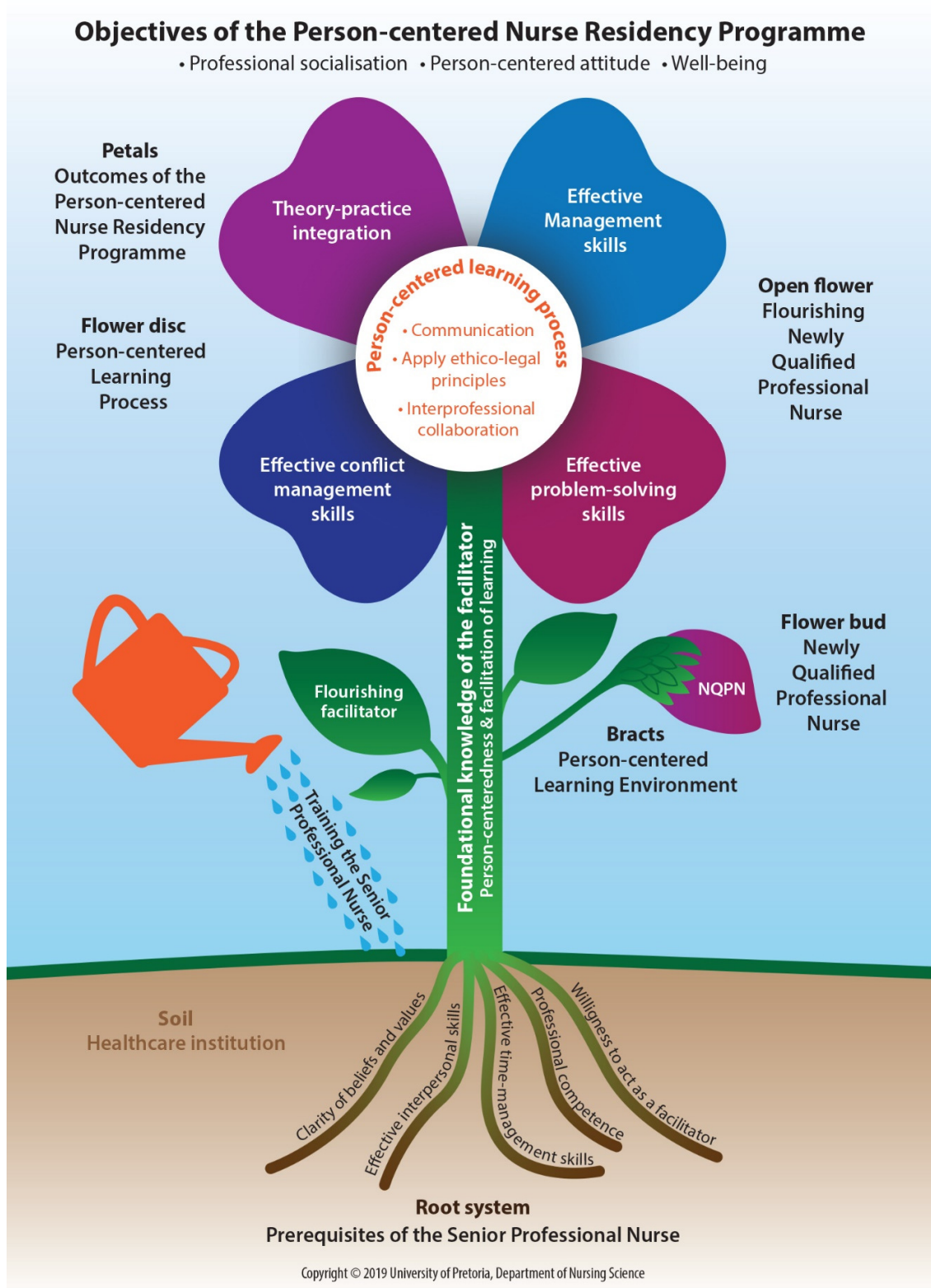


Figure 6.1: Depiction of the Person-centered Nurse Residency Programme

The conceptual framework depicted in Figure 6.1, demonstrates my understanding of how the different key concepts that were identified in the research findings and literature review link into each other to enable the flourishing of the NQPN and facilitator. The views are shared by Maxwell (2013:44) and Collins and Stockton (2018:4).

The domains with their corresponding definitions are provided in Table 6.1.

**Table 6.1: Conceptual framework of the person-centered Nurse Residency Programme**

Key Concept	Description
<b>Person-centeredness</b>	<i>"An approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development (McCormack &amp; McCance 2017:20).</i>
<b>Person-centered Nurse Residency Programme</b>	Post-graduate experience for NQPNs in remunerated community service where a healthful, supportive and respectful relationship is established with an expert facilitator and individualised needs are met to support the NQPN's transition from student nurse to professional nurse and to facilitate his/her integration into clinical practice.
<b>Soil</b>	Healthcare institution/organisation.
<b>Root system</b>	The senior professional nurse's knowledge, skills and attitudes that anchors himself/herself as a competent nurse practitioner in the healthcare institution.
<b>Strong root system</b>	Prerequisites to be considered as a potential facilitator.
<b>Water</b>	Training.
<b>Developing stalk</b>	The development of the senior professional nurse into a person-centered nurse practitioner as well as a person-centered facilitator.
<b>Leaves</b>	Flourishing of the senior professional nurse (now facilitator).
<b>Stalk becoming darker</b>	Development of a senior professional nurse into a person-centered nurse practitioner and potential facilitator.
<b>Stalk</b>	A person-centered nurse practitioner who has met the prerequisites and has been trained and appointed as a person-centered facilitator.
<b>Pollination</b>	Facilitator role-modelling person-centeredness and facilitating learning.
<b>Bracts</b>	Physical workplace with a person-centered learning environment/protective environment.
<b>Flower bud</b>	NQPN.
<b>Flower disc</b>	Reproductive part of the flower where seeds are produced, and pollination takes place.
<b>Open flower</b>	NQPN that flourishes by the end of the Person-centered Nurse Residency Programme.
<b>Blooming</b>	Transition from student nurse to professional nurse and his/her integration into clinical practice.
<b>Petals</b>	Outcomes of the Person-centered Nurse Residency Programme.
<b>Colour and fragrance</b>	Objectives of the Person-centered Nurse Residency Programme. Person-centered attitude attracts colleagues and patients to him/her, which contributes to the development of effective staff relationships and positive interpersonal relationships with patients.
<b>Flourish</b>	The experience of joy and meaning in the workplace environment.

Table 6.1 provides a summary of the key concepts of the Person-centered Nurse Residency Programme and its corresponding definitions.

### 6.3 LINKING THE KEY CONCEPTS

The concepts depicted in Figure 6.1 are now discussed in terms of how they link into one another - to then portray the Person-centered Nurse Residency Programme. According to Cornell University ([n.d.]:online), soil is the foundation that physically supports plants. It is a medium that facilitates the growth of the plant. For a plant to grow into a healthy organism, it needs nutrient-rich soil (Cornell University [n.d.]:online). The *healthcare institution (soil)* is a supportive environment for senior professional nurses in which they are allowed to gain competence and continuously develop professionally during their years of experience as a professional nurse. The healthcare institution plays an important role in the professional development of its nurses by providing them with “*nutrition*” in the form of *training opportunities (water)* that, in turn, builds their *knowledge, skills and attitudes (root system)*.

**Roots** anchor plants (Encyclopaedia Britannica [n.d.]:online) and, similarly, the senior professional nurse’s acquired KSAs anchor him/her as a competent nurse practitioner in the *healthcare institution (soil)*. **Strong root systems** are fundamental anchors into their future roles as facilitators. Root systems, therefore, need to be adequately developed for senior professional nurses to be identified as *potential facilitators* - referred to as *prerequisites*. Each root represents one of the identified prerequisites. The senior professional nurse should be a professionally competent nurse practitioner displaying the necessary knowledge and skills as well as confidence in his/her actions. Minimum requirements for professional competence were established as having at least three (3) years’ experience as a professional nurse and categorisation in either the “*proficient*” or “*expert*” stage, according to Benner’s *Novice to Expert Theory* (see Section 3.3.1), but without necessarily having obtained a post-graduate qualification in a clinical discipline, although it is preferred. The senior professional nurse should have clarity of his/her own beliefs and values, of which personal values must be in line with that of the SANC and the organisation. The senior professional nurse should furthermore display effective interpersonal skills, especially with relation to communication and being a team-player and have effective time-management skills to assist him/her in combining the dual role of nurse practitioner and facilitator. Lastly, the willingness of the senior professional nurse to act as a facilitator was identified as another essential attribute to ensure that there is a commitment to the job and a true dedication to the successful implementation of the Person-centered Nurse Residency Programme. For a comprehensive discussion on the prerequisites of the senior professional nurse, please see Section 5.3.4.

For the plant to grow further, it requires water, which is taken up by the roots and transported to the developing stalk (Encyclopaedia Britannica [n.d.]:online). The *organisation (soil)* is responsible for providing *training opportunities (water)* to the senior professional nurse on the foundational knowledge aspects needed to become a *facilitator (stalk)*, namely person-centeredness and facilitation of learning. As the roots are responsible for taking up the water it will inevitably influence the root system itself as it makes its way to the **developing stalk**. This represents the *changes that occur in the prerequisites of the senior professional nurse*, as the knowledge on person-centeredness and the

facilitation of learning is applied. The training received leads to the *development of the senior professional nurse into a person-centered nurse practitioner as well as a person-centered facilitator*. This is illustrated in the shade of the **stalk becoming darker** as it grows. The professional *development that occurs due to the training* allows for the senior professional nurse, who is now referred to as a facilitator, to **flourish**. For a comprehensive discussion on the foundational knowledge of the facilitator and a list of the associated KSAs, please see Section 5.3.5.

Flourishing of the senior professional nurse/facilitator is illustrated in the conceptual framework as the development of leaves. The *healthcare institution (soil)*, just as it provided support to the senior professional nurse before receiving training, plays an equally important part in providing support to the facilitator in order to successfully fulfil his/her role. The leaves play an important role in the further growth of plants by reacting with sunlight. This process is referred to as photosynthesis and it is responsible for supplying food in the form of sugar to the stalk, leading the stalk to grow taller (Lambers & Bassham 2019:online). As the stalk grows taller, new **leaves** develop at the top of the stem. This is the result of the *additional training* that the facilitator receives on the other components of the Person-centered Nurse Residency Programme before being able to start implementing the Nurse Residency Programme (see Section 5.3.5). The facilitator is now fully trained to start implementing the Person-centered Nurse Residency Programme.

A **flower bud** is symbolic of the NQPN entering the *healthcare institution (soil)* and being allocated to the *facilitator (stalk)*. The stalk and the soil support the flower bud by keeping it upright, which is representative of the facilitator and the healthcare institution providing support to the NQPN. The flower bud is surrounded by bracts, a specialised type of leaf at the bottom of the flower that protects it before opening (Encyclopaedia Britannica [n.d.]b:online). The **bracts** represent the *person-centered learning environment*, which represents the *physical workplace* environment or ward in which the NQPN is placed, where he/she is protected against external elements that may have a negative impact on the NQPN and lead to reality shock (see Section 3.4.2) during the transition period. The *protection* that the bracts provide refer to the supportive organisational systems that are in place, namely feedback and supervision. The learning environment must be conducive to person-centered ways of learning for NQPNs to reach their full potential and to feel supported. The facilitator must orientate the NQPN to the physical workplace environment, equipment and policies and procedures in the specific ward, and should create experiential learning opportunities for active learning to take place to ensure that professional socialisation occurs (see Section 3.4.1), which was identified as one of the objectives of the Person-centered Nurse Residency Programme (see Section 5.3.2.1). For a comprehensive discussion on the *person-centered learning environment* and the KSAs required by the facilitator, please see Section 5.3.6.

Inside the flower bud, a **complete flower** is busy forming, which is indicative of the *NQPN in the transition period*. It consists of two parts, namely the ray flower (petals) and the flower disc (Encyclopaedia Britannica [n.d.]b:online). The flower disc is the round centre part of the flower. It carries the reproductive parts of the flower where seeds are produced

and pollination takes place (Encyclopaedia Britannica. [n.d.]:online). Due to the **flower disc's** round structure it represents *the person-centered learning process, which is a continuous process*. "**Pollination**" takes place as the *facilitator role-models person-centeredness and facilitates learning in the NQPN* through the processes of interprofessional collaboration, communication and applying ethico-legal principles. The *person-centered learning process* focuses on the actual opportunities that the facilitator created in the *person-centered learning environment* through which the NQPN can learn with the goal of meeting the *outcomes of the Person-centered Nurse Residency Programme*. Interprofessional teamwork creates an opportunity for the NQPN to have a clear understanding of his/her role within the interprofessional team and facilitates professional socialisation. It creates shared beliefs and values among team members in order to provide better patient care through a person-centered approach. The second *person-centered learning process* refers to guiding the NQPN to communicate in an effective and culturally sensitive manner, which essentially refers to the ability to communicate in a person-centered way. This may therefore include communicating with colleagues using verbal- and non-verbal strategies, or communication with patients. The ability to communicate effectively is necessary to meet the outcomes of effective conflict-management skills (see Section 5.3.1.5) and effective management skills (see Section 5.3.1.4), which both contribute to reaching the objective of well-being (see Section 5.3.2.3). Lastly, by applying ethico-legal principles in different contexts, the NQPN is able to meet the outcomes of effective problem-solving skills and effective management skills (see Section 5.3.1.2, Section 5.3.1.4). For a complete discussion of the *person-centered learning process* and a list of the associated KSAs of the facilitator needed to implement these processes, please refer to Section 5.3.7.

As NQPNs learn these skills and start applying it to their own practice, it contributes to their professional development, thereby supporting their own *transition from student nurses to professional nurses and facilitating their integration into clinical practice (blooming)*. The process of transition and integration is what is referred to as professional socialisation (see Section 3.4.1).

The **petals** represent the *outcomes of the Person-centered Nurse Residency Programme* that the NQPN meets upon completion thereof. The **open flower** is representative of the NQPN that flourishes by the end of the Person-centered Nurse Residency Programme as he/she has met all the outcomes and has now become a competent, person-centered professional nurse. Each petal represents an outcome of the Person-centered Nurse Residency Programme, namely: theory-practice integration; effective problem-solving skills; effective conflict management skills; and effective management skills (see Section 5.3.1), which collectively enables professional socialisation (see Section 5.3.2.1). For a comprehensive discussion on the outcomes- and objectives of the Person-centered Nurse Residency Programme, please see Section 5.3.1 and Section 5.3.2.

Flowers are fragrant and colourful to attract insects that play a vital role in pollination. Upon completion of the Person-centered Nurse Residency Programme, the NQPN has adopted a person-centered attitude through the person-centered approaches that the facilitator has role-modelled to him/her throughout the implementation of the Person-centered Nurse Residency Programme. The NQPN's person-centered attitude attracts colleagues and patients to him/her, which contributes to the development of effective staff relationships and positive interpersonal relationships with patients, thereby establishing within him a feeling of well-being, which is another objective of the Person-centered Nurse Residency Programme (see Section 5.3.2.3).

The ultimate purpose of the implementation of the Person-centered Nurse Residency Programme is to lay the groundwork for the NQPN and the facilitator, and potentially the rest of the nursing staff and patients to flourish. Aristotle's most famous writing, *Nicomachean Ethics*, denotes his "philosophy of human affairs" or rather, what we strive for as humans; the human good or human flourishing (Bartlett & Collins 2011: p. x). For Aristotle, the aim of being human is to strive for happiness or human flourishing. To achieve a flourishing state, humans desire to "live well and act well" (Aristotle trans. 2011:5). In 2008, Donald Berwick and colleagues provided a framework for the delivery of high-value care in the United States of America, the Triple Aim, that is centered around three overarching goals: improving the individual experience of care; improving the health of populations; and reducing the per capita cost of healthcare. Sikka, Morath and Leape (2015) added a fourth goal, namely improving the experience of providing care. Through the implementation of the Person-centered Nurse Residency Programme, NQPNs, facilitators and nursing staff may experience flourishing.

Flourishing has been described as consisting of positive emotion, engagement, relationships, meaning and accomplishment (Dewing & McCormack 2017:151). For the purpose of the conceptual framework, **flourish** refers to *the experience of joy and meaning in the work environment* for the NQPN, senior professional nurses and facilitators who are essential to the implementation of the programme. Through establishing healthful and respectful relationships and focusing on the individual needs of NQPNs, these nurses transition from student nurse to professional nurse and integrate into clinical practice.

## 6.4 SUMMARY

In Chapter 6, I discussed the conceptual framework and Person-centered Nurse Residency Programme. In Chapter 7, the study's conclusions, contributions, implications for practice and limitations will be discussed.