

Moving from crisis intervention towards person-centredness

Worldwide health care systems are challenged to provide high quality and safe care to all citizens. South Africa is no exception in this regard but as a nation it does have unique challenges in making this happen. At a national level, health care is delivered through a pluralistic health care system with separate public and private sectors, but each responsible for the delivery of the total health services to a population that has both third and first world health conditions (Rowe and Moodley, 2013). Furthermore, owing to the high incidence of acute and chronic diseases and high levels of societal violence, there is an ever-increasing demand for critical care services through designated critical care units.

The Department of Health (2012) indicated that South Africa's predominant nurse-based health care system therefore requires nurses to have knowledge and skills to deliver quality patient care. However, nursing is in a crisis, not only is there a shortage of nurses, but nurse leaders, managers and the public opinion reveal poor standards of nursing care. Headlines in the media (News24 2013) too demonstrate a growing perception that the quality of nursing in South Africa is a concern. Given the number of press reports and media accounts suggesting that nursing may have lost its way in delivering quality compassionate person-centred care (Parliamentary and Health Service Ombudsman, 2011), there is a need to consider how to address this problem. At the heart of these challenges, plaguing health care services is the disengagement of nurses from their work and workplace cultures (Duffield *et al.*, 2009). The situation has led to recommendations for fundamental shifts in health care

cultures, encouraging positive practice environments and the recognition of person-centred approaches. Addressing these recommendations may lead to enhancing the well-being of nurses, have a positive impact on nurse motivation, productivity and performance and in turn support quality patient care (Department of Health 2012:21; McCormack *et al.*, 2007). The South African Department of Health and International Council of Nurses advocate that one of the critical areas that should be given attention to address the shortage of nurses in South Africa is the empowerment of nurses. This can be accomplished by participation in decision-making and sharing responsibilities for achieving quality patient care (Department of Health, 2012; Littlejohn *et al.*, 2012).

Health care services in South Africa attempt to resolve the nursing crisis by providing training using traditional education practices. The topics covered during these sessions are mainly policy driven and utilizes a 'top-down approach'. This approach is of concern because learning is separated from the working environment, and educational approaches used consist of mainly lectures and workshops. Although there is a major focus on monitoring and evaluating patient safety using clinical governance teams and implementing for example 'best care always' evidence-based practices, the educational approaches used neither promote evidence-based health care nor contribute to or address the development of person-centred care cultures. Research data of two unpublished studies reveal that lectures and workshops presented at two private hospitals were not attended despite health care services providing these

sessions as on-duty time (Lategan *et al.*, 2013; Viljoen *et al.*, 2013). The South African Department of Health and the Report of the National Nursing Summit (2011) have emphasized the need for nurses to re focus on taking responsibility for nursing care delivery, create stronger links between theory and practice and establish more effective leadership roles. Emancipatory and transformational practice development methodologies, with their focus on the development of evidence-informed and person-centred cultures, have been used internationally for many years and have been shown to be effective in changing culture, enhancing person-centredness and improving the experiences of giving/receiving care (Manley *et al.*, 2008; McSherry and Cox, 2008).

Reflecting on the crisis in critical care nursing in South Africa and the limited effectiveness of existing (mainly training) strategies for addressing this, academics from the Department of Nursing, University of Pretoria, envisioned the facilitation of change through practice development with the intent of moving the existing workplace culture towards one that would be more person-centred. The methods embraced by practice development methodology enable the recommendations of the South African Department of Health and the Report of the National Nursing Summit to be made real as they focus on shared team values, individual and team effectiveness, the use of evidence in practice, learning in and from practice using work-based and active learning approaches and the development of leadership. A collaborative agreement has been formed between the University of Pretoria and Queen Margaret University Edinburgh

in order to effect this change in a systematic way, as well as engage in process and outcome evaluation.

Using the Person-centred Practice Framework of McCormack and McCance (2010) a 3-year emancipatory practice development programme is being implemented in 11 intensive care units (ICUs), using cooperative inquiry methodologies and a multi-method pre-post intervention design. The programme formally started in September 2013 where access was gained to 11 ICUs in Pretoria and Johannesburg. Then in January 2014 two workshops were held where both external facilitators (university academics) and internal facilitators (critical care nurses) were prepared to be engaged in facilitating developments in practice in the 11 participating ICUs. Through collaboratively analysing a total of 230 h of observations of practice, the 'Big Seven' challenges in ICU practice were identified, namely: Care and Caring, Communication, Therapeutic Environment, Team Effectiveness, Learning Environment, Time Management and Professionalism (not in order of priority). By means of a practice development intervention, critical care nurses are being facilitated and supported to address these challenges and re claim their responsibility for implementing, monitoring and evaluating evidence-informed critical care practices. Outcomes are being evaluated from the perspective of the changes in the context and workplace culture as well as the value of a practice development programme for individuals, teams, patients and their families and organizations.

This is the first time that the methodology of practice development is being used in a South African context. Overall the programme is highly valued by all those who are participating in

it. Whilst there are significant cultural differences between the South African context and other (Western) countries where practice development has been previously used, we would suggest that the principles can be applied in these contexts as long as the facilitators have a high level of cultural competence. The nurses who are engaging in this programme predominantly came from a place of disempowerment and the ways of working have opened a window of opportunity to change this context. The on-going action research/practice development programme is being observed by other key stakeholders with great interest and its potential to achieve cultural change in nursing and patient/family care will be carefully evaluated.

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REFERENCES

- Duffield C, Roche M, O'Brien-Pallas L, Catling-Paull C, King M. (2009). Staff satisfaction and retention and the role of the nursing unit manager. *Collegian: Journal of the Royal College of Nursing, Australia*; **16**: 11–17.
- Lategan K, Heyns T & Coetzee I. 2013. *Evaluating a continuous professional development programme for critical care nurse practitioners in a private hospital in Gauteng*. Unpublished M Cur dissertation, University of Pretoria, Pretoria.
- Littlejohn L, Campbell J, McNeil JC, Khayile T. (2012). Nursing shortage: a comparative analysis. *International Journal of Nursing*; **1**: 22–27.
- Manley K, McCormack B, Wilson V, (eds). (2008). *International practice development in nursing and healthcare*. Oxford: Blackwell Publishing.
- McCormack B, McCance T. (2010). *Person-centred nursing: theory, models and methods*. Oxford: Blackwell Publishing.
- McCormack B, Wright J, Dewar B, Harvey G, Ballantine K. (2007). A realist synthesis of evidence relating to practice development: recommendations. *Practice Development in Health Care*; **6**: 76–80.
- McSherry R, Cox K. (2008). Evidence use in practice development. In: Manley K, McCormack BK, Wilson V, (eds), *International Practice Development in Nursing and Healthcare*. Oxford: Blackwell Publishing; 295–318.
- News24. (2013). Nurses ignore mom giving birth on pavement. <http://www.news24.com/SouthAfrica/News/Nurses-ignore-mom-giving-birth-on-pavement-20121121> (accessed 12/03/13).
- Parliamentary and Health Services Ombudsman. (2011). Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people. http://www.ombudsman.org.uk/_data/assets/pdf_file/0016/7216/Care-and-Compassion-PHSO-0114web.pdf (accessed 18/05/14).
- Report of the National Nursing Summit. Reconstructing and revitalising the nursing profession for a long & healthy life for all South Africans (2011). <http://www.iussonline.co.za/iuss/wp-content/uploads/2012/10/National-Nursing-Summit-Final-draft-17-June-2011.pdf> (accessed 15/05/14).
- Republic of South Africa, Department of Health. (2012). The national strategic plan for nurse education, training and practice 2012/13–2016/17. http://www.sanc.co.za/archive/archive2013/linked_files/Strategic_Plan_for_Nurse_Education_Training_and_Practice.pdf (accessed 12/05/14).
- Rowe K, Moodley K. (2013). Patients as consumers of health care in South Africa: the ethical and legal implications. *BioMed Central Medical Ethics*; **14**: 15 <http://www.biomedcentral.com/content/pdf/1472-6939-14-15.pdf> (accessed 8/04/13).
- Viljoen M, Coetzee I & Heyns T. 2013. *Strategies to enhance attendance of a continuous professional development programme for critical care nurse practitioners at a private hospital in Gauteng*. Unpublished M Cur dissertation, University of Pretoria, Pretoria.