

# Understanding Nurses and Midwives Experience of Practice Development Activity during Covid19: An appreciative inquiry.

The 'U N ME' PROJECT

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## Abbreviations

ePD	Emancipatory Practice Development
NSW	New South Wales
NNSW LHD	Northern New South Wales Local Health District
PDC	Practice Development Consultants
PD	Practice Development

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## ABSTRACT

### Background

Nurses and midwives work in rapidly changing conditions where positive outcomes are associated with the practice environment. Little is known about nurses and midwives experience of practice development activity in their workplace.

We aimed understand the experience of Practice Development activity through Appreciative Inquiry (AI). Objectives were: Understanding experience of PD activity through AI; Exploring staff sense of purpose, achievement, belonging, security, continuity and significance; Grounding emancipatory PD concepts in learning and development; Informing future practice development strategy to embed in corporate strategy

### Methods

A mixed methods approach using an 'Appreciative Inquiry' cycle of discovery, envisioning, co-creating and embedding transformative actions was used including pre-implementation surveys, virtual emancipatory action learning and post-implementation focus groups.

The emancipatory action learning program topics included an overview of practice development and person-centred care, self-care, ways of working together, vision and values for a better future, an introduction to 'Appreciative Inquiry' and the use of practice development tools.

### Results

Prior to the action learning program survey participants reported an 'Often' median response to their sense of security, belonging, continuity and purpose in their PD activity. Their sense of achievement and significance was at a lesser extent, with a 'Sometimes' median response.

Virtual workshops were viewed positively. Staff expressed the ability to join from anywhere, reduced travel, hearing multiple voices, being comfortable answering without judgement, fun and interactivity as reasons to include virtual AI in future activity.

'Below the Surface' and 'Growing Together' are emerging concepts from both the workshop and focus group data.

### Conclusion

The project offered new insight into nurses and midwives 'Senses', and their willingness, openness and ability to rapidly adapt to innovative technologies. This allowed us into workplace practice development reality and a deeper understanding of the PD environment.

### Implications for Practice

'Virtual Appreciative Inquiry' can be used to facilitate PD activity in a pandemic where face to face work is not possible. Enabling a profound understanding of staff experience and workplace cultures, AI engages teams in interpersonal skill development and grounds PD concepts in learning and development.

**Keywords:** Practice Development, Appreciative Inquiry, Senses Framework, Empowerment, Engagement, Emancipation, Transforming Practice, Workplace Culture

## EXECUTIVE SUMMARY

Nurses and midwives are working in demanding, complex and rapidly changing environments, where positive staff and patient outcomes are associated with the practice environment. The practice environment during Covid19 is extraordinary. Understanding nurses and midwives experience of developing practice during this time, what we can do better together to support that experience, and achieve ongoing engagement with practice development activity, is essential research. New knowledge can be used in strengthening the practice development framework for transforming practice based on locally researched evidence. 'Transforming Practice' is a strategic priority for our district fostering a service with a robust culture of enquiry and practice development, where strengths and positive qualities are developed building capacity and capability

For staff during Covid19 high levels of stress, anger, anxiety and burnout sit alongside equally strong feelings of motivation, optimism and hope. Discovering what developing practice together is like, and counteracting any negative impacts through the use of appreciative inquiry, has never been more important than now. Reenergising staff with all their 'Senses' fully engaged will create positive outcomes for staff, patients and their families.

### AIM

Understanding the experience of Practice Development (PD) activity through Appreciative Inquiry

### OBJECTIVES

- Exploring staff sense of purpose, achievement, belonging, security, continuity and significance
- Grounding PD concepts in learning and development
- Informing future practice development strategy to embed in corporate strategy

Our mixed methods emancipatory action research project was supported by a strengths based 'Appreciative Inquiry'. The project included a pre-workshop 'Senses' survey, emancipatory action learning programme and a post workshop focus group.

Workshops were designed using AI and PD methodology, language and skills. The following sessions made up the 'Foundational PD Module':

- 'PD Overview & Person-centered Care'
- 'Compassionate Self Care' (2 parts)
- 'Ways of Working & Values Clarification'
- 'Appreciative Inquiry'
- 'PD Tools Overview' consisting of 'Claims Concerns & Issues', 'Circle of Concern/ Influence' and 'Patient Stories'.

Our survey findings show that nurses and midwives have a relatively strong (75% often & always), sense of security: feeling safe (free from threat, harm and discomfort), participating in practice development activities. This was a surprise finding given the anecdotal evidence to the contrary, with stories that nurses did not feel safe to raise issues regarding the need to change practice with their colleagues. Their sense of 'Belonging': to feel part of a valued group, accepted as part of the team with a recognised contribution,

and ability to maintain or form meaningful relationships in practice development activities is also mostly intact (63% often & always). Their sense of continuity: ability to make links between the past, present and future with your past experiences and expertise acknowledged, and utilised with practice development activities, was also a surprise finding (61% often or always). We had anecdotal reports that nurses and midwives did not honor or respect older nurses expertise, nor acknowledge transferable skills that staff bring from one area to another. Nurses and midwives sense of purpose: to enjoy meaningful activity, and ability to work with others towards common achievable goals in relation to practice development activities was relatively intact (63% often or always).

Less positive findings were nurses and midwives sense of achievement (47% often & always) and sense of significance (45% often & always). It is concerning to us that the sense of achievement: the ability to set meaningful and valued practice development goals in collaboration with others to the satisfaction of self and/or others. And, ability to celebrate individual and collective achievements in relation to practice development activity, is less than desirable. It is also concerning that staff sense of significance: the feeling that they matter, their actions and existence are of importance and are valued by others in relation to practice development activities is suboptimal. These are important findings given nurses and midwives make up approximately 65% of the Australian health workforce (Australian Institute of Health and Welfare), and therefore have the numbers to significantly impact practice change.

Survey findings showing a lessened sense of achievement and significance is concerning. Small acts can heighten both these senses. Nurses and midwives are willing to learn and adapt to virtual worlds adding a new dimensions and understanding of developing practice together and the practice environment. Appreciative Inquiry tools adapt well to innovative technology and can be used to drive positive person centred practice environments. We should not shy away from what lies below the surface, and in doing so can grow together.

The project offers new insight into nurses and midwives 'Senses' and their willingness, openness and ability to rapidly adapt to innovative technologies. This allowed us into their workplace practice development reality and a deeper understanding of the PD environment. Heightening nurses and midwives sense of achievement and significance through small acts kindness is infinitely possible and well within the sphere of influence of all stakeholders.

### Recommendations

1. The findings from this project should be utilised to inform future practice development frameworks, and embedded into corporate strategy.
2. Continue using virtual AI to engage teams in interpersonal skill development and embedding PD concepts throughout learning and development, to enable a profound understanding of staff experience and workplace cultures.
3. A sense of achievement and significance can be enhanced through small acts of kindness, facilitated critical reflection, and ongoing incorporation of SMART goals to support PD activity in the development, use of and evaluation of evidence in the workplace.
4. Ongoing staff consultation around developing better ways of celebrating the significance and achievements they make within the practice environment.

# FULL REPORT

## Introduction

### Context

This report is written for the rural health service stakeholders in our project: NNSW LHD Nursing and Midwifery Executive; NNSW LHD Nursing and Midwifery Research Committee; NNSW LHD Research Governance Committee; NNSW LHD Education Committee; the nurses and midwives of NNSW LHD and the HETI RRCBP Managers. It is anticipated that there will be wider interest from the NSW Nursing and Midwifery Office (NAMO), including the NAMO Essentials of Care Forum participants from across NSW.

### NSW Health

NSW Health took a practice development approach towards person centred practice through the 'Essentials of Care' programme for over 12yrs (New South Wales Government Health, 2019). Across NSW there were reported pockets of success with various elements of the EOC programme (Murray et al., 2012, Drayton and Weston, 2015, Francis et al., 2016, Mulcahy et al., 2018). There was also evidence of waning enthusiasm and engagement with the programme. Watling (2015) reported that over half the participants in the EOC Facilitators programme had not applied their skills and knowledge in the practice environment. Contributing factors to the decline in use of the programme included: facilitator disengagement with few staff completing the full programme, along with lack of governance and leadership (Watling, 2015).

### Northern NSW LHD

In Northern New South Wales Local Health District (NNSW LHD), there is anecdotal evidence of similar outcomes, and little evidence on how nurses and midwives experience practice development activity itself within their practice environments. Building a "service with a strong culture of enquiry and practice development where strengths are identified and positive attributes utilised to build increased capacity and capability among nursing and midwifery staff along with the development and implementation of a service wide practice development framework, is a strategic priority for our district" (Nursing & Midwifery Services NNSW LHD, 2018) (Pg.3). The decision was made at executive level to rebrand the programme into 'Transforming Practice for Our Patients' so that it took a more holistic view of practice development than the Essentials of Care programme alone.

Our need to implement this project came about from these priorities, and the anecdotal evidence that interest in the existing practice development programme 'Essentials of Care', had waned. We had learnt from stakeholders that there were a number of benefits and challenges with the programme that differed depending on the clinical setting, and the context of care. We wanted to know what this experience had been like so that we could take the strengths of the EOC programme into the Transforming Practice for Our Patients framework.

### Practice Development Consultants

There are two Practice Development Consultants in NNSW LHD responsible for enabling person centred practice development initiatives that transform practice in the workplace. Our job is to facilitate the role out of the programmes that fall under the banner of 'Transforming Practice for Our Patients' using practice development principles and methods. With waning enthusiasm and support for the Essentials of Care programme, and a new strategy in play it was important to us as PDC's to understand nurses and midwives experience of practice development activity in their clinical units.

We believed that despite the pockets of success for the Essentials of Care Programme, that there was little understanding of the core practice development concepts and a common language, so we began to

develop a series of modular workshops that could be rolled out across the clinical units within NSW LHD to ground foundational PD programme concepts in learning and development. This provided the ideal opportunity to understand what nurses and midwives experience of practice development activity currently was, so that we could strengthen the programme based on locally researched evidence to develop a new practice development framework for transforming practice. We were very grateful to the Nursing & Midwifery Executive who saw the potential in this project and allowed us to find innovative ways to continue throughout the Covid19 pandemic.

## Literature Review

### Practice Development Importance

Practice Development is important because it is growing as an internationally recognised approach for transforming the culture of care, creating good places to work, and ensuring that the best evidence and research informs everyday practice so that care is person-centred, safe and effective (England Centre for Practice Development, 2019, Heyns et al., 2017). Transformative cultures are fit for the environment, able to adapt and flex in positive ways, being proactive rather than reactive (McCormack et al., 2013). This is challenging in the bureaucratic, risk averse, deficit based world of public health care (Murray et al., 2012, Roche et al., 2016)

Practice development deals specifically with the world of nursing practice and as such is described as messy, complex and somewhat intangible (Titchen, 2011, McCormack et al., 2013). To untangle some of the mess for the reader, the current literature reviewed explored the key practice development concepts we utilised for this project: The current practice environment; Practice Development; Appreciative Inquiry; and the Senses Framework.

### What we know about Practice Development

#### *The Practice Development Environment*

An abundance of current literature describes nurses and midwives as working in demanding and rapidly changing complex landscapes, where positive staff and patient outcomes are associated with person / relationship centred, culturally safe practice environments (McCormack, 2011, Sherwood et al., 2018, Wilson et al., 2020, Cardiff et al., 2020). The quality of practice and the practice environment in Australia, is said to have declined over a ten-year period with nurses observing greater uncertainty, delayed or missed tasks and an increase in perceived negativity in their current roles (Roche et al., 2016). More recently during the Covid19 pandemic Wolf (2021) describes the need to transform the practice environment from a humanistic perspective taking into account the experience of healthcare workers who are described as feeling hopeful and motivated going to work, but also anxious, stressed and burned out.

Engagement in practice development seeks to enlighten and emancipate staff in a positive way to transform practice and peoples experience in the practice environment (Boomer and McCormack, 2010). There is mounting evidence that PD has a positive effect on person centred cultures and care (McCormack et al., 2009, Shaw, 2012, Edgar et al., 2020). Given the impact practice development has and the range of methods under its umbrella there is both the potential and the opportunity to do more (Shaw, 2012).

#### *Practice Development*

Emancipatory Practice Development or PD as it is more commonly known, is a methodology with a set of principles empowering both teams and individuals' to engage in person centred ways and supports practice innovations improving patient care (Dewing et al., 2014). Person centred care and practice have evolved internationally, with countries taking a variety of approaches (McCormack et al., 2015). The

overall aim of PD activity is safer and more effective person centred care through developing clinical practice and the practitioner to contribute to innovative quality health care (McCormack et al., 2013). To do this successfully 'soft emancipatory skills' need to be developed equally alongside technical practice development skills (Dewing et al., 2014, Shaw, 2012, Fairbrother et al., 2015).

The most common practice development definition in current literature, and used to provide clarity throughout this project, is from Dewing, McCormack and Titchen (2014) who define PD as "a continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals & teams to blend personal qualities & creative imagination with practice skills & practice wisdom" (Pg.9). Furthermore, both individual and team practices are said to be transformed by the learning that occurs (Wilson, 2005, Heyns et al., 2017). This transformation is sustained by embedding both processes & outcomes in corporate strategy (Manley et al., 2008).

According to Dewing (2014) PD has a set of core principles:

- Person-centeredness
- Effective workplace culture
- Facilitation
- Collaboration, inclusion & participation
- Work based learning (active learning)
- Development & use of evidence in practice
- Evaluation
- Creativity

PD principles and frameworks provide active support, facilitation and systematic inquiry (Manley et al., 2008). McCormack (2011) contends that practice development is the only development activity that has the potential to both impact on practice, and contribute to knowledge generation through research simultaneously. In the same paper McCormack (2011) asserts that practice development is a method to the co-creation of knowledge, that has the potential to demonstrate impact at all levels, and as an integral part of the research process.

Practice Development consultants understanding of nurses and midwives' experience of PD activity in the workplace is critical in providing information to guide the programme's future, refining it to ensure an environment of enlightened, empowered, emancipated and engaged nurses and midwives (Manley and McCormack, 2003). Long term success for the PD programme would see PD strategies sitting comfortably alongside both evidence based practice and corporate strategy, consequently aiding the operationalisation of evidence-based emancipatory PD on to a level playing field with its partner; technical practice development (Fairbrother et al., 2015). This work takes practice development facilitation skill.

#### *Practice Development Facilitator Skills*

The literature also reveals a significant amount of research on the development of PD facilitators skills in developing the practice of teams and individuals (Dewar and Sharp, 2013, Heyns et al., 2017). Knowledge translation requires PD facilitators skilled in: theory-practice application; facilitation of learning; increasing collaboration between individuals and teams; effective communication; facilitation of change; time management and role modelling (Heyns et al., 2017). Dahl, Dewing, Mekki, Haland and Oye (2018), add to this skill set stating that effective education intervention requires facilitators who: respect and adjust to changeability in the workplace, with facilitation skills that value team experiences; identify learning needs;

offer feedback; and contribute to finding solutions in the moment. Dahl et al., (2018), also noted that flexibility on the behalf of facilitators is imperative in terms of how new knowledge can be used in person-centred ways.

Practice developers must show leadership towards more person centred cultures through upholding PD principles particularly in participation, collaboration and motivation of staff (Cardiff et al., 2018). This is crucial to create conditions for growth in the facilitation of and sustainability of cultural change (Boomer and McCormack, 2010, Carr and Clarke, 2010, Cardiff et al., 2018). Such a skill set was also crucial to an emancipatory action research project where we were as immersed in the project as skilled facilitators of it (McCormack et al., 2013).

### *Appreciative Inquiry (AI)*

#### *Appreciative Inquiry in Health*

Developed by David Cooperrider in the 1980s, AI is increasingly being used to positively transform practice in health care as an antidote to high levels of stress, and dissatisfaction amongst nurses, plus a more demanding and critical public (Watkins et al., 2016, Trajkovski et al., 2013b). There is also mounting awareness in using AI in both theory and as a method to support practice development in healthcare, especially its use for researchers such wanting to create psychologically safe spaces reflexive for people to open discussions, explore ideas and generate possibilities (Roddy and Dewar, 2016, Hung, 2017).

Trajkovski (2013a), asserts that AI is an emerging research perspective with origins in action research and social constructionism, that delivers both individual and organisational learning along with organisational transformation. Trajkovski (2013b), also contends that AI engages people with its flexible innovative approach and easy adaption for different contexts focusing in on solutions, not problems.

#### *Appreciative Inquiry Principles*

Appreciative Inquiries Principles and solutions focus, centring on positivity and what works well for people within systems, is what attracted us as both PDCs and researchers. This is especially so in the deficit and problem based culture of healthcare. Cooperrider (1986), asserts that the premise of AI is to focus on spending time observing what is working well in practice and understanding how we can make this happen more of the time, in this way transformational practice development can occur. We understood how this focus and AI principles would fit within a clinical practice development environment: The AI principles being:

- The poetic; 'what we focus on grows'
- The constructionist; 'words create worlds'
- Simultaneity; 'inquiry is change – the first question is fateful...'
- Anticipatory; 'images inspire action'
- The positive; 'positive emotions and actions lead to positive outcomes'
- And the three emergent principles
- The wholeness principle; 'we do not exist in isolation'
- The awareness principle: 'consciously and deliberately aware reflective of our interactions'
- The enactment principle; authentic living with appreciative intent. Actions speak louder than words.

Similar to Trajkovski's (2013b), thoughts on AI's applicability to nursing and midwifery, we believe AI's principles align well with nursing's holistic person centred values and a similar process to nursing's own five stages of: assessment, diagnosis, planning, implementation and evaluation. The nursing process is also aligns well Cooperriders (1986) four stages in the AI cycle as: Discovery, Dream, Design and Destiny, and therefore will feel familiar to nurses and midwives.

### *Appreciative Inquiry Adaptation for the Healthcare Environment*

Belinda Dewar (2013) refined Cooperriders four stages and process of AI for the health care environment to familiarise it to nursing and midwifery, make the language more meaningful to practitioners and to ensure that ways of co-creating and developing practice together is overt. The four stages of Dewar's model are: Discover, Envision, Co-create and Embed (Figure 1). This process applied well to our research question inspiring generative learning for both researchers and participants (Cooperrider, 1986). The process is cyclic with a continuous process of data collection, feedback and reflection acting on what matters most to people and being reflexive in the process (Watkins et al., 2016).

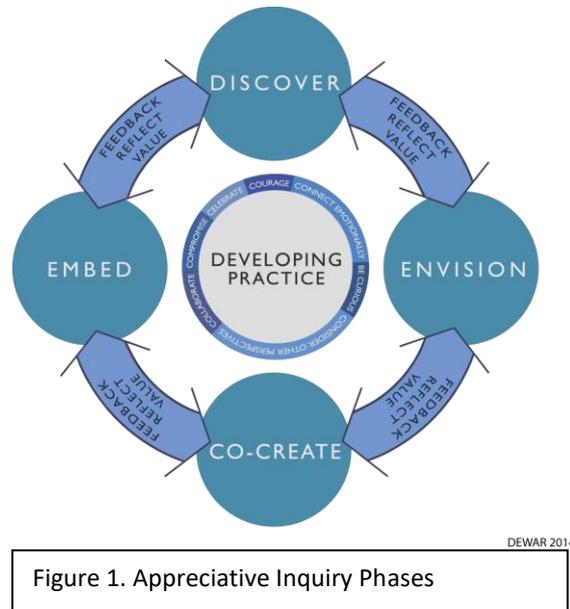


Figure 1. Appreciative Inquiry Phases

### *7Cs of Caring Conversations*

Within Dewar's (2017), AI Framework, there are '7 Cs' of 'Caring Conversations' that heighten awareness, insights and positive outcomes for everyone. These 7 Cs were integral to our project to enrich the quality of our relationships in both our approach towards participants, and how we taught participants to approach others as part of the 'U N ME' workshops (Dewar, 2011). We then used this knowledge to work with the participants to shape new ways things were done and teach them to do the same (Dewar and Sharp, 2013). The 7Cs relational aspects can be seen in detail in Figure 2. According to Dewar (2011, 2013), the 7 Cs and associated question styles are:

- "Connecting people emotionally: - How did this make you feel? I feel.....You made a difference to my day because.....
- Considering other perspectives: - Help me to understand where you are coming from? What do others think?
- Be Curious: - What strikes you about this? Help me to understand what is happening here? What prompted you to act in this way? What helped this to happen? What stopped you acting in the way you would have wanted to? What do you care about most?
- Collaborating: How can we work together to make this happen? What do you need to help you to make this happen? How would you like to be involved? How would you like me to be involved? What would success look like for you?
- Compromising: What is important to you? What would you like to happen? How can we work together to make this happen? What is real and possible?
- Be Courageous: What matters? What would happen if we gave this a go? What is the worst that could happen if you did this?

- Celebrating: What worked well here? Why did it work well? How can we help this to happen more of the time? If we had everything we needed what would be the ideal way to do this? What are our strengths in being able to achieve this? What is currently happening that we can draw on? I like it when you.....”

The 7C's create a compassionate person centred model from where relationships between staff, patients, and us as researchers are seen as vital (Roddy and Dewar, 2016). Compassion towards self and others is also integral to the person centred care within framework (Dewar, 2012, Dewar, 2013, Dewar and Nolan, 2013, Van Lieshout et al., 2015). For this reason and in the face of the Covid19 pandemic we chose both the 'Senses Framework' and Self-care as baseline data for the project.



Figure 2. 7Cs of Caring Conversations

### The 'Senses' Framework.

AI is philosophically supported by Nolan's (2006), 'Senses Framework' that suggests fulfilment of six senses creates a space where staff and patients were thrive. Hundreds of patients, family carers, practitioners and students have participated in the development of the 'senses' framework, in response to the need for positive workplace culture, based on good relationships for all (Ryan et al., 2008). The 7Cs were empirically developed to support the translation of these six senses into practice (Dewar, 2011, Dewar et al., 2017).

The six senses being a sense of; security, belonging, continuity, purpose, achievement and significance (Nolan et al., 2006a). Nolan suggests that for practice to develop staff need to experience these 'senses' themselves (Nolan et al., 2006b). As such, using AI within PD work and as the methodology underpinning the U N ME research project brings all the conceptual strands of an emancipatory action research project together into practical applications (Dewar and Sharp, 2013).

We chose the 'Senses' framework as a benchmark for understanding nurses and midwives experience of practice development in the workplace as it is a conceptual and analytic tool that shines a light on the important dimensions of person and relationship-centred care highlighting areas for improvement (Orr et al., 2014, Cooper et al., 2013, Nolan et al., 2006b). We believed it had direct practical application in

capturing the range of complex factors in the conceptual and intangible world of practice development (McCormack and McCance, 2016).

### What we don't know

What is not so well described in the literature and needs further exploration is what it is like to be involved in practice development activity, any links between these experiences and the approach taken to practice development and its influence on individuals or teams (Shaw, 2012). Our mixed methods approach aimed at exploring these concepts in a rural health environment.

### Research Question, Aim and Objectives

What are nurses and midwives experiences of Practice Development activity in the workplace, at a regional health care service in NSW?

#### Aim

The aim of the study is to understand nurses and midwives experience of emancipatory PD activity in the workplace, in a rural health care service in NSW.

#### Study Objectives

- Explore nurses and midwives' sense of purpose, achievement, belonging, security, continuity and significance within their practice development.
- Ground foundational emancipatory PD programme concepts in learning and development.
- Inform future practice development strategy to embed in corporate strategy

### Method

#### Study Design

Inspiring generative learning for both researchers and participants a mixed method emancipatory action research project was supported by a strengths based 'Appreciative Inquiry' approach including: the 'Senses Framework', 'Visual Inquiry Cards' and 'Positive inquiry' (Nolan et al., 2006a, Dewar and Sharp, 2013). We utilised Professor Belinda Dewar's adaption of the AI process as described in the literature review to ensure our method was suited to the healthcare environment. Both Visual Inquiry and Positive Inquiry come from a suite of AI tools used to explore the practice environment in a creative way (Dewar, 2020). The tools have proved valuable to dig deeper into complex concepts in healthcare, and increase engagement in the practice development process (Dewar, 2012).

#### Emancipatory Action Research

Emancipatory action research to free staff from the hamster wheel to reflect on what they do and how they do it was critical to this project and fits well with practice development principles (McCormack et al., 2013). This work is underpinned McCormack's theory (2011) 'engaged scholarship' with shared responsibilities between all parties. Such an approach fitted well with our objectives focussing on understanding both the phenomena being explored (nurses and midwives experiences), and the process being used in translating practice development knowledge into practice, thus transforming practice (Manley, 2000). Pre intervention questionnaires were formulated from Dewar (2013), and Nolan's (2006b), Senses framework (Appendix 1.) A virtual follow-up focus group explored nurses and midwives experience of the emancipatory PD activity in the workplace using AI through Skype and the interactive

presentation platform Mentimeter. Mentimeter was utilised to increase participant responsiveness, engagement, and knowledge, while reducing boredom (Dawson, 2021).

### *Appreciative Inquiry Phases*

The 'Discovery' phase of the 'U N ME Project' consists of the 'Senses Framework' survey (Appendix 1), followed by an 'Envisioning' phases of guided and facilitated foundational PD action learning workshops. Co-creating phases followed with the Focus Group, and an Embedding Phase with Data Dissemination and discussions informing future practice development strategy and corporate strategy.

With an emancipatory PD approach, the PD skills development workshop sessions designed for the intervention part of this action research project, were based on principles and theories from diverse yet complementary approaches: the preceding 'Essentials of Care' (EOC) education programme, the PD work of Dewing, McCormack and Titchen (2013, 2014, 2016), and the 'Appreciative Inquiry' (AI) work of Cooperrider (2020, 1986) inclusive of Dewar's adaptations for health (2012, 2013, 2016, 2016, 2019). Given the pandemic status of the country at the start of this project 'Self-care' on along with 'Compassionate Workplace Culture' were viewed as appreciative approaches foundational to person centred care within the programme (Sharp et al., 2017, Ministry of Health NSW, 2014, Dewar, 2013).

The 'Envisioning' part of this rural research project became known as the 'U N ME' project. It was a suitable acronym for understanding nurses and midwives experience pf practice development activity through 'You & Me' together. Session design was through active learning experience in foundational PD methodology and skills (Dewing et al., 2014). The workshops included of 6 x 1/2hour virtual or face to face sessions depending on pandemic level restrictions in any given week. The content included:

- PD Overview & Person-centered Care
- Compassionate Self-Care
- Ways of Working & Values Clarification
- Appreciative Inquiry
- PD Tools Overview: Claims Concerns & Issues, Circle of Concern & Circle of Influence & Patient stories

The workshops were delivered across NNSW LHD sites from February to November 2020 and were available to all nurses and midwives employed at the Northern NSW LHD. The PD workshops were conducted in work hours, those indicating an interest in attending were given release time by clinical managers.

The 'U N ME Project' was designed by us as experts in practice development, to better support nurses and midwives to hear each other's voice, find their own voice and inspire others to find theirs (Covey, 2006, Watkins et al., 2020), to bring about change in practice. Practice change comes about by engaging staff in PD transformation: knowledge, understanding and activity in the workplace (Heyns et al., 2017). Being engaged, empowered and emancipated to participate in PD activity in the workplace requires a sense of belonging, continuity, and security along with sense of achievement, purpose and significance through an appreciative approach to positively transform practice and culture (Garbett and McCormack, 2002, McCormack and Garbett, 2003, Nolan et al., 2006a, Hensel and Stoelting-Gettelfinger, 2011, Sharp et al., 2017). Therefore it made 'sense' to use the Senses Framework as part of our baseline data.

Self-care and compassion, compassion for others and a compassionate workplace is described as a bedrock of transformative cultures (Dewar, 2013, Mills et al., 2015, Van Lieshout et al., 2015, Valizadeh et al., 2018). Compassion for self and others was brought to the fore in this project with the declaration by the World Health Organisation of a global pandemic of Covid-19 in March 2020, and Australian Pandemic Level 3 restrictions in the same month. Compassionate expert facilitator support In order to develop the skillset required to meet new and competing demands in such situations were also critical to the leadership of the project (Penney and Ryan, 2018). The PDC's as expert facilitators in their field were well placed for this project to have continued throughout the pandemic.

### *Unfolding Stories*

Virtual 'Unfolding Stories' were used to gather data during workshops using positive inquiry to explore participants experience of practice development in their workplace. Unfolding Stories are a part of a suite of open access tools provided by Dewar (2020), to help facilitate AI work. Dewar describes storytelling is a crucial part of life, and the sharing of stories as the foundation of relationship-centred practice. She says that through stories people can hear what others are feeling be moved enough to be interested in finding out more. Dewar explains that new insights and a deeper understanding of other peoples' experience is discovered through both verbal and written stories, offering up other people's perceptions, and helping us to work better together to shape how things are done. Dewar (2020) maintains that in LIFE we are constantly inquisitive "about what helps people to tell their own stories, and hear the stories of others". Dewar's (2012) 'Unfolding Stories' resource is one way in which to facilitate story-telling and was adapted for virtual use by us throughout the 'U N ME' workshops for this project.

### *Ethics Approval*

The study was conducted in full conformance with principles of the National Statement on Ethical Conduct in Human Research 2007 (The National Health and Medical Research Council et al., 2007 Updated May 2015).

Ethics approval was submitted via the online platform REGIS: Research Governance Information System project identifier 2019/PID5119. Ethics was granted by the North Coast NSW Human Research Ethics Committee: 2019/ETH13498 11 Dec 2019 Site specific approval for NNSW LHD: 2019/STE17431 11 Dec 2019.

### *Study setting/location*

Northern NSW Local Health District

### *Study population*

Nurses and midwives from Northern NSW Local Health District.

### *Eligibility criteria*

#### *Inclusion*

Nurses and midwives enrolled in the four PD education sessions at Northern NSW Local Health District.

#### *Exclusion*

None

## Study Procedures

### *Recruitment of Participants*

Nurses and midwives within NNSW LHD were invited to participate in the study. A study advertisement was posted on intranet banners and sent to all nurses and midwives through the Directors of Nursing & Midwifery by email. An invitation to participate in the study was presented at the Northern NSW LHD Nursing and Midwifery Education Committee prior to the commencement of the PD education. Information about the study was be given to the Nursing and Midwifery Services Directorate prior to the commencement of the PD education.

A study Participant Information Statement (PIS), accompanied the email acknowledgment to nurses and midwives informing them of their enrolment into the PD education. Investigator contact details were provided on the PIS to give nurses or midwives the opportunity to ask any questions about the research.

Participants were enrolled in the PD education module to complete the 6 x1/2 hr. PD education sessions. The PD education was rolled out across the Northern NSW LHD from February 2020 to November 2020.

Pre and post questionnaires were made available online and in hard copy prior to the commencement of the PD education. A reminder email was sent two days prior to the commencement of the education. The post questionnaires were available online and in hard copy for participants to complete following the final session and remained open for two weeks, with a reminder email seven days after the final session. The questionnaires took approximately 15mins to complete. Electronic surveys were be returned using a NNSW LHD approved secure online site accessed only by the research team through QARs. For those completing a hard copy a sealed box was available at the education venues.

‘Unfolding Stories’ and ‘Visual Inquiry question data were collected from workshop participants using Mentimeter online interactive software. This data was anonymous and untraceable to individual participants. Those participants indicating an interest in participating in a post workshop focus group discussion met virtually for approximately 1hour within work time via Skype due to pandemic level restrictions. Focus group participants were recruited through an invitation attached to the final questionnaire and by verbal invitations after the final education session. Those indicating an interest were sent a PIS and a consent form completed prior to the focus group.

### *Focus Group*

Focus groups were utilised as a form of emancipatory action research to engage participants in reflective practice and conversations to explore how divergent or convergent views emerge, how participants react to the views of others, and to promote practice change (McCormack et al., 2013, Orr et al., 2014). The focus group discussion aimed to draw from the complex personal experiences, beliefs, perceptions and attitudes of the participants through moderated interaction to uncover peoples experience of the PD workshop activity, and the impact on the ‘Senses’ (Krueger and Casey, 2000). Focus group questions have been generated from ‘Positive Inquiry’, one of the suite of ‘Appreciative Inquiry’ tools generated by the team at My Home Life, Scotland (Sharp et al., 2017, Dewar, 2020).

Questions included:

Choose an image or two that represents what worked well for you with the U N ME modules?

What did the image/s say about your experience?

What else helped you to have a good experience of the U N ME modules?

Participants were also asked four 'Likert' Scale questions based on the Kirkpatrick's (2016) model; reaction, learning, behavior, results, model of training session evaluations. Likert scale questions are commonly used by researchers to test attitude (Croasmun and Ostrom, 2011, Joshi et al., 2015). The questions were run through Mentimeter's interactive slides with polling capability.

U N ME Sessions:

- Made a difference to me
- I think differently about developing practice now
- The modules transform teams and the culture
- The use of Mentimeter allowed me to fully engage
- I would recommend these sessions to colleagues

Focus group discussion was conducted via Skype with Mentimeter interactive software running simultaneously. There were six participants and we followed Krueger and Casey's (2000), standard focus group procedures: the lead researcher acted as a group moderator conducted the session, accompanied by a co-researcher acting as note-taker. The focus group was semi structured and utilised a 'Visual Inquiry' approach using standardised picture cards to open up dialogue to explore the emotional, cognitive and experiential worlds of participants within the focus groups (Roddy et al., 2019). The focus groups was audiotaped and will be transcribed verbatim in the next phase of the project. Preliminary findings of the data gathered from participants through Mentimeter interactive software will be reported on in the 'Findings' section of this report.

Discussions started with a short, structured introduction by myself as the lead researcher and in my role as an experienced PD facilitator. I guided the discussion, kept the discussion on track and ensured all participants had the opportunity to actively engage. My role at the researcher and the relationship with the participants was determined i.e. I facilitated the group discussion between participants, taking a peripheral, rather than a centre-stage role in the focus group discussion. As PD facilitators employed by Northern NSW LHD, both myself and my co-researcher have experience and expertise in supporting practitioners to see the need to examine and reflect on their values and beliefs, attitudes, habits, skills, thinking and how they work alongside their colleagues and with their patients and families using the principles of PD (Heyns et al., 2017, Dewing et al., 2014).

#### *Statistical Considerations and Data Analysis*

Descriptive statistics were utilised to evaluate nurses and midwives' self-concept through the Senses Framework scores. In order that comparisons to questionnaire scores were made pre and post education programme, participants were asked to generate a unique code the first time that they complete the survey. They were then to provide this code each the second time they completed the surveys. The code consisted of the first two letter of their mothers' maiden name followed by the last two digits of their primary phone number. This code proved problematic for us with 263 out of 300 surveys unable to be matched. The decision was made to proceed with a descriptive analysis rather than a comparative one.

Qualitative data generated by Mentimeter interactive software was analysed using thematic analysis through engagement between research associates to agree on themes and groupings to ensure rigor in the

data analysis process and to reach a consensus on emergent themes. Analysis used the methodology described by Braun and Clarke (2006). This 6-step approach includes data familiarisation (including transcription), generation of initial codes, thematic search, thematic review, thematic definition, and reporting (Braun and Clarke, 2006). Thematic review and definition was conducted independently by the researchers who then discussed their findings to reach consensus (Braun and Clarke, 2014). Representative quotations were chosen for each theme

## Discovery Phase: Results and Discussion

### Senses Framework

The objectives of this phase was to explore nurses and midwives' sense of purpose, achievement, belonging, security, continuity and significance within their practice development before the commencement of the action learning programme of the foundational PD workshops.

Survey participant demographics are presented in Table 1. The percentage split of nurses to midwives participating is not reflective of the makeup of the workforce within NNSW LHD (Northern NSW Local Health District, 2019). In our study close to 70% had over ten years' experience and 17.3% had less than five years' experience. Current workforce statistics demonstrate 16.8% of nurses and midwives have eight plus years' service and 14.9% have less than five years' service (Al-Manro, 2021). This means our study is over representative of the perspectives of more experienced nurses. A surprisingly number 69% have been exposed to PD education in one form or another. However, it maybe that this group recognised the value of PD in their workplace and therefore chose to participate in the survey or once more, that it is largely reflective of the big numbers of experienced staff who are more likely to have been exposed to PD work in the course of their employment.

Table 1. Participant demographics (N = 347)

		n (%)
Role	Nurse	307 (88.5)
	Midwife	33 (9.5)
	Other	1 (0.3)
	Missing	6 (1.7)
Experience Years	Less than 12 months	14 (4.0)
	1-3 years	20 (5.8)
	3-5 years	26 (7.5)
	5-10 years	36 (10.4)
	More than 10 years	239 (68.9)
	Missing	12(3.5)
PD Education	Run by PD consultants	97 (28.0)
	Development school	4 (1.2)
	Appreciative inquiry school	2 (0.6)
	CLP	26 (7.5)
	AIM	25 (7.2)
	Emerging leaders	38 (11.0)
	Productive ward	48 (13.8)
	Essentials of care	76 (21.9)
	HETI green	66 (19.0)

	Other PD education	38 (11.0)
	No PD Education	108 (31.1)

Table 2. Six senses descriptive statistics (N = 347)

	M	SD	95% CI		Median	Response
			Upper	Lower		
Security (n = 342)	3.98	1.05	3.87	4.09	4.00	Often
Belonging (n = 346)	3.74	.96	3.64	3.84	4.00	Often
Continuity (n = 340)	3.69	.85	3.60	3.78	4.00	Often
Purpose (n = 339)	3.77	.91	3.68	3.87	4.00	Often
Achievement (n = 347)	3.44	.89	3.34	3.53	3.00	Sometimes
Significance (n = 344)	3.38	.99	3.27	3.48	3.00	Sometimes

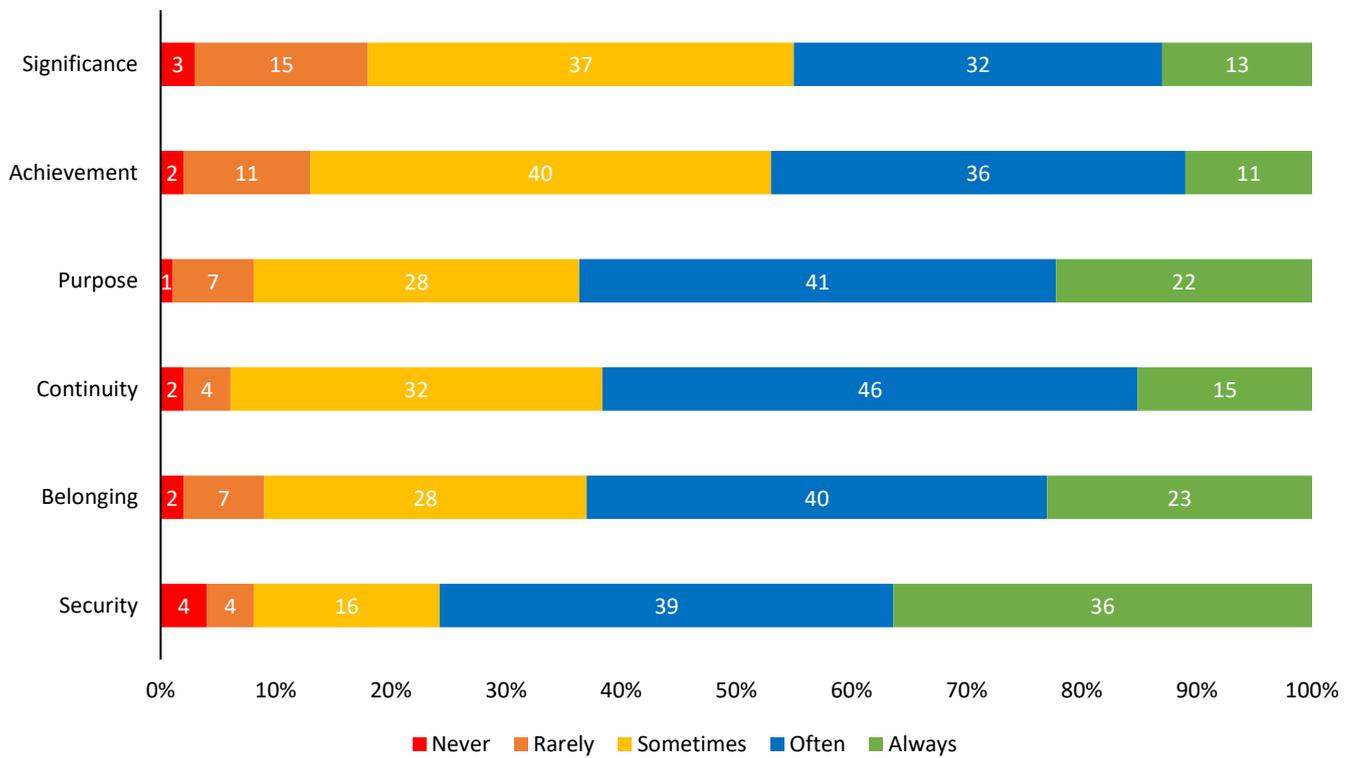


Figure 3. Pre-Foundational PD workshop: responses to Senses survey. Responses are presented as proportions. Proportions have been rounded and may not add to 100

Our baseline findings show that nurses and midwives have a relatively strong (75% often & always), sense of security: feeling safe (free from threat, harm and discomfort), participating in practice development

activities. This was a surprise finding given the anecdotal evidence to the contrary, with stories that nurses did not feel safe to raise issues regarding the need to change practice with their colleagues. Their sense of 'Belonging': to feel part of a valued group, accepted as part of the team with a recognised contribution, and ability to maintain or form meaningful relationships in practice development activities is also mostly intact (63% often & always). Their sense of continuity: ability to make links between the past, present and future with your past experiences and expertise acknowledged, and utilised with practice development activities, was also a surprise finding (61% often or always). We had anecdotal reports that nurses and midwives did not honour or respect older nurses expertise, nor acknowledge transferable skills that staff bring from one area to another. Nurses and midwives sense of purpose: to enjoy meaningful activity, and ability to work with others towards common achievable goals in relation to practice development activities was relatively intact (63% often or always). These positive findings may be skewed by the fact that 70% of respondents had more than 10yrs experience or had already been exposed to practice development activity.

Less positive findings were nurses and midwives sense of achievement (47% often & always) and sense of significance (45% often & always). It is concerning to us that the sense of achievement: the ability to set meaningful and valued practice development goals in collaboration with others to the satisfaction of self and/or others. And, ability to celebrate individual and collective achievements in relation to practice development activity, is less than desirable. It is also concerning that staff sense of significance: the feeling that they matter, their actions and existence are of importance and are valued by others in relation to practice development activities is suboptimal. These are important findings given nurses and midwives make up approximately 65% of the Australian health workforce (Australian Institute of Health and Welfare) and therefore have the numbers to significantly impact practice change.

### Senses Findings Discussion

The Senses framework is being increasingly used both internationally and within NSW health to explore staff experience of different phenomena within the health environment (Andrew et al., 2011, Chamney, 2014, Dewar et al., 2020). These studies did not use a Senses questionnaire as we did, but rather mapped their findings back to the framework for example the ESME study: Exploring Student Midwives Experiences: an appreciative inquiry (Dewar et al., 2020). Furthermore, the Senses Framework has been used extensively in clinical services research with older persons services (Nolan et al., 2006b, Ryan et al., 2008), students (Dewar et al., 2020), facilitators (Cooper et al., 2013) drug and alcohol services (Orr et al., 2014), however to the best of our knowledge this is the first time it has been used to explore the experience of nurses and midwives directly. Cooper (2013) asserts that the senses framework offers up an approach that helps staff move beyond "learned helpless states", our study offers the 'Senses Framework' questionnaire (Appendix 1), as a way to obtain a snapshot of staff viewpoints, highlighting what is going well and what areas need further development as a benchmark across time.

### Co-Creation Phase: Results and Discussion:

#### Emancipatory Foundational Practice Development Workshops

The objectives of this phase were to ground foundational PD programme concepts in nurses and midwives learning and development through emancipatory practice development workshops. Between April and August 2020, 690 participants attended 44 Skype based 'Foundational PD Workshops' throughout which they were asked a series of questions through Mentimeter interactive slides. The questions were based on positive inquiry using the University of West Scotland's (2020) 'Unfolding Story' technique and designed to spark discussion, increasing their knowledge and skill of core practice development concepts. Visual Inquiry was used within the Unfolding Stories to open up discussion and uncover insight into participant's knowledge (Roddy et al., 2019).

After introductions and an icebreaker the first question used during the ‘Discovery Phase’ of this project was ‘Which image would you choose to represent developing practice together as a team in your clinical unit as it is now’. This was followed by ‘What did the picture you chose say about developing your practice together as a team’. Two predominant themes emerged from the preliminary findings: ‘Below the Surface’ and ‘Growing Together’

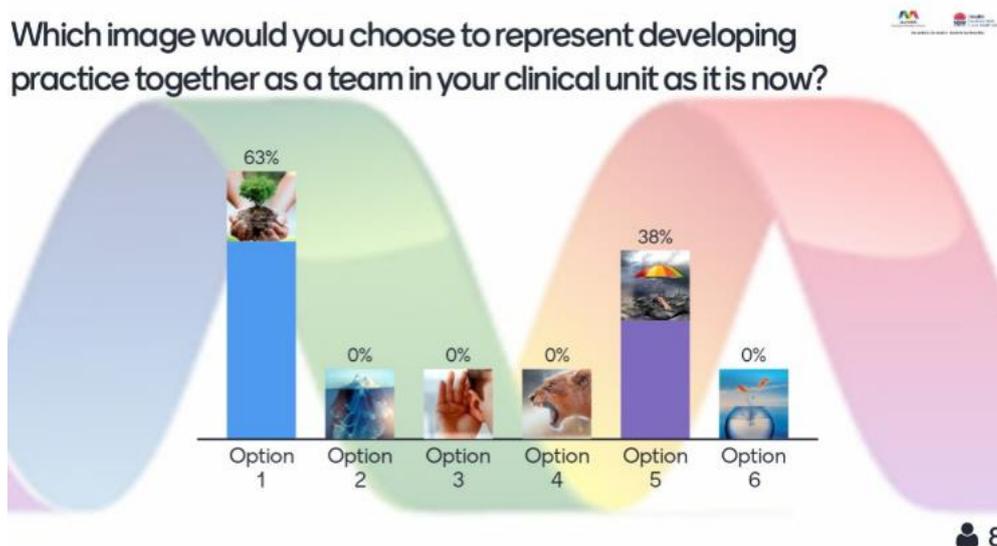


Figure 4. Example of a Mentimeter Visual Inquiry Unfolding Story Slide

## Themes

### Below the Surface

Participants describe developing their practice together as escaping the routine of swimming in circles, with “outside forces impacting on the ability to develop as unit”. It felt like the “Top is out of water, while the workers support it”. They voiced feelings of just scratching the surface, “riding the storm of an unsafe workplace”, the team work is “scary and broken”. Participants described practice development as taking a deeper dive into what lies below the surface of day to day practice, “reflecting on the past to plan for the future”, always looking for “ways to improve in a way that is collaborative and integrative” to grow towards being the best they can individually and as a team. This work is not without its challenges.

Participants describe challenges of all working together to help an idea grow, motivating the team to see possibilities that are often not obvious or were sitting below the surface to start with. There is awareness of this but “there is still so much below the surface, often the workplace culture runs deeper than what we actually see.” Some felt like they are continually learning while others felt like they are sinking or working through fog. Others said there is more going on across the LHD than we all know about: “There is a whisper, but we are not quite hearing it yet, there is no collective voice – yet, small things are happening. It is an area of growth and development, “we are talking a lot in the unit and are starting to hear each other.” However, “sometimes what we appear to be doing on the surface often not followed through to a completed depth”.

### Growing Together

In a positive light, participants described PD work as being open to change, a “means support to learning and growing,” a way forward, and “a bright umbrella when it feels stormy all around”. To them it is about listening and learning about the team as it is now. Staff also referred to practice development as the umbrella under which we all step out of the storm, reaching up to the sun. They further described PD work as representing nurturing and growth, “It’s about tending to the soil as the foundation, and from a well-tended soil structure anything can grow”, working together and nurturing each other’s practice. They say

growth requires a good, effective encouragement, and a supportive working environment for strong teams of well-nurtured team members, who are “nourished with knowledge”.

Participants said keeping themselves open, with positive people bringing enthusiasm and energy, growing and nurturing teamwork together, thinking outside of the box, sharing and learning from one another, and communicating well were all actions they could be accountable for in developing practice together.

#### Discussion: Grounding foundational PD programme concepts in learning and development

Well facilitated short sharp regular practice development workshops provided a safe space within which participants could reflect on PD concepts and their own willingness to open up to new possibilities. This finding is congruent with the assertions Chambers (2013), who found practice development training to be an inspiring and valued experience for clinical staff enhancing interpersonal skill and interactions between staff and their patients.

As recently articulated by Drayton (2021), we also found Appreciative Inquiry and practice development approaches were effective tools to uncover what practice development activity in the workplace really means. This is giving us a greater appreciation and understanding of how best to develop the future Practice Development Framework for the LHD. The anonymity provided by Mentimeter helped facilitate this. The workshops were held in an environment of engaged scholarship that involved collaboration between participants and the researchers as facilitators developing ideas and actions together. This level of engaged scholarship is an example of McCormack’s (2011), theory of practice development as a combination of undertaking and using research in practice, and the value of building socially bonded collectively smart teams (Hung, 2017).

Like Fielding (2008) our findings show despite what nurses and midwives are experiencing below the surface, they are willing and wanting to reflect on their practice and grow together in an effort to contribute to positive transformative cultures.

#### Envisioning Phase: Focus Group Preliminary Findings Results and Discussion

A small focus group with six experienced hospital and community nurses was held via Skype (due to pandemic restrictions). Mentimeter interactive software used to capture data and spark discussion to further explore the projects findings and the experiences of participants. Participants self selected into the session. All were nurses with over 10yrs experience and half had worked in both the hospital and the community.

Questions were asked using the Unfolding Story technique with Kirkpatrick’s(2016) model: reaction, learning, behavior, and results as the basis for four key ‘Likert’ (Croasmun and Ostrom, 2011), scale questions (Figure 5).

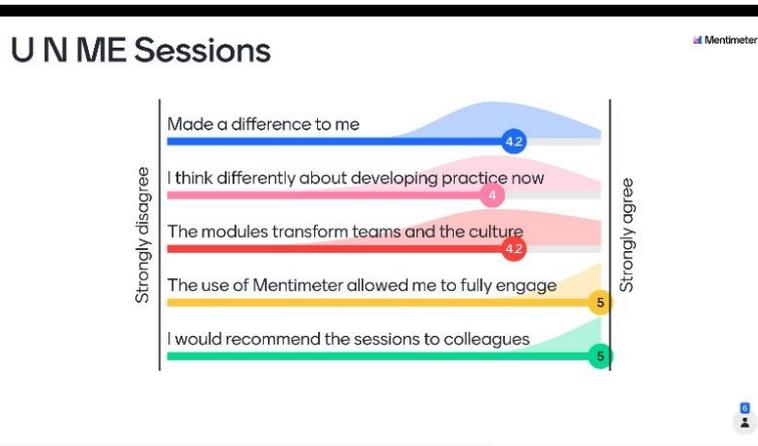


Figure 5. 'What worked well with the 'U N ME' Sessions?'

## Emerging Themes

While the full transcripts are yet to be transcribed and analysed, similar themes of ‘Below the Surface’ and ‘Growing Together’ to emancipatory Foundational Practice Development Workshops are emerging from the Focus group Mentimeter data. See examples in Table 9. Specific questions on nurses and midwives sense of achievement and sense of significance lean heavily towards the theme of growing together in a positive way as individuals and as teams (Table 10 and 11). Other emerging themes from the narrative on the senses of significance and achievement are themes of being open, heard and listening to the voice of others, having courage and valuing each other. Examples of the Visual Inquiry questions that the narrative was drawn from are given in Figures 12 and 13.

Table 9. Emerging Themes from the Mentimeter data

<p><b>Below the Surface</b></p> <p>“Taking time to reflect, appreciate and identify the important things that make work environment conducive to great staff and patient outcomes.”</p> <p>“I have enjoyed the positive perspective it has allowed me to look at nursing and me in nursing- nursing was becoming a negative feel in my life but this has made me ask how what and why”</p> <p>“Sharing and listening to others experiences”</p> <p>“The modules have allowed me time to reflect on my own practice”</p> <p>“Encourage “self” to have time out in work to reflect, engage, and ask questions”</p> <p>“To ensure my mind is open to any possibilities, and more than one answer can be correct”</p> <p>“Particularly the self-care modules were good to get together and talk about or worries of the time, see we are all in the same boat and good ways look after ourselves and each other’.</p>
<p><b>Growing Together</b></p> <p>“Good to think about make making positive change”</p> <p>“Small things can make big changes”</p> <p>"Plant- personal growth Path- different ways to look"</p> <p>“Working on the foundations for more learning”</p> <p>“Good to look at ways we can work together to make positive change”</p> <p>“Great facilitators!!”</p> <p>“These modules have assisted me so much. It has given me confidence, given me the ok to explore conversations further and that it is ok to be curious”</p> <p>“Consistent meetings”</p> <p>“Easy to use”</p> <p>“It made me feel that the organisation was invested in my wellbeing”</p> <p>“Ongoing Skypes to give permission to continue with appreciate inquiry”</p> <p>“More of them as it has a positive effect”</p>
<p><b><i>What could we do more of together to improve experience of the modules?</i></b></p> <p>“Manager buy in/ attendance”</p> <p>“Prioritised/ protected release time”</p> <p>“Face to face sessions”</p> <p>“If it was encouraged from NUMs to go. I don’t think some of them knew about it. In person workshops would be fun”.</p> <p>“I don’t know - you have done such an amazing job. Keep doing what you are doing”</p> <p>“Obtain commitment from everyone at the start to show up on a regular basis and prioritise the modules as an important part of work day”</p> <p>“Get more buy in from managers to have protected time to attend”</p>

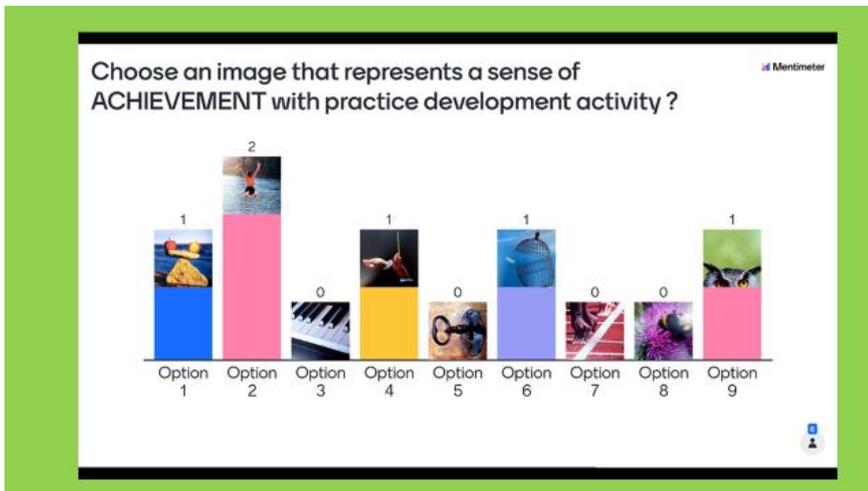


Figure 6. Example of Visual Inquiry Mentimeter Focus Group Question ‘Sense of Achievement’

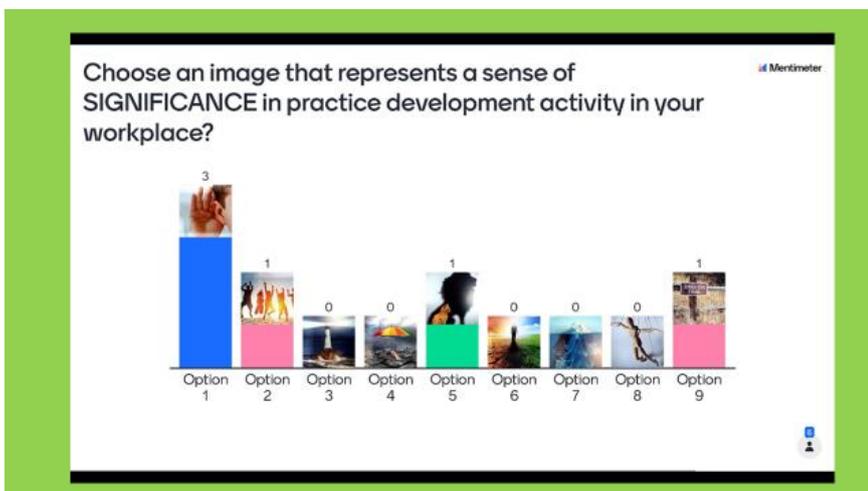


Figure 7. Example of Visual Inquiry Mentimeter Focus Group Question ‘Sense of Significance’

Table 4. Examples from staff narratives exploring a sense of achievement in practice development activity.

<p>“Like anything it’s a balance”</p> <p>“When the team can work together, you can share the achievement of seeing positive change”</p> <p>“Gaining confidence in my role. I am able to start looking into practice more”</p> <p>“Success in teams working together”</p> <p>“Letting me out of the cage to be adventurous but to trust me and my ideas ..... respect”</p> <p>“Happy and harmonious team = great client care”</p> <p>“Be courageous in exploring appreciative enquiry”</p> <p>“Genuine acknowledgement and active listening.”</p>
<p>What do we all need to do more of to elevate a sense of achievement?</p> <p>“Be positive”</p> <p>“Notice and celebrate the small things. Have compassion for each other. Help others to develop and achieve. Give it a go”</p> <p>“I would like to see more inclusivity into what is occurring at an executive level”</p> <p>“Work with each other”</p> <p>“Acknowledge ALL in the work place- have discussions to learn staffs goals and nourish this - help ALL”</p> <p>“Wines after work”</p> <p>“More practice development training!! Specifically aimed at managers, CNCs etc”</p> <p>“Listen !!!”</p>

<p>“Share achievements”</p> <p>“Learn that a peacock is just as good as an eagle”</p> <p>“Be more connected with other units/ facilities so we all know what is going on in the district”</p> <p>“Staff to have protected time for practice development activity so projects don’t stall and become sustainable”</p> <p>“Acknowledgment from senior management that this work is important and has value”</p>
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Table 5. Examples from the focus group narratives illustrating a sense of significance

<p>What did that image mean to you?</p> <p>“When patients feedback shows you have improved their experience”.</p> <p>“When you feel you have had time to do a good job and that you made a difference”</p> <p>“I want to be listened to and heard”</p> <p>“All voices deserve to be heard”</p> <p>“Listen to the team - the team has good ideas and want to be heard”</p> <p>“Be heard, listen and teamwork for best outcomes”</p> <p>“When you feel other staff genuinely care about you”</p> <p>“Puppet - do as I say”</p> <p>“Seeing the development of teamwork and how it can effect person centred care”</p> <p>“Recognition of staff being an important part of “person” centred care”</p> <p>“Staff experience and wellbeing being priorities”</p>
<p>What do we all need to do more of to elevate a sense of significance?</p> <p>“Take time”</p> <p>“Appreciate each other. Treat staff with respect and that they are a professional person not a payroll no or just feet on the floor”</p> <p>“Time to contemplate what is heard and said”</p> <p>“Value all team members and let them know that their contributions are valued”</p> <p>“Teamwork!!! Help each other”</p> <p>“Let go of negatives, talk more about positives. Tell people when they have done a great job”</p> <p>“Thank people for their work. Be curious of what personal skills, attributes and life experience bring”</p> <p>“Support each other all the time and share knowledge and skills”</p> <p>“Be kind and caring ..... It’s a strength not a weakness”</p> <p><i>What else would you like to say?</i></p> <p>“I think it would be great to run it again for those who missed out or extension for those who attended”.</p> <p>“Practice Development is so important. I hope it allows people to think outside the square and not be rigid :)”</p> <p>“Great work, this is a wonderful program, the facilitators did a wonderful job of inspiring sometimes reluctant participants to engage”</p> <p>“I have loved this positive perspective being discussed in nursing”</p> <p>“Thank you for the work around this. It makes us feel listened too and that we can make a difference”</p> <p>“All teams would benefit from the series”</p> <p>“Given me more tools to my work- bag”</p> <p>“Senior management should be invited to attend the sessions I think it would be very beneficial”</p> <p>“Would like to see the program repeated for those who could not attend and for those that did to be involved again”</p> <p>“Great work, thanks for sharing the love”</p>

These findings will inform discussions in the development of the practice development framework and inform strategic action plans across the district (Nursing & Midwifery Services NSW LHD, 2018). They have already been utilised to inform stakeholders and demonstrate outcomes from the project. The examples provided as to what would improve nurses and midwives sense of achievement and significance

are not onerous, nor outside peoples sphere of influence (Covey, 2008). Being open, heard and listening to the voice of others, having courage and valuing each other can be viewed as cultivating small acts of human kindness and therefore perhaps increasing all our 'Senses'.

Such ways of being and doing sit within an Appreciative Inquiry Framework where the 7Cs of Caring conversations (Dewar and MacBride, 2017), may well have the power to transform the way staff work together providing a useful tool for inclusion in the development of our local practice development strategy. Such inclusion would sit well with the assertions of Dewar and Sharp (2013) that appreciative frameworks "Provide: feedback about what is working well as a basis for forward development and motivation; a framework for questioning and co-analysis that is crucial to developing skills of facilitation and supports a shift from facilitator-led to a co-production model, where there is active engagement in service design and delivery"(Pg1). Roddy and Dewar (2016) further affirm that the 7 Cs of caring conversations can provide a sound structure for developing questions that may assist as a opening point for humanizing practice. Our findings add weight to Cooper's (2013) claims that such work helps staff engage with development activities by containing any anxieties, giving staff a voice, some control, and feelings of security.

Appreciative inquiry as both the method for the project and as part of the interventional strategy was a relevant and life enhancing choice for both us as researchers and participants during an adverse time. Cooperrider (2020) described the use of AI during a pandemic as paradox when we are searching for what gives life to people and their organizations in the darkest of times. Our approach to using AI as both the research method and intervention sits well with McCormack's (2011) theory of engaged scholarship shifting all participants up a gear, towards integrating using with doing, in research. Staff found value in AIs positive reflective nature. It helped bring them back to their sense of purpose in showing up to work each day, and in considering how best to keep developing their practice together in adverse circumstances. This aligns with McCormack's (2013) assertion that emancipatory action research should help practitioners "off the hamster wheel" and reflect deeply on their practice in order to begin to understand how transform it. Like Dewar (2020), we also found that Appreciative Inquiry processes that were used to frame the study, were also the strategies that could develop nurses and midwives experience. We will continue to develop the use of AI and AI tools for practice across the district as part of the new practice development strategy.

In a recent address to NSW Health, Wolf (2021) contends that transforming the human experience in healthcare, requires "Understanding and acting on the needs and vulnerabilities of the healthcare workforce to honour their commitment and reaffirm and reenergise their purpose." We believe that the findings of this research expose both those vulnerabilities and give us the means to help reinvigorate nurses and midwives 'Senses' in all forms.

Continuing this emancipatory action research project into 2022 in another Appreciative Inquiry Cycle makes 'sense' to us as PDCs immersed in the project, and as researchers wanting to understand more about the practice environment we are seeking to help nurses and midwives transform.

### Strengths

The project was completed in a rural health service and involved nurses and midwives with varying levels of practice development knowledge and years of nursing experience. High levels of participation and engagement from participants provide an excellent starting point for a new framework for practice development to evolve. The researchers' advantaged position of also facilitating the workshops afforded a rich understanding of the context within which the project took place. Well respected relationships between participants and the researchers and the use of Mentimeter appear to have created safe a safe

psychological and cultural space in which participants felt their voice could be heard. The data was collected over a 18mth time frame allowing sufficient space for each phase of the AI cycle.

### Limitations

This study was limited by the amount of unusable data collected in the discovery phase where correlations between the 'Senses' and Self-compassion scales could not be drawn due to the low number of matched pairs and returned surveys after the workshops. We were able to pivot and use the focus group work to ameliorate this circumstance.

Just as the researchers existing relationships with participants may have been a strength it could equally have been a limitation as staff may have felt the need to respond more positively

### Conclusion

Our findings demonstrate that practice development is a complex conceptual construct in an equally complex practice environment, and as such needs strategies where the specific intent is participation in, and the creation of knowledge to emancipate participants. What we know, our participants are also exposed to, and vice versa. This way there is a decreasing gap between those who know (us as researchers and PDCs), and those who act (nurses and midwives). Our emancipatory action research project allowed for us as researchers and PDCs to access others experience, share and embed knowledge, and generate new understandings across the multiple cultures of practice of nurses and midwives.

Those understandings came about through the use of Appreciative Inquiry as a creative method in a virtual space. This was a powerful tool in reframing narratives, helping nurses and midwives shift beyond the status quo and find a space of hope for transforming the practice of the future. We agree with Cooperrider (2020), there has never been a more important time than during a pandemic to reflect on what we are doing well and how we can do more of it together using the strengths based approach of AI.

The outcomes of this study support and inform organisational change processes, and provide information to support further PD education strategies. The study provided clarity around what nurses and midwives believe, and their opinions, feelings and values in relation to their senses. Findings inform and enlighten the staff themselves, frontline managers, education managers and Nursing and Midwifery Directorate leaders, which in turn will influence both nursing, and corporate strategy.

The project offers new insight into nurses and midwives 'Senses' and their willingness, openness and ability to rapidly adapt to innovative technologies. This allowed us into their workplace practice development reality and a deeper understanding of the PD environment. Heightening nurses and midwives sense of achievement and significance through small acts kindness is infinitely possible and well within the sphere of influence of all stakeholders.

### Embedding Phase: Recommendations

1. The findings from this project should be utilised to inform future practice development frameworks, and embedded into corporate strategy.
2. Continue using virtual AI to engage teams in interpersonal skill development and embedding PD concepts throughout learning and development, to enable a profound understanding of staff experience and workplace cultures.
3. A sense of achievement and significance can be enhanced through small acts of kindness, facilitated critical reflection, and ongoing incorporation of SMART goals to support PD activity in the development, use of and evaluation of evidence in the workplace.
4. Ongoing staff consultation around developing better ways of celebrating the significance and achievements they make within the practice environment.

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## Appendix 1



*Our patients, Our practice - Excellent Care Every Day*



### Practice Development Pre-Education Survey 2020

Completion of this questionnaire will improve our understanding of nurses and midwives' experience of practice development activity so that together we can shape the future direction of practice development education.

Practice development is described as a "continuous process of improvement towards increased effectiveness in patient-centred care. This is brought about by helping health care teams to develop their knowledge and skills, and to transform the culture and context of care" (McCormack & Garbett 2003).

In regards to your current role, please rate how you feel about the following statements in **your experience of practice development activity**, in relation to your sense of security, belonging, continuity, purpose, achievement, and significance.

If you work at more than one site, then please answer how you rate your experience of practice development activity at your main site, and /or the majority of the time.

Also, If you would like to participate in a focus group to discuss your experience of the foundational practice development education sessions and to discuss what PD education you are curious about for the future, please contact; [Suzanne.Kuper@health.nsw.gov.au](mailto:Suzanne.Kuper@health.nsw.gov.au) ph 0407884960 or [Matt.Peterkin@health.nsw.au.au](mailto:Matt.Peterkin@health.nsw.au.au) 0407905818

- 
1. Sense of Security: Do you feel safe (free from threat, harm and discomfort), participating in practice development activities? **[Question ID: 16996]**
    - Never
    - Rarely
    - Sometimes
    - Often
    - Always
  2. Sense of Belonging: Do you feel part of a valued group, accepted as part of the team with a recognised contribution, and are able to maintain or form meaningful relationships in practice development activities. **[Question ID: 16997]**
-

- Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

3. Sense of Continuity: Are you able to make links between the past, present and future with your past experiences and expertise acknowledged, and utilised with practice development activities. **[Question ID: 16998]**

- Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

4. Sense of Purpose: Do you enjoy meaningful activity, and are able to work with others towards common achievable goals in relation to practice development activities. **[Question ID: 16999]**

- Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

5. Sense of Achievement: Are you able to set meaningful and valued practice development goals in collaboration with others to the satisfaction of self and/or others. And, are you able to celebrate individual and collective achievements in relation to practice development activity **[Question ID: 17000]**

- Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

6. Sense of Significance: Do you feel that you matter, your actions and existence are of importance and are valued by others in relation to practice development activities **[Question ID: 17001]**

- Never
  - Rarely
  - Sometimes
  - Often
  - Always
- 

7. Are you primarily a nurse or midwife? **[Question ID: 17002]**

- Nurse
  - Midwife
-

8. If you are not a nurse or midwife, what is your primary role e.g, student, social worker, physio, OT etc... [Question ID: 19252]

- 
9. Have you had previous practice development education? [Question ID: 19313]

- No previous education
- Any PD sessions run by PD Consultants e.g. Intro to PD, Person CC, Values, Ways of Working, Reflective Practice, Self-Care, or Patient Stories
- International Practice Development School
- Appreciative Inquiry School
- CLP
- AIM
- Emerging Leaders
- Productive Ward
- Essentials of Care
- Facilitators Skills Programme (HETI Green, Yellow, Blue, Black)

- 
10. Other PD Education: please specify [Question ID: 17004]

- 
11. How many years total nursing or midwifery experience have you had? [Question ID: 17007]

- Less than 12 months
- 1 to 3 years
- 3 to 5 years
- 5 to 10 years
- More than 10 years

- 
12. Add a code that will be unique to you, using the first two letter of your mother's maiden name, followed by the last two digits of your primary phone number. This will help us correlate any post PD education evaluation if you choose to take part in any further PD education sessions. [Question ID: 17014]



