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Dewar, Belinda; Sharp, Cathy; Barrie, Karen; Meyer, Julienne

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# EVALUATING COMPLEX INTERVENTIONS

Belinda Dewar, Karen Barrie, Cathy Sharp and Julienne Meyer. [belinda.dewar@uws.ac.uk](mailto:belinda.dewar@uws.ac.uk)



## INTRODUCTION

Transformational leadership principles are at the heart of the national My Home Life (MHL) programme for care homes. This programme has run successfully in England, Scotland and Northern Ireland with over 1400 care home managers. Our challenge is how to produce evidence from this programme that matters and that can make a difference to continual learning about promoting quality of life in nursing homes. Many models of evaluation have a linear approach not consistent with the ethos of the programme. This poster illustrates our model for evaluation.

## MY HOME LIFE CONCEPTUAL FRAMEWORK

### HAVING CARING CONVERSATIONS

Creating a culture of dialogue, reflection, inquiry, and support is central to Relationship-Centred Care and Appreciative Inquiry. Caring Conversations (Dewar and Nolan, 2013) provides a framework to support practitioners to facilitate appreciative and relational ways of working. It supports interactions that are courageous, celebrates what works well and what is valued, connects people emotionally, fosters curiosity, considers other perspectives, facilitates collaboration, and helps people to compromise.

### BEING APPRECIATIVE

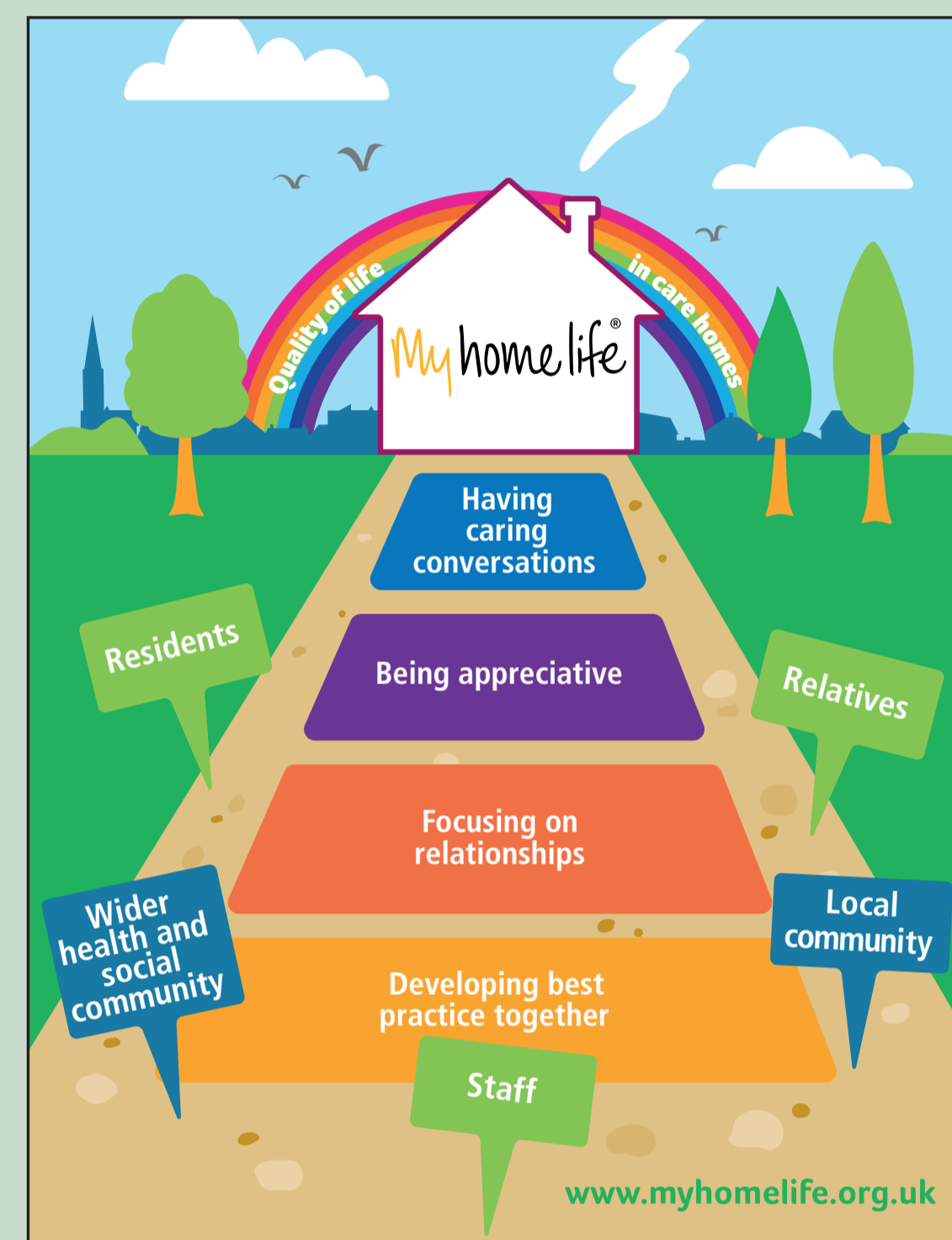
Being appreciative is a positive and motivating approach to developing practice and enhancing participation. Bushe et al (2005). Appreciative inquiry gives a new lens for seeing old issues by:

- The collective discovery of what is working well in any given situation
- reflecting together on why this works well
- using this knowledge to co-design how we want things to be
- testing new ways of working that will help us to achieve this desired future

### FOCUSING ON RELATIONSHIPS

We recognise the importance of positive relationships between older people, relatives and staff, as well as, between care homes, their local communities, and the wider health, social care and housing system. To achieve good relationships and quality of life for all in this context, it suggests that we need to consider what gives each individual a sense of security, belonging, continuity, purpose, achievement and significance. Nolan et al 2006.

### Developing Practice Together



### The My Home Life best practice themes for enhancing quality in nursing homes for older people

Personalisation themes (linked to quality of life)	Navigation themes (linked to quality of care)
1. Maintaining Identity	4. Managing transitions
2. Sharing decision-making	5. Improving health and healthcare
3. Creating community	6. Supporting good end-of-life
Transformation themes (linked to quality of management)	
7. Promoting positive culture	
8. Keeping workforce fit for purpose	

## OUR LEARNING ETHOS AND OUTCOME MODEL

The approach to learning for My Home Life is evidence-informed, relationship-centred, appreciative and collaborative. Within the learning and impact framework, we seek to understand and produce evidence of how the programme contributes towards changing behaviours that improve the quality of life for everyone in care communities.

### THE RIPPLE EFFECT

- The metaphor of a ripple effect conveys how we expect development to occur and where we might realistically expect to see evidence of influence.
- Developments influenced by the programme happen through a series of steps or ripples that start with the individual participant.
- This learning potentially influences other individuals, teams and the wider context in which care homes operate through a series of 'circles of influence' (Montague 2002).
- Beyond the closest circle of influence, the effect of the MHL programme may be weaker, more indirect, and more complicated by other multiple influences.
- For this reason, our initial focus is on the impact of the programme for those within the closest sphere of control (participants).

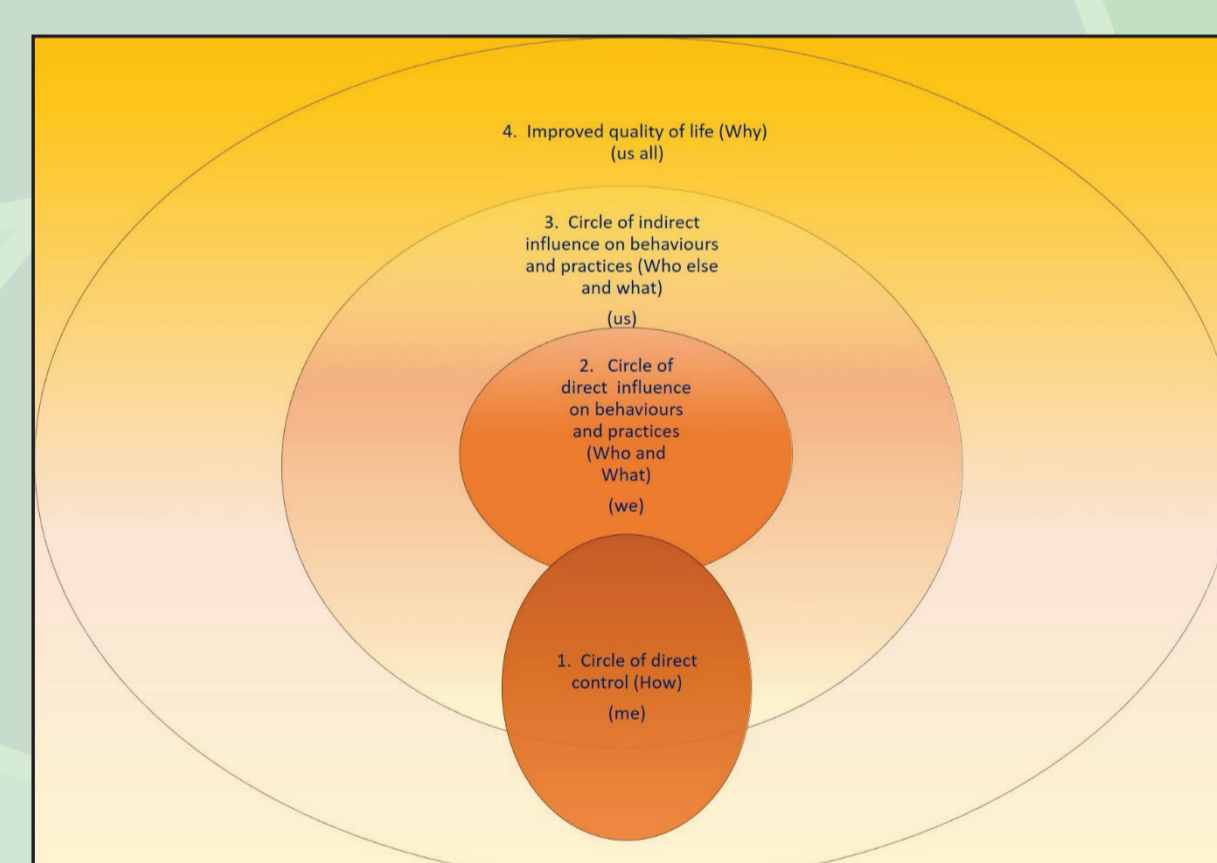


Figure 1 The MHL Ripple Effect

## AN INVENTORY OF PROSPECTIVE DATA FROM MY HOME LIFE

Figure 2 provides a comprehensive list of all the potential sources of data that are used to illustrate the difference that MHL participants are making and those which may help to attune participants to noticing changes, however small, personal or intangible, to understand the context in which they are working and to 'recognise the ripples' wherever they appear. Most of this is 'naturally arising' data from regular exercises and activities that are part of the programme. Thus the programme itself and the learning and impact are inextricably linked.

Figure 2 MHL activities or exercise that provide data of the difference it is making

MHL data generation activities that provide data about the difference the programme is making
<b>Inquiry Question</b> - What brought you into the world of care and what it feels like in your role?
<b>Language development</b> - Language poster used to identify developments in use of positive person centred language.
<b>Your Quality of Life and relationship with Self</b> - What would people say about you on a good or a bad day in the care home?
<b>Relationship map</b> - identify those that are closest to you and those that you have a more distant relationship. Analyse what helps to make those closer relationships work and who would you like to develop stronger relationships with?
<b>Senses Framework Questionnaire</b> to establish where they feel senses of security, belonging, purpose, continuity, achievement and significance are being met for them within the programme.
<b>Reflecting on exercises tested out in the workplace</b> for example use of the positive inquiry tool.
<b>AWES, POWCS &amp; leadership pre and post questionnaires</b> The Assessment of Work Environment (AWES) and the Perceptions of Workplace Change schedule (POWCS) asks managers to rate the changes related to perceptions of self and the place in which they work over the previous 12 months. The leadership questionnaire asks them to reflect on their leadership qualities.
<b>Aspirations.</b> What do I want to achieve for myself and for my home in one year's time? (use of photo elicitation to capture responses)
<b>Reflections.</b> Six minutes of reflective writing/poems - This data generation method can be used to capture succinctly reflections about a number of different experiences e.g. getting others on board; my learning.
<b>Recording changes in thinking and action.</b> 'I used to, but now I' 'We used to, but now we'
<b>Summaries of learning</b> - Check-in/check-out activities or summaries of learning which occur throughout the programme
<b>Improving Experience Templates:</b> these provide a record of learning and impact of developments
<b>Stories of change</b> - Updates at Action learning (AL) set meetings - doing things differently.
<b>Authenticity Criteria</b> - these explore with participants the extent to which they have felt heard; know more about themselves/others; enable and encourage action.

## CO-CREATING THE OUTCOMES WITH PARTICIPANTS - THE VALIDATION PROCESS

Validation is a continuous process within My Home Life. The validation event takes place at the end of the programme and is an opportunity for participants to come together to reflect on learning and development over the course of the year, both personal and within the care setting.

The purpose and approach to the event is to enhance the quality and validity of the research findings from the programme, by:

- Ensuring our approach to learning and evaluation is congruent with the programme principles of being evidence-informed, relationship-centred, appreciative, collaborative and delivered through experiential learning.
- Allowing those most closely involved in the programme to determine what is of importance and what particular enablers and barriers are of significance in understanding the impact of the programme in each locality or organisation.
- Provide a safe space to enable accounts of diverse perspectives amongst participants to be heard and to do justice to the integrity of unique experience of individual participants.
- Provide a chance for new information and understandings to emerge through a process of mutual inquiry and dialogue.
- Promote consolidation of personal and peer learning for participants and continue to build their capacity for learning through inquiry in order to sustain and embed this after the end of the programme.

The facilitator collates all available data in advance and creates a **Playback Tool**.



Figure 3 Excerpts from a playback tool

All the data is analysed collaboratively at the event using the **Authenticity Criteria** which incorporates the **Senses Framework** as a way of assessing progress towards the creation of an enriched care environment that reflects the eight best practice themes.

## AUTHENTICITY CRITERIA

The **Authenticity Criteria** are used to judge both the achievement of the Senses and the quality of the learning process. At the validation event, the focus is primarily on circles of direct control and influence (Levels 1 & 2) within the Ripple Effect model. These are:

### LEVEL 1: CIRCLE OF DIRECT CONTROL (ME)

**Knowing more about me:** new insights into how I tend to see things, what I take for granted and how I typically act.

**Ideas for what might change round here:** ideas for areas for positive change that I can do for myself and with others.

**Real change in the way I do things:** New ways of working for ourselves that enhance the Senses: significance, purpose, achievement, belonging, continuity and security for me.

**Fairness and balance:** in coming to these views, are our conclusions fair and balanced, based on evidence that is convincing to us and which includes any surprising or unexpected changes?

### LEVEL 2: CIRCLE OF DIRECT INFLUENCE ON BEHAVIOURS AND PRACTICES (WE)

**Knowing more about others:** new insights about and amongst others on how they tend to see things, what they take for granted and how they typically act.

**Ideas for what might change round here:** ideas for areas for positive change that each of us can do for ourselves and with each other.

**Real change in the way things are done:** New ways of working with each other that enhance the Senses: significance, purpose, achievement, belonging, continuity and security.

**Fairness and balance:** in coming to these views, are our conclusions fair and balanced, based on evidence that is convincing to us and which includes any surprising or unexpected changes?

## EXAMPLES OF FINDINGS

**Knowing more about me** "I am much more aware about how I come across, that I talk too much to cover up the fact I am feeling nervous - I have learnt to press the pause button."

**Knowing more about me - and being curious about others** "I ask people now and often they come up with ideas that are better than mine".

**Knowing more about others- new ways into conversation** "I used to think I had an open door policy - but when I asked staff if this was the case they had a different view - just having the door open and saying I had an open door policy did not mean I had one".

**Real change in the way things are done** "I know I am confident to probe more and try to discover more. It's nice to feedback to staff what is working well because there are lots of things that are good that we didn't notice before".

"Now we use the emotion words (with staff in supervision) and find out how they feel about practice. We learn so much. I get so many surprises".

"We are using GWAS (Greet, Walk, Ask and Share) which we developed together. When relatives visit the home, staff are encouraged to greet them warmly, then walk with them some of the way to the resident's room. While they are doing that, they take time to ask them how they are doing and then share a bit about how their loved one has been in the home".

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