International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)

Good enough evaluation

Val Wilson* and Tanya McCance

*Corresponding author: Sydney Children's Hospitals Network and the Faculty of Health, University of Technology Sydney, Australia
Email: val.wilson@uts.edu.au

Submitted for publication: 21st April 2015
Accepted for publication: 27th July 2015

Abstract
A significant obligation still rests with practitioners and researchers to help spread an understanding – and ultimately a valuing – of person-centred practice among stakeholders at various levels, through systematic and meaningful evaluation of their efforts. While there is a range of frameworks (for example, Praxis and Fourth Generation Evaluation) that help guide the evaluation process, there is still the tendency to feel overwhelmed by choices when selecting the right tools or measures for the right people at the right time. In addition, a burden may be created by the amount and range of data produced and how this is analysed and used, which may result in incomplete, inadequate or incongruous evaluations. If we are unable to provide evidence of the effectiveness of our evaluations then stakeholders may assume practice development does not make much difference to the development of an effective person-centred culture.

This paper focuses on the importance of evaluation in practice development work and outlines a new framework that incorporates the principles of person-centred practice. This framework will assist practitioners and researchers to undertake effective evaluations and produce strong, reliable evidence for key stakeholders. A case example will be outlined to illustrate the key principles of the framework and how it can be used in practice.

Keywords: Evaluation, person-centred practice, practice development, stakeholders, evidence

Introduction

The delivery of person-centred practice is a central tenet of practice development (McCormack, 2009; Boomer and McCormack, 2010). Practice development is not a one-time event but a continuous, systematic and collaborative process (McCormack, 2009; McCormack et al., 2011); a key consideration is the movement from one-time events or 'person-centred moments' through to complete 'person-centred care' (McCormack et al., 2011).

Evaluating the impact and effectiveness of practice development on care through research has increased our understanding of factors that contribute to and sustain the practice development process. These include the importance of facilitation (McCormack et al., 2009a, 2011; Boomer and McCormack, 2010; McCormack and Parlour, 2012), active collaboration and learning (McCormack et al., 2009a; Boomer and McCormack, 2010), teamwork (McCormack et al., 2010); and context (McCormack et al., 2011). In this paper we will focus on the importance of evaluation and share a framework that has been developed to assist staff in undertaking systematic evaluations of the initiatives they are implementing to improve person-centred practice.

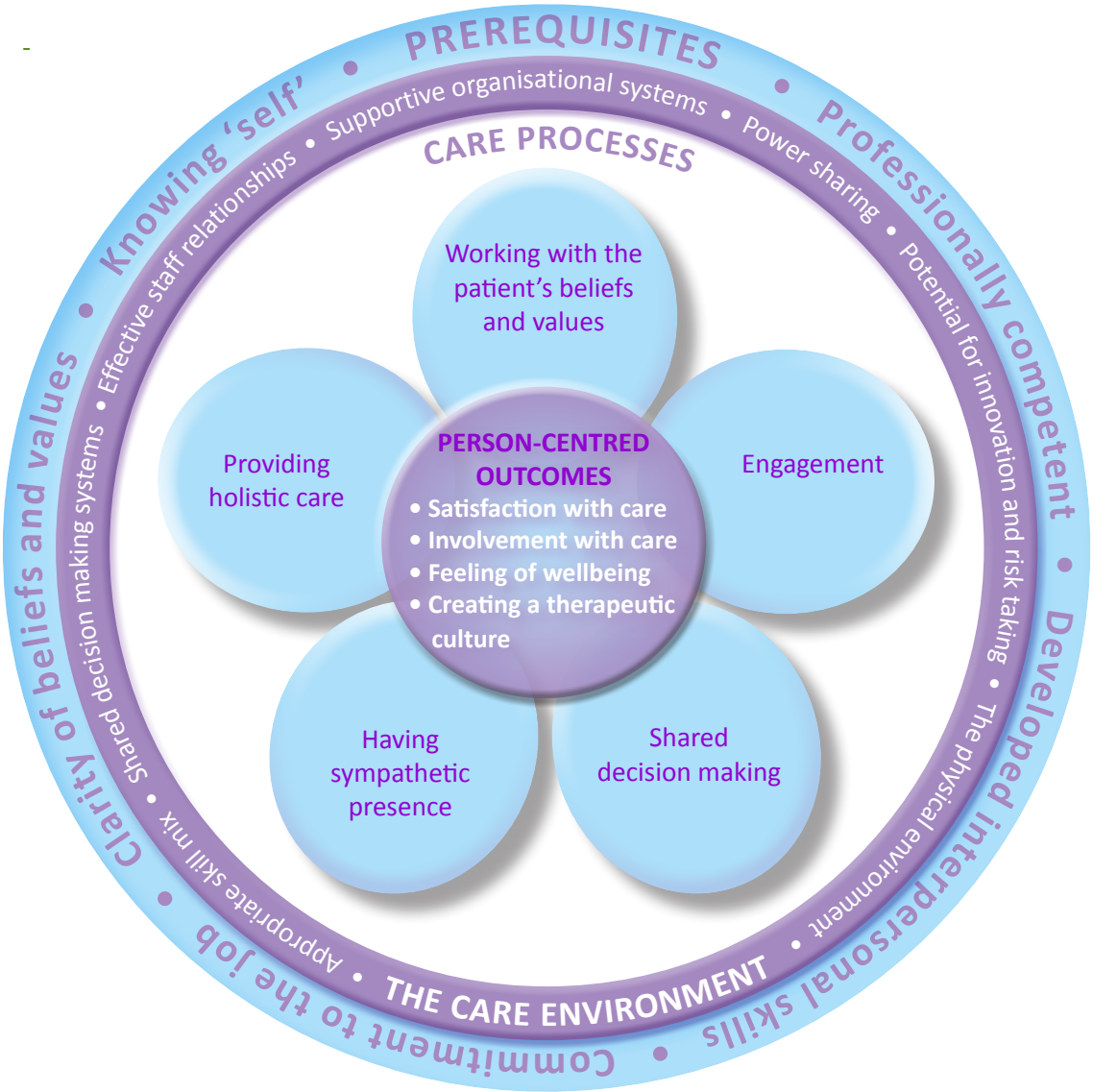
Evaluation of person-centred practice

It is vitally important to produce evidence of the impact of practice development on developing person-centred cultures and of the realised benefits for both patients and staff. In trying to address the question of what works for whom in what circumstances and why, we require an approach to evaluation that takes account of both the processes and outcomes of any practice development initiative we are implementing (Pawson and Tilley, 1997). There are tested approaches to process evaluation in practice development work, many of which have informed the evidence base relating to its effectiveness as a means to develop person-centred cultures; an example is a multimethod evaluation by McCormack et al. (2010). There is a need, however, to capture the subtleties of the outcomes being achieved in practice.

The person-centred nursing framework (Figure 1) of McCormack and McCance (2010), identifies four outcomes that reflect the development of a person-centred culture. Most importantly, these outcomes apply to staff as well as to patients/residents/families:

- Satisfaction with care
- Involvement with care
- Feeling of wellbeing
- Creating a therapeutic culture

Figure 1: Person-centred nursing framework (McCormack and McCance, 2010)



It is also worth noting that new insights in relation to these outcomes have emerged from recently completed work currently being prepared for publication (McCance and McCormack, personal communication, 2015). These insights mean there are to be two changes within the outcomes component of the framework:

- **Satisfaction with care** is to be reframed as 'experience of good care', as this is the particular aspect of satisfaction that we are concerned with in practice development work. It is recognised that patient experience is a critical part of the evaluation of effectiveness in healthcare internationally, but we argue that the experience of good care is not a measure applied only to patients. For staff, the experience of delivering good care and the positive feedback that can follow is a key factor in creating a culture that is motivational and respectful of those who work within it
- **Creating a therapeutic culture** is to be reframed as 'creating a healthful culture', reflecting the dialogue internationally about the meaning of 'therapeutic', which for many connotes a health benefit. In the context of the framework, however, a healthful culture reflects a work environment where staff are supported and enabled to deliver therapeutic care, and which consequently enhances retention and job satisfaction

Evaluation frameworks

There are frameworks used to guide those charged with producing evidence for stakeholders about the value of practice-development initiatives, such as CIPP – context, input, process, product – (Stufflebeam, 1983), Fourth Generation Evaluation (Guba and Lincoln, 1989), Praxis Evaluation (Wilson et al., 2007) and Realistic Evaluation (Wilson, 2011). Evaluations require careful planning and the why, how, who and when should be negotiated with key stakeholders in advance, with realistic expectations set. Consideration needs to be given for evaluations at the micro level – for example, the use of survey evaluation to capture the parents' experience of a support intervention for children with cardiac disease (Wilson and Chando, 2015); the meso level – for example, the use of Praxis to capture the outcomes of a nursing leadership programme (Wilson et al., 2013); and the macro level – for example, a longitudinal evaluation of family-centred care across one organisation (White and Wilson, 2015).

When evaluations build at these levels, they are more likely to produce outcomes that are of value to stakeholders across the organisation. Various tools, such as satisfaction surveys, and approaches, such as pre- and post-intervention testing, are used in collecting data to inform process and outcome evaluations.

A number of qualitative and quantitative tools have been developed and are used within practice development to measure both processes and outcomes. Examples include:

- Patient experience key performance indicators (McCance et al., 2012)
- Observations of practice using the WCCAT tool (McCormack et al., 2009b)
- Claims, concerns and issues (Guba and Lincoln, 1989)
- Person-centred nursing index (Slater, 2006)
- Context assessment index (McCormack et al., 2009c)
- Person-centred practice inventory (Slater et al., 2015)

The tools listed above, among others, can be used to measure aspects of the development of person-centred cultures. Some are well established and have evidence of reliability and validity; others are still novel and under development.

But while there is some guidance, there is still a tendency to feel overwhelmed by choices when selecting the right tools or measures for the right people at the right time. In addition, the amount and range of data produced and how this is analysed and used may create a burden that results in incomplete, inadequate or incongruous evaluations. It is important that we are able to develop robust

evidence from practice changes and to understand better what is working and why, if these changes are to be successfully applied to different practice contexts (Walshe, 2007). If we are unable to provide evidence of effectiveness from our evaluations, then stakeholders may be left to assume practice development does not make much difference to the development of effective person-centred cultures.

While organisations may have an understanding of the activities that are occurring across their networks and across disciplines, they are less likely to have access to the systematic evaluations required to inform ongoing decisions about practice development resources and implementation of practice development initiatives and programmes of work. It is therefore important that we are able to build this into the practice development work we undertake in order to illustrate the outcomes of this work in terms of improving the experience of care for patients and their families, and for staff.

Good Enough approach

With these complexities in mind, we are proposing a framework that helps guide staff take a 'good enough' approach to evaluation. The framework (see Figure 2) has been developed as part of an international community of practice and has been driven by our desire to make evaluation more accessible to staff engaged in practice development work. The process has four key elements (Clear, Decide, Use and Deliver) and should be used to frame the evaluation in advance of the implementation of a practice development initiative.

Figure 2: Good Enough Evaluation framework

Good enough should not be interpreted as meaning 'merely good or as implying mediocrity; it has to do with making rational and defensible choices. The good enough approach is a way to drive ongoing improvement and achieve excellence by progressively meeting, challenging and raising our responses to difficult ethical problems in practitioner inquiry, as opposed to driving towards an illusion of perfection' (Groundwater-Smith, 2011, p 12).

While the title 'good enough' may appear to understate the importance of evaluation, we would argue that it actually encourages staff to give it a go. Good enough in this sense is ensuring it is fit for purpose without seeming to be burdensome or over-complex.

Key principles

There is a need to provide staff with some key principals so they can undertake effective evaluations that help build a strategic and multilevel approach to evaluation. The principles embedded in the framework incorporate the CIP values – collaborative, inclusive and participative – which provide guidance for undertaking evaluations and include the key points described below.

An initiative requires a clear rationale and anticipation of outcomes before getting under way. These include identifying:

1. The problem/issue/needs
2. Aims and objectives, and how these align with strategic/organisational needs and priorities
3. How the initiative links to other initiatives across the organisation and across disciplines
4. Key participants and stakeholders
5. Accurate costing, in terms of resources and people
6. Timelines/key milestones

An example of a representative case is given below to illustrate these six points.

Example

1. **The problem**: As a result of complaints received by the state government health minister about the care of elderly patients at 'Anywhere Hospital', a formal inquiry was undertaken. This revealed a significant issue related to the hydration status of patients over the age of 70, with severe dehydration having contributed to the death of a number of patients. This resulted in a statewide mandate to ensure patients receive adequate fluids. An audit in ward 8b, a mixed medical ward, noted the ward had less than 50% compliance in recording patients' fluid balance. Five members of the nursing staff volunteered to be part of a practice improvement group with the support of an external facilitator. A practice development approach was chosen, with the group adopting the CIP principles to ensure all staff on ward 8b were part of the change initiative
2. **The aim**: To improve fluid balance documentation on ward 8b (using an app developed by the hospital's IT department) and to ensure all patients receive sufficient hydration, in line with the organisational goal and statewide mandate
3. **Links across the organisation**: A number of units in the organisation are also looking at documentation of fluid balance and will monitor the testing of the fluid balance app on ward 8b
4. **Key participants/stakeholders include**: Nursing staff, patients, IT staff, kitchen staff who deliver food trays to the ward and staff in the quality improvement department
5. **Costing**: The evaluation will be led by the clinical nurse educator on ward 8b, supported by an external facilitator, in conjunction with a lead from the IT department. The time required to collect and analyse data needs to be built into their workload
6. **Timelines**: A date for completion of staff training to use the new app is set. Data will be collated throughout the six months of the intervention and post-implementation of the intervention (until May 2016)

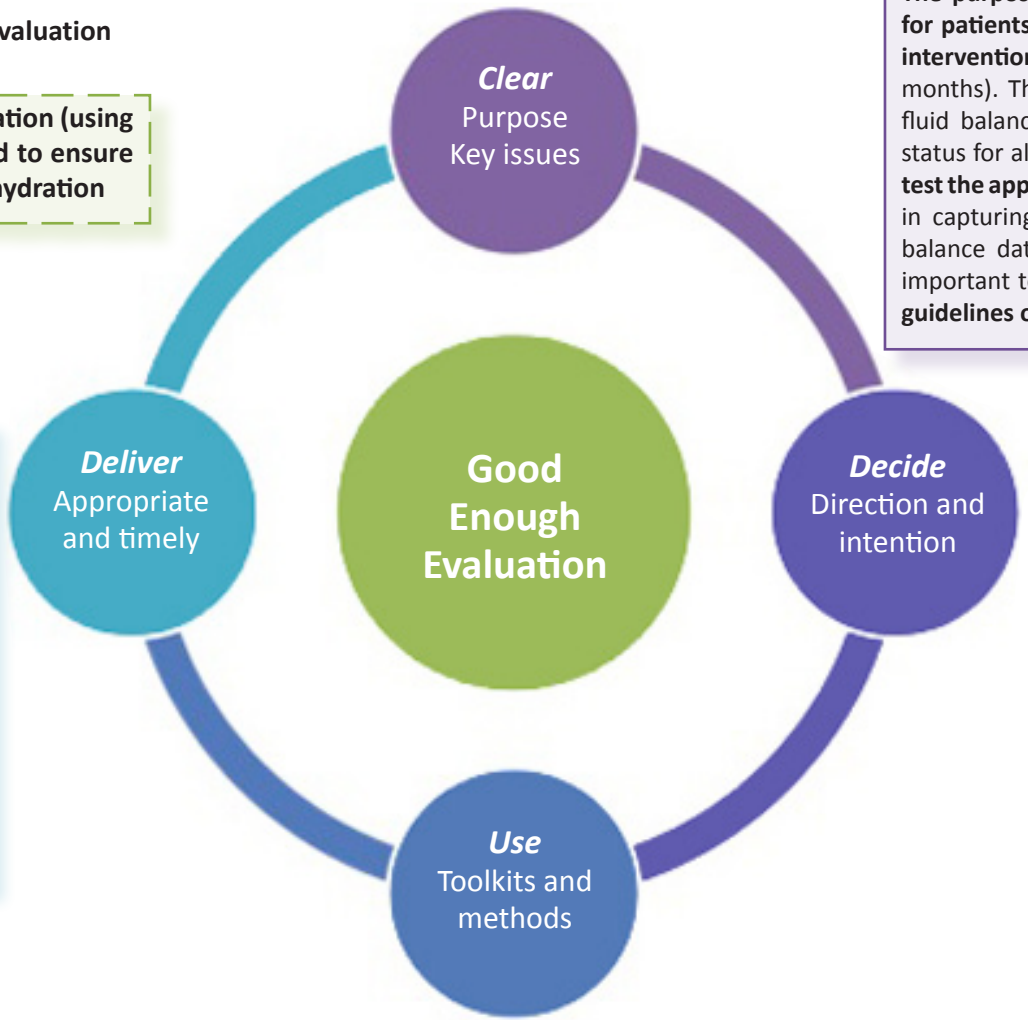
The next stage is to develop the evaluation outline using the four stages identified in the Good Enough Evaluation framework:

- Be **clear** about the **purpose** of the evaluation, which is to establish improved outcomes for patients requiring monitoring of fluid intake, and the **key issue** that needs to be considered: what you/your stakeholders want from this evaluation, which is improved documentation of patient hydration status
- In collaboration with your stakeholders you need to **decide** what the **direction** and **intention** of the evaluation is. For example, you may want to establish cost effectiveness, improved patient experience, skill development or acquisition of knowledge
- The next step is to consider what **data** you will **use**. The data have to fit with the purpose and the intent. How much data and what type of data (**tools**) will be needed to inform evaluation of the initiative at micro, meso and macro levels. You need to consider when, where, how and from whom data should be collected (**methods**) and establish the criteria for deciding when you have enough (appropriate) data. You will also decide on an approach to data analysis: when it would be best to tell a story, or when numbers and measures would carry more weight
- When planning, you will need to establish what you will **deliver** from the evaluation, to whom (**appropriate**) and when (**timely**). For example, you could decide to report to the manger of ward 8b by 30th June 2016, with recommendations for future development. You will need to set realistic goals, agree who is responsible for each aspect of the evaluation and what is a reasonable timeline: this is the evaluation action plan

Using the example of ward 8b, a draft evaluation plan is illustrated in Figure 3. It is important to remember that developing the evaluation requires input from key stakeholders. The planning should be undertaken in advance of the implementation of any change in practice and needs to be flexible in order to accommodate any changes required as the evaluation progresses. For example, if the data you are collecting are not providing sufficient detail to report the change in practice, you will need to consider an additional data source.

Figure 3: Example of Good Enough Evaluation

To improve fluid balance documentation (using a fluid balance app) on ward 8b and to ensure all patients are receiving sufficient hydration



The purpose of the evaluation is to capture current practice for patients on ward 8b and then to **measure data during the intervention phase** (six months) and **post intervention** (six months). The overall aim is to improve the documentation of fluid balance and ultimately ensure an appropriate hydration status for all patients. In addition, the **IT department wishes to test the applicability of its fluid balance app** and its effectiveness in capturing data. As the organisation has to report on fluid balance data to the statewide government organisation, it is important to **ensure that data collected on ward 8b meet the guidelines of the statewide reporting mandate**

The **overall evaluation report** will be presented to **staff and the manager of ward 8b** one month after the final data collection takes place (June 2016). In addition, the report will be sent to the IT and quality improvement departments, and to the executive sponsor for statewide initiatives. It will include lessons learned and recommendations (August 2016). **An action plan will be formulated by the ward 8b quality improvement team** and will outline the roles and responsibilities of the team members and the related timelines

This evaluation is **significant for the patients and staff of ward 8b** and as such must be able to document how **a change in practice has improved care**. In addition, it is important to support **staff engagement in the change process**, providing opportunities for them to share their ideas for improvement and on how to overcome barriers to change

Data are captured directly from the app and will provide an **audit trail** for all patients on ward 8B. This will report overall percentage scores for **compliance with documentation**, as well as provide hydration status graphs. The types of fluids offered, and the times they are offered, will also be captured. The data will be accessed through the IT department and will be presented as figures in graph format and will be available to staff as a monthly report (micro level). **Trending of the data** will be captured and provided as overall results to the organisation (meso level) and inform the statewide mandate (macro level)

Patient hydration status will be measured using a **validated assessment tool**. **Staff in the quality improvement group will receive training on how to use the tool and analyse the data** (mean scores measured). Hydration status will be captured for all patients before the intervention, **during the intervention phase (at three and six months) and at six months post intervention**. The data will be presented in graph format and will be available to staff after each assessment period. Trending of the data will be captured. **Focus groups** will be held with staff at **three-monthly intervals** to review ongoing results, capture their experience related to the change (for example, do they feel more satisfied with the way they are caring for patients) discuss issues arising from the data and the intervention, and gather suggestions for improvement

Use of the framework

The Good Enough Evaluation framework has been used in the International Practice Development Collaborative five-day introductory practice development courses in Europe and Australia over the past couple of years. Formal feedback from these schools indicates a high level of engagement with the framework and a sense that participants can use what they have learned to guide evaluation back in their workplace. The framework is designed to ensure the focus remains on evaluating the process and outcomes of person-centred practice rather than becoming yet another technical approach to measuring outcomes.

Conclusion

Building confidence in the evaluation of practice development work is fundamental if we are to report on the successes of the initiatives being undertaken and influence the change agenda at micro, meso and macro levels. While those engaged in practice development and developing person-centred practice are familiar with the tools used to collect and collate information, such as stakeholder analysis through the use of claims, concerns and issues (Guba and Lincoln, 1989), there has generally been a lack of engagement with frameworks aimed at providing a systematic and rigorous approach to evaluation. This may have been in part due to the language and, at times, complex nature of such frameworks, as well as the assumption that evaluations are less important than the intervention/change being implemented. Failure to capture meaningful and robust evidence about an intervention results in unclear links between the intervention and the outcomes achieved, and little to rely on in terms of making recommendations about the practice change and its influence on supporting person-centred practice. In developing the Good Enough Evaluation framework, we have aimed to make evaluation accessible to staff at all levels in healthcare organisations. The principles for using the framework provide key questions to guide the development of the evaluation outline, as well as advancing the evaluation knowledge and skills of those who use it.

We encourage you to give the Good Enough Evaluation framework a try. We would really love to hear your experiences of using it to guide the evaluation of your practice development initiatives.

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Val Wilson (PhD, RN), Professor of Nursing Research and Practice Development, University of Technology Sydney, and the Sydney Children's Hospitals Network, Australia.

Tanya McCance (DPhil, MSc, BSc Hons, RN), Professor of Nursing, Head of the Person-centred Practice Research Centre, Institute of Nursing and Health Research, Faculty of Life and Health Sciences, Ulster University, Northern Ireland.