

# Exploring values in nursing: generating new perspectives on clinical practice

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## KEY WORDS

practice development, culture change, essentials of care, nursing, practice

## ABSTRACT

### Objective

The 'Essentials of Care' (EoC) program seeks to develop a shared vision amongst nurses within particular workplace teams. The purpose of this study was to describe the experiences of nurses during the process of exploring their values and developing these into a shared vision at both an individual level and as a team.

### Design

A qualitative, focus group design was used to provide an accurate representation of the nurses experiences in reflecting on their values and developing these into individual ward/unit vision statements. Six focus groups were conducted by independent researchers. The focus group discussions were recorded and transcribed by an independent researcher. The transcription provided the data for thematic analysis.

### Setting

This study was conducted in two tertiary hospitals from the same Local Health District in New South Wales, Australia.

### Subjects

Forty-two nurses from fourteen hospital wards or units participated in the study. Seventeen were facilitators of the program and the remainder were nursing staff who had undertaken the program.

### Main outcome measures

The authors independently interpreted the transcripts using inductive qualitative analysis, reaching consensus on emergent themes. Representative quotations were chosen for each theme.

### Results

Six themes emerged which describe the experiences of nurses during the exploration of individual and team workplace values which were then developed into shared visions. The emergent themes were: shared values and commitment to patient care; empowerment and ownership for cultural change; real and observable outcomes; the meaning of the team; different active learning approaches equalling the same outcome; and culture change results in new perspectives.

### Conclusion

This study supports the benefits of value-based programs. Exploring values led to new perspectives on clinical practice, both individually and collectively by the nursing teams.

## INTRODUCTION

Practice Development (PD) programs are fast becoming a key instrument in engaging healthcare teams and changing practices. One example of this program within New South Wales (NSW), Australia is the Essentials of Care Program (EoC), which is built on Practice Development (PD) methodologies and approaches (NSW Health 2009). The aim of this program is to create a person-centred culture and overall improvement of patient care (NSW Health 2009). One of the key elements in the program is the development of a shared vision and exploration of individual values amongst the nurses within their teams (McCormack et al 2013).

This paper reports on a qualitative study undertaken to explore and uncover the experiences of nurses in reflecting on their values and developing these into individual ward/unit vision statements through the EoC program. Phase one of the program asks nurses to explore their values as individuals with their team members, later developing these into a shared vision for the ward/unit (NSW Health 2009). Two tertiary hospitals from the same Local Health District participated in the study.

The EoC program has been in effect since 2005 within NSW public hospitals and involves over 600 wards/units. The program has been running since 2008 in the local health district where this study was conducted. Anecdotal evidence suggested a change in behaviours and attitudes amongst nursing teams as they progressed through the program and in particular when they completed their vision statement. A number of studies suggest that changing workplace culture should start with the clarification of values, the impact of this being improved patient care and staff satisfaction (Mannion et al 2005; Wilson et al 2005).

## LITERATURE REVIEW

The role that values play in nursing is expressed in the literature in various ways, including ways in which values are developed and viewed by nurses, and the influence of values on workplace satisfaction and culture (Manley 2004; Ingersoll et al 2005; Maben et al 2007; LeDUC and Kotzer 2009). Maben et al (2007) identified that nursing values are developed during nursing training, and can be attributed to the many ethics codes and requirements imposed on students early in training. The authors suggest that core values, such as being ethically responsible and accountable, are important for the profession. A study by LeDUC and Kotzer (2009) found that professional values were similar across three generations of nurses with a greater emphasis placed on professional values such as competence and collaboration compared to societal values such as patient safety and advocacy.

Whether there is a difference between personal values and professional values, and what impact this may have on nursing practice remains unclear. Watson (2002) offers some insight by suggesting that personal values play an important role in nurses' interactions within the workplace. If there is any conflict between personal values and organization values, nurses can be challenged and tend not to follow a directive or requirement with which they disagree.

Values are viewed as "what is important, worthwhile and worth striving for" (Horton et al 2007 p717). There is also an understanding that, on the one hand, values define who we are as individuals, while conversely the society, culture, morals and beliefs impact on how individual personal values are defined (Horton et al 2007). At the heart of understanding values and the meaning this has for nursing, is the acknowledgement by some authors, that personal values can influence professional behavior (Hammell and Whalley 2013; Ingersoll et al 2005). McNeese-Smith and Crook (2003) in a recent survey of 412 nurses recorded benefits from understanding values, including an increased sense of teamwork. Moreover, numerous studies have agreed that values, attitudes and beliefs of staff impact on a workplace culture (Tillott et al 2013; Scott-Findlay and Estabrooks 2006; Wilson et al 2005; Manley 2004).

Central to the exploration of values within healthcare organisations, is the understanding of culture and what defines it. Manley and co-workers identify two distinct types of culture; *corporate* culture which is designed by the values and vision established by the organisation, and *organisational* culture which is the individual values and experiences of staff and users of the service (Manley et al 2011; Manley 2004). It therefore makes sense that the impact individuals have on organisational culture is experienced at different levels.

Studies into workplace culture have identified subcultures or local cultures, that occur within an individual ward or unit, or existing within an organisation (Wilson et al 2005; Manley 2004). Therefore experiences of staff in a discrete setting such as a ward may be very different to the overall culture of the organisation. Taking the time to uncover values within teams is one approach in identifying whether the espoused values of the organisation are reflected in reality (Dewar et al 2013; Christie et al 2012).

The role of values in contributing to culture change is emerging as an important field of research. Nurses bring with them both professional and personal values to their working environments. It appears that identifying values is not difficult for nurses; however, the contribution or impact of their values on nursing practice remains to be fully elucidated.

## **METHOD**

### **Aim**

The aim of the study was to describe the experiences of nurses who used PD approaches in exploring both individual and team values.

### **Design**

The qualitative design of the study was chosen to ensure the experience of the nurse was captured in a way which gave a true representation of how they viewed and felt about what had occurred during their experience of exploring values and developing a shared vision statement during phase one of the EoC program.

### **Research Ethics**

Ethics approval from the Human Research Ethics Committee of the local health district (LHD) was obtained before any recruitment was undertaken or data collected. Each participant was provided with a participant information sheet and written consent form to complete.

### **Recruitment**

Recruitment of nurses and EoC facilitators was undertaken separately. To recruit nursing staff for the focus groups, four medical or surgical wards/units from the largest hospital in the local health district were selected. The rationale was that the staff in these particular wards/units had all progressed through the values stage of the EoC program and provided a broad representation of the wards/units involved with the program. Snowball sampling was used to gain participants. The EoC facilitators provided verbal information sessions outlining the study to staff and written flyers were also provided.

To recruit for the EoC facilitator focus groups, facilitators from two of the hospitals in the local health district (one being the largest hospital mentioned above) were sent an individual invitation to participate in the study. These individual facilitators came from fourteen wards/units across the two hospitals, representing a variety of clinical specialties. A total of 40 invitations were sent.

The nursing teams were interviewed separately from the EoC facilitators to ensure they felt comfortable in sharing their experiences without the potential for bias or fear of the wrong answers in their facilitator's presence.

### Focus Groups

Nursing teams and EoC facilitators were already familiar with group style conversations during their EoC sessions. Focus groups which inherently allow for flow of conversation and discourse were therefore chosen as the method to capture the staff members' experiences. Six focus groups were conducted: four groups of nurses each in their individual wards/units and two groups of EoC facilitators. There were 42 participants in total; 33 female and nine male. Enrolled and registered nurses were present in each of the nursing focus groups. The EoC facilitators were all registered nurses. The focus groups were conducted by an independent interviewer; they were recorded and transcribed by another independent transcriber. All interviews were de-identified. The transcribed notes formed the textual basis for analysis. The following questions were used as prompts for the focus groups: How did you begin to explore your values in your ward/unit? Can you describe your experiences of using a values clarification approach in developing your vision statement? Tell me about your individual experiences in exploring your values. Can you describe the experiences as a member of the team in using a PD approach to explore values?

### Analysis

The data were analysed independently by both authors who each read and interpreted the transcripts. The analysis followed the same process whether the transcript was from a focus group of staff or EoC facilitators. Consensus was reached on the major emergent themes using a phenomenological tool developed by Palmer et al (2010) and inductive qualitative analysis.

## RESULTS

The local health district comprises of six hospitals. The two hospitals where the focus groups were conducted are the largest in the LHD, with 466 beds and 112 beds. The staff taking part in the focus groups represented 20% of their ward/unit and 4% of the staff involved in the EoC program at that hospital. The EoC facilitators who took part represented 23% of all staff involved in the EoC program at the facilitator level.

The two researchers analysed the transcripts of all focus groups independently. Moreover, the transcripts of focus groups of nurses and facilitators were analysed separately. Consensus between the researchers was reached and it was noted by both researchers that the focus group transcripts revealed the same themes regardless of whether the participants were nurses or facilitators. Thus the themes and representative quotations were combined. Six themes emerged from analysis of all transcripts:

1. Shared values and commitment to patient care.
2. Empowerment and ownership for cultural change.
3. Real and observable outcomes.
4. Meaning of team.
5. Different active learning approaches equals same outcome.
6. Culture change results in new perspective.

The following discussion presents findings from these themes and representative quotations from the focus groups.

### 1. Shared values and commitment to patient care

The nurses agreed that exploring values identified a passion for nursing and a commonality of values amongst their colleagues. There was a consensus that even though each team member is an individual and has different values, fundamentally they all agreed on how they wanted patients to receive care. Integrated

into the discussion relating to values, was a realization that it is not only core values that individuals bring to work, but attitudes and behaviours as well. They felt the focus on nursing and exploring their values always came back to the patient.

*"We all work individually and at the end of the day we all want the best for the ward and the patient".*

*"I think that most of our values were the same; they maybe differently worded but they all came back to the same common goal".*

*"We all wanted the same thing, the same goals. We all strived for the same sort of purpose for being here".*

## **2. Empowerment and ownership of change**

The transcripts revealed a general perception that changes had occurred as a result of the EoC process. A clear benefit of the EoC program was staff felt empowered to identify changes in practice that they would like to develop into quality projects. Moreover, innovations or ideas could be legitimised by placing them under the same EoC umbrella which became a platform for continued change.

*"I think we've always had those skills but again EoC has given us that chance to work as a team".*

*"This has brought about change in the way we do things".*

*"EoC came along it gave us all a voice to say I'd like to see this happen".*

*"We're empowered to make those changes".*

## **3. Real and observable outcomes**

Nurses identified positive outcomes during the development of the shared vision statement. Perceptions of improvements in the quality of care provided and the potential for new quality projects were discussed. Interestingly, the positive outcomes were more obvious once the vision statement had been finalised and the process of engaging with a novel quality project had begun. Some nurses revealed renewed passion and energy in the workplace at this point in the process. However, this was not shared by all of the nurses; one focus group felt they had lost momentum with the program, although participants felt change was achievable.

*"We did a project on Clinical Handover. Since that project we had a big change and people started to see the difference".*

*"Everyone has improved a lot from what their culture was before and now to improve everything. So EoC is definitely our care".*

*"It's quite inspiring and so I found that quite rewarding. I love my ward and doing EoC. We get a bit busy and sometimes we get burned out. I'm a bit like a chook without a head running around. I'm very inspired, I go home and think "oh I like this job" it's nice to feel that".*

*"But we are capable of change it's almost like we need a "tidbit" to say "look this is what we can achieve" and see it happen on the ward".*

## **4. Meaning of the team**

There was a real sense of camaraderie throughout the focus groups. It brought recognition of the contributions from team members, the qualities and values they shared.

*“At the beginning, some of us did feel like we were personally being attacked but we had to think ‘no that just people’s reactions to different things’. But now its better I just think you’ve just got to work together, because you’re all working together in a team”.*

*“I guess just qualities that you might see within yourself or even another team. Just simple things like respect and even being a team player; patience, those common qualities”.*

*“I think it has raised a lot of awareness that we wouldn’t have really taken the time to think about before and I think people have adapted to that a bit”.*

### **5. Different approaches, same outcome**

Different approaches in developing values statements and implementing the EoC program were described by the nurses. These approaches were a variety of different active learning activities taught during EoC workshops. The consensus however was that the outcomes were the same.

*“We had really fun activities. We had sessions of claims concerns issues, circle of influence circle of concern we also had class sessions so it captured a lot of different people coming in”.*

*“In the first workshop we did was full of this crazy activities like reflection, walking in the park, and we were like ok why are we doing this. It’s not until the penny drops that I really believed 100% in the program that I was able to facilitate a better team”.*

*“We first spoke about all the issues that we had and it was oh well its done now how do we move forward and what your goals and values were and at the end I think we achieved a lot in terms of we are working together now”.*

### **6. New perspective, culture change**

There was a real lived experience of a change in culture, and for some individual nurses a complete transformation and new outlook on their roles as nurses.

*“I was one of the hostile ones to begin with because I thought “Oh something else we need to do”! But seeing the girls involvement, how much time and effort they’ve put into it has made me think, because I’m an old jaded nurse and I just think “Oh yeah another change of government another change something else, here we go again”. You do get jaded but it’s given me a new perspective and making me sit back and think “Oh if other people can come up with these ideas perhaps I should too it does make you re-think”.*

*“In my mind now I’m thinking this is personal development so I think it’s good because we develop ourselves and from thereon we can encourage the people to develop themselves too, to be able to give a quality of care to our clients. So it’s not just practice and development. For me it’s also personal development because you’re developing yourself and from that you’re also encourage people to visit the values, to know again what their value is as a nurse”.*

## **DISCUSSION**

Values play an important role not only defining an organisation, but also in shaping its future direction (Davies et al 2000). It is clear from the focus groups that exploring values helped nurses to understand each other and acknowledge the similarities and differences amongst their peers. These findings support the importance of developing a shared vision in the first step of working towards creating an effective workplace culture

(Manley et al 2014). Nurses were able to recognise they all have similar values and share the same goal of improving patient care.

Our findings support other studies of the benefits from engaging teams in PD approaches to achieve a change in culture (Kirkley et al 2011; Wilson et al 2005; Manley 2004). Nurses that had experienced the PD approaches through the EoC program described being more engaged in the workplace and creating projects to improve patient care. One of the issues emerging from this study is that not all nursing teams felt the same positivity towards the program. It is suggested in some of the literature that some teams require different approaches before commencing in PD work (Ford et al 2013; Shaw 2012; McCance et al 2011). This was shared by nurses in one focus group; they had identified they felt a change when the program first started but had since lost momentum and returned to old ways of working. This is similar to other participants involved in PD programs (Shaw 2012).

Despite different active learning activities used, the outcomes were the same; engagement and a sense of enhanced teamwork. Ford et al (2013) evaluation of a program which used PD approaches reported a positive influence on the learning culture of the organization. Active learning in the workplace helps staff to make sense of what is occurring in their practice and the influence they have on making change (Manley et al 2008).

This study has limitations. It was confined to two settings and not all of the wards/units involved with the program participated in the study. It also did not include any members from the multidisciplinary team, even though the impact of values and creating vision extends to all members of the healthcare team, the EoC program has only been implemented with nursing teams. However the work provides insights into experiences of nurses engaged with the program and provides an opportunity for other researchers to consider the benefits for their own setting. Further study with a focus on how values evolve and impact on nursing practice with teams engaged in a PD program over time is suggested.

Personal values influence the way in which individuals interact, behave and deliver patient care. One of the greatest impacts on individual values is each person's cultural background. Fundamentally, culture shapes a person's belief and values systems. With global multicultural societies it is expected that this influences and contributes to the culture of organisations, which are ultimately reflected in the workplace (Horton et al 2007). In 2011 the Australian Bureau Statistics (ABS) (2013) reported that 33% of Australian nurses were born overseas in comparison to 25% in 2001. Useful information may have been obtained if the researchers investigated whether nurses from different cultural backgrounds shared different experiences and values in the focus groups; however this direction was outside the scope of the present study. It was important the collective experience from either the individual nursing teams or facilitator groups were explored and themed.

The inclusion of experiences of those nurses who were also facilitators could be a potential bias in this study as it may be considered they had additional knowledge of expected outcomes for the program. However it is important to note that there were no program objectives listed or identified during this process and these nurses facilitated the development of a shared vision amongst colleagues. The emergent themes represent issues and topics that were identified as important during the thematic analysis of these experiences. The transformation of both individual and team perspectives provides insight into the potential for a program which is values driven. It was interesting to observe that while the themes were consistent across the different wards/teams, the actual vision statements varied. For instance, in two different surgical unit's one vision statement valued: *"provide a welcoming and supportive environment for our patients and their families..."* while the other surgical unit valued *"providing a professional, holistic, supportive and compassionate environment"*. This supports the methodologies of PD in that real meaning comes from individual teams developing their own vision statements as opposed to a vision statement developed by an organisation with an expectation

that employees will embrace it (Dewar et al 2013; Christie et al 2012;). With a focus on organisations being built on values, programs such as EoC provide a framework and principles for teams to follow in developing a shared vision.

## CONCLUSION

Providing opportunities for nurses to explore their values is important in the development of a person-centred culture. The most significant realisation amongst the nurses was the most shared and strongest value about being a nurse was about caring for patients. Reflecting and discussing values amongst the teams led to experiences of personal growth, empowerment and enhanced self-awareness. There was a noticeable change in culture felt by some nurses and a greater engagement in team projects. This body of evidence provides an opportunity for further research that explores the experiences and impacts from working with value based programs.

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