Person-centred Nursing Research: Methodology, Methods and Outcomes

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Editors

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Introduction: Overview of the Book and the Focus of Each Chapter

The three of us have been involved in a variety of practice-based research and scholarship in nursing and healthcare, grounded in person-centredness. We have engaged with a wide range of persons receiving services and care, with practitioners (in the widest sense) and other stakeholders at micro, meso and macro levels in many countries. Certain ideas and values about persons and personhood have been and continue to be central to our approaches to nursing research, as are the frameworks and models we draw on and often develop from our own research. In particular, the Person-centred Nursing Framework [1] and the Person-centred Practice Framework [2] have been instrumental in much of our endeavours.

In this first book on person-centred research in nursing, McCormack and McCance present a revised version of the Person-centred Nursing Framework and it is core to much of the thinking underpinning the book and reflected in most chapters. It offers one theoretical foundation for shaping the being and doing of person-centred nursing research. Since its original development in 2006, the Person-centred Nursing Framework has evolved, as ideas about practice grew and developed, our collective understandings about personhood evolved, evidence from our and others research became known and as the many conversations we have had with others coalesced around certain ideas and concepts. When the opportunity arose to produce a book about person-centred nursing research, it presented a golden opportunity to present a revised version of the framework and make explicit our latest thinking about person-centredness in nursing research.

While we are fundamentally committed to developing person-centredness across the healthcare arena, involving other professions than 'just' nursing, we are all members of the United Kingdom and worldwide nursing profession and want to celebrate and share as widely as possible the contribution that nursing has made and is making to advancing more humanised care across health systems. Indeed, nursing, particularly in the countries of the United Kingdom, can claim to have made a significant leadership contribution to developing person-centred practice across many fields of nursing. Associated with this, UK nursing, along with international partners, is also contributing to developing person-centred curricula in professional education and in further developing methodological perspectives.

On this latter point, the emergence of person-centred research in nursing requires further attention. Clearly, person-centred nursing practice needs a rigorous and

flourishing evidence base, composed of a wide range of knowledge, to enable it to be effective and for both person-centredness and its primary outcome—a healthful or flourishing culture. This focus is especially timely, as we move into an era of ever more digitalised and protocolled healthcare.

Attention and effort need to go into growing the field of person-centred research and into growing a body of independent researchers in person-centred nursing research who will, in time, lead and influence others in this field. The Person-centred International Community of Practice (ICoP) hosted by The Centre for Person-centred Practice Research at QMU Edinburgh has been strategically engaged, with international partners in The ICoP (a Community of Practice) in doing just this. We encourage you to visit https://www.cpcpr.org/icop to read more about the work of the ICoP and the partners engaged in this work.

This book sets out to share some of the exciting work in progress that focuses on developing researchers and a body of knowledge and skills in person-centred nursing research. In doing this, we illustrate different ways in which such research can be carried out, the outcomes, learning gathered and some insights into the possible impact this research is and can have on the many stakeholders around the globe. Our explicit intention is to build capacity and capability in person-centred nursing research as a methodological perspective and authentic approach to the doing of research and the being of researchers. We are committed to the flourishing of all persons engaged in person-centred research, to our ongoing learning and to working in partnership with others in advancing knowledge in the field.

In this book, we explicitly draw on The UK Vitae Researcher Development Framework (RDF) [3] in each of the nurse researcher authored chapters. The framework is a resource for doctoral candidates and early career researchers perusing their academic career or for other researchers who want to transfer their doctoral learning into a new field of practice or work. The RDF sets out a broad landscape of knowledge, activities and attributes (pre-requisites) to enable researchers to decide what their development priorities are, set against what is generally needed to be an effective independent researcher and how that can be progressively achieved. For example, the RDF [4] can help to:

- explore many aspects of being a researcher
- identify some of your strengths
- prioritise some areas for professional development
- be core to a development plan, then to monitor progress and success
- have productive discussions with others, e.g. your supervisors, PI, careers advisor or other professional development provider
- look for formal and informal development opportunities
- prepare for one-to-one progress reviews, appraisals or career development conversations with your research manager or mentor.

(this list is adapted from https://www.vitae.ac.uk/researchers-professional-development/about-the-vitae-researcher-development-framework/researchers-how-you-can-use-the-vitae-researcher-development-framework)

Person-centred nursing researchers, like any other researchers in nursing need to be intentional, systematic and effective across a wide range of criteria to build their researcher credibility and the credibility of their research. Central to this is impact building from research. While there are now multiple definitions of research impact, we take it to broadly mean to have an effect on, change or benefit the economy, society, culture, public policy or services, health, the environment or quality of life, beyond academia [5]. One of our aims is for person-centeredness to have to have a global impact. We hope this book will inspire others to join in that endeavour.

What Does This Book Have in Store for Users and Readers?

In Chap. 1, we as editors consider the foundations of person-centredness and the principles fundamentally inherent in person-centred research that make it person-centred nursing research. The ideas in this chapter—and some others we don't touch on, can be seen reflected and woven through the whole book in various ways. For example, in each chapter, the authors create and align their own conceptual and theoretical underpinnings to philosophical and theoretical ideas, including the new person-centred nursing framework.

Then in Chap. 2, Tanya and Brendan represent and discuss the original McCormack and McCance Person-centred Nursing Framework [1] as specifically applied to person-centred nursing research. Furthermore, the chapter offers an updated, revised version of the framework, highlighting the key changes and amendments. They particularly focus on the meta-paradigm of nursing, the most significant change made to the new framework, and why this is important in the context of nursing and nursing research.

All the authors in the subsequent chapters, excluding Chap. 14, are doctoral candidates or recently graduated researchers in the field of person-centred nursing. Further, they all share a connection with the Doctoral Community of the ICoP, known as the SICoP https://www.cpcpr.org/sicop. For doctoral candidates in the field of person-centred practice research, a starting point is a philosophical exploration of what a person is as viewed through their view of the world. Indeed, we are supportive of the notion that nursing is a practical philosophy. It has philosophical activity and is immersed in philosophical outlooks. Theodoridis [6] contends that as nursing involves (1) interaction between humans, (2) a theoretical outlook that aims to enclose both the subjectivity of lived experience and (3) the objectivity of physical fact, thus both the value dimension and the natural dimension of being in the world, makes nursing philosophical in its intention.

In this book, we have three chapters that directly explore philosophical and theoretical underpinnings (assumptions, values and core ideas) for person-centred nursing research. In Chap. 2, Ailsa Macmillan and Megan Dickson consider how philosophical ideas on personhood are a basis for person-centred nursing research and showcase the ideas they worked with in their doctoral research. In the following chapter, Kate Sanders, Kelly Marriott-Statham and Gemma Logan illustrate their own creative and iterative processes to developing their research frameworks and

show how ideas of personhood and person-centredness are the foundations for the frameworks. In Chap. 4, we focus on theoretical frameworks and their philosophical foundations. Here, the authors Camilla Anker-Hansen, Vibeke Narverud Nyborg and Donna Frost discuss the integration of person-centred values and principles into their research.

The middle section of this book focuses on person-centred methodologies for nursing research. There is a huge space for multiple methodologies within the person-centred approach to nursing research in general and we begin with Famke van Lieshout and Lorna Peelo-Kilroe in Chap. 6, who offer a broad overview of their methodologies and the principles within them. In Chap. 7, Michele Hardiman, Rosie Kelly and Maja Klancnik Gruden consider some of the ethical dimensions of participatory and action-oriented research through a person-centred lens. This is followed by Betty Ann Robinson, Brighide Lynch and Jill Murphy sharing an overview of their different approaches to action research. Also useful to person-centered approaches are phenomenological and hermeneutic principles and methods. Therefore, in Chap. 8, Karen Rennie, Elmira Saev-Petrova and Caroline Gibson each present an aspect of their research to illustrate how they crafted this from the general principles of person-centredness.

While not fully immersed person-centred research, we need to consider what contribution experimentation and quasi-experimentation can have in person-centred research, and to explore in what ways this research can be undertaken in person-centred ways. Sergej Kmetec and Pia Cecilie Bing-Jonsson explore the contribution of experimental designs in different health contexts and show how these designs serve to illuminate key challenges in person-centered practice. This chapter also demonstrates the power of numbers in making convincing arguments about the need for change, as well as the effectiveness of different interventions and outcome evaluation. Neal Cook, Donna McConnell and Sean Paul Teeling take a deep dive into the connections between multiple and mixed methods research that features elements of person-centredness. Sean-Paul, for example, shows how he drew on person-centred principles and threaded them through a realist evaluation approach.

In order to develop a workforce that is prepared to be person-centred, nursing education needs to be addressed. As person-centred values, principles and curricula become more common, research is needed to demonstrate the effectiveness of the person-centred curriculum for the nursing profession. In their chapter, Deidre O Donnell, Maria Mackay and Ailsa Espie consider person-centred approaches in nursing education research.

Person-centred research cannot thrive in a vacuum, so the research supervision and macro culture need to be not only supportive to person-centred research in nursing, it also needs to be purposefully designed to aid the uptake and impact of person-centred nursing research [7]. In the chapter on research supervision, the three editors, each with a candidate (Karen Rennie, Camilla Anker-Hansen and Emma Radbrun) dialogue about some of the approaches and methods they have drawn on to ensure research supervision is also person-centred.

Finally, in the summary chapter, the three editors consider the key learning points from the research that is emerging within the community to date, and we discuss the

future evolution of person-centred research in nursing; what this research contributes to our knowledge, what it means for nursing and healthcare and what else needs to be done to secure the growth of more humanised care within our increasingly complex healthcare systems.

<div align="center">

International
Contributing ever more
Humanisation

Challenging boundaries
Exploring un-tilled furrows
Seedling novelty

Creative capacity
Surfacing
Honouring persons

</div>

Summary

Nursing researchers looking to research in a way that contributes to this field of nursing may want to start by exploring the exhibits and the map they are creating here in this book. However, the exhibition and map are not fully formed, and it can't be until you make it your own by contributing to it with your own personal theory and experiences. Thus, it will be necessary for the user or reader to actively consider your own research and where it sits within what is set out and hinted at in this book. As the field of knowledge develops and thus the map develops, we will see specialist interests and break away methodologies/approaches and methods and the field will be refined and expanded. Whatever the shape of the future exhibition and our map we hope that you will stay steadfast with the core ideas around person and personhood as being our unifying strength in nursing.

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Contents

Principles for Person-Centred Nursing Research

1

Jan Dewing, Brendan McCormack, and Tanya McCance

1.1 Introduction

In this chapter, and the following one, we set the scene for the book and hopefully, pave the way for the authors who follow, to share their research endeavours. All the authors in this book are doctoral candidates/students or recently graduated with a Doctor of Philosophy award, with whom we are working in some capacity, most often as research supervisors or mentors. Thus, the research, along with the enveloping theoretical ideas, shared in this book, in a way, offers an exhibition for others to come to their own view about the nature of person-centred research. We very much see what is offered here as being a useful resource for readers to build on, so that together, we are all collaborating in building a map for research that has at its heart persons, personhood and the continuity of humanising nursing care.

> **Learning Outcomes**
> Learning outcomes in this book are all mapped onto the UK Vitae Researcher Development Framework. This chapter can assist your learning with:
>
> - Domain A: Knowledge and intellectual abilities: The knowledge, intellectual abilities and techniques to do research
> - Domain B: Personal effectiveness: The personal qualities and approach to be an effective researcher

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- Domain C: Research governance and organisation: Knowledge of the professional standards and requirements to do research
- Domain D: Engagement, influence and impact: The knowledge and skills to work with others to ensure the wider impact of research.

1.2 Key Endeavour of Person-Centred Researchers

Person-centred nursing research is fundamentally about nursing practice or practical philosophy. Nursing practice at its best is an integrated and complex phenomenon that engages persons in a shared human endeavour around health needs, in a range of ways. We appreciate that there are many challenges facing nurses when as researchers, we try to imagine, embody, design and carry out person-centred research in and about nursing practice. Just to be clear, by practice we mean any collection of philosophical principle-based and evidence-informed roles, functions and responsibilities a Registered Nurse undertakes in any context. We anticipate this chapter will contribute to answering some of the challenges about what person-centred research is and how to be a person-centred researcher. At the same time, it will also raise some 'new' questions that we encourage the readers of this book to grasp and grapple with, in a scholarly way.

The primary task of the person-centred researcher is to develop and embody (i.e. authentically live out through everyday feelings, thoughts and actions) a research paradigm that enables:

1. The values of the research and researcher (axiology) to be directly connected to person, personhood and person-centredness
2. The researcher to be and become more person-centred
3. The ultimate moral intention of the research to be connected to the processes and/or outcomes of person-centredness (i.e. human flourishing)
4. Crafting of research paradigms that are philosophically rigorous and fit for the purpose of person-centred nursing research
5. Advancement of the field of person-centred nursing research

As person-centred researchers, all our paradigm development begins with being clear on what a person is and what we mean by person-centred/person-centredness. This is not a 'one-off' activity and we need to remain constantly curious about and adding to our own understandings as we play with new ideas that we encounter. Currently, our starting point or beacon for understanding person-centredness is this definition:

… an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.

(McCormack and McCance [1])

This definition is often used as a 'core definition' of person-centredness and person-centred practice. However, it is also the case that it gets adapted according to the context in which it is being applied. We encourage such thought through adaptation as no definition is immutable, should always be tentative and open to debate and contestation.

Within our core definition there are other concepts, some of them also complex; healthful relationships, persons and personhood, self-determination, empowerment and practice development, that need to be examined and understood. It is only through doing this that we can develop an immersive expansive perspective of person-centredness and its potential. Furthermore, not contained in this definition there are other concepts that are fundamentally part of being a person, personhood and so on. Dewing [2], for example argues that learning and particularly active learning is essential to both being and becoming persons and to achieving person-centred cultures. Whilst McCormack and Titchen [3] have demonstrated how concepts and theories of human flourishing are central to a person-centred culture.

1.3   Persons and Personhood

The foundation of person-centredness is shaped by our philosophical understandings of what a human person is and what we believe and value personhood to be. While we acknowledge the centrality of both within the nursing meta-paradigms, we don't have space in this chapter to offer a complete synthesis of our position on either of these two core concepts. As an example, McCormack and McCance outline their position regarding person and personhood in the context of the Person-centred Nursing Framework in Chap. 2 of this book. By way of a summary, we can say that we maintain it is vital to find an understanding of what a person is, that this is as open and inclusive as possible. Human persons span multiple dimensions and we could consider aspects such as gender, sexuality, ethnicity, age or life span, making us hugely diverse creatures. Furthermore, when we start to accommodate attributes such as values, preferences, intelligence and emotion, some considerations of what a person is, then lack inclusiveness and respect for human dignity. This is consequently problematic for nursing.

Scruton [4] (p. 2) suggests that science positions the noblest of human attributes as having a biological underpinning, which he regards as reductionist. Scruton goes on to argue that humans have an 'apartness' from animals and it is philosophy, art and religion that represent this apartness of humankind. Thus, humans are persons, a category Scruton suggests is more than being a human animal. Primarily, this is because human persons can identify in the first person (I and you). Secondly, we are in essential relations with other persons and bound to them based on rights and obligations. Thirdly, it is because human persons reach out to others who are not of our world and not of the flesh as we are (p. 46). Of course, many other philosophers touch on one or more of these conditions. For example, Locke (1689/1975: II.27.ix) considers a person is a thinking intelligent Being, that has reason and reflection, *and considers itself as itself*, the same thinking thing in different times and places. Definitions can become complex, for example, Smith [5] defines a person who has developed 'normally' as:

a conscious, reflexive, embodied, self-transcending, center of subjective experience, durable identity, moral commitment, and social communication who – as the efficient cause of his or her own responsible actions and interactions – exercises complex capacities for agency and intersubjectivity in order to develop and sustain his or her own incommunicable self in loving relationships with other personal selves and with the non-personal world.

While Martha Nussbaum [6] focuses on the ten domains of human capability as a systematic way to define persons or humans, and which very much capture many of Scruton's arguments. The fundamental concept for Nussbaum's personhood is the presence of the moral category of dignity (Table 1.1).

Table 1.1 Capabilities for human development (Nussbaum 2013)

1	*Life.* Being able to live to the end of human life of normal length; not dying prematurely, or before one's life is so reduced as to be not worth living
2	*Bodily health.* Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter
3	*Bodily integrity.* Being able to move freely from place to place; to be secure against violent assault; including sexual assault and domestic violence; having opportunities for sexual satisfaction and choice in matters of reproduction
4	*Sense, imagination and thought.* Being able to use the senses, to imagine, think and reason—and to do these things in a 'truly human' way, a way informed and cultivated by an adequate education, including, but by no means limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing works and events of one's own choice, religious, literary, musical, and so forth. Being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to have pleasant experiences and avoid non-beneficial pain
5	*Emotions.* Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general to love, to grieve, to experience longing, gratitude and just anger. Not having one's emotional development blighted by fear and anxiety
6	*Practical reason.* Being able to form a conception of the good and to engage in critical reflection about the planning of one's life
7	*Affiliation.* Being able to live with and towards others to recognise and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails provision on nondiscrimination based on race, sex, sexual orientation, ethnicity, caste, religion and national origin
8	*Other species.* Being able to live with concern for and in relation to animals, plants, and the world of nature
9	*Play.* Being able to laugh, to play, to enjoy recreational activities
10	*Control over one's environment.* Political. Being able to participate effectively in political choices that govern one's life; having the right of political participation, protections of free speech and association Material. Being able to hold property (both land and movable goods), and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers

Then there are those philosophers who orientate their ontological ideas around the centrality of being in a relationship. Central to this perspective are philosophers such as Buber and Levinas. Buber [7], who was concerned that human ways of relating tended to be reduced to either rational or romantic poles, attempted to establish that all fundamental connections between persons were reflected in three expressive terms: 'I', 'You', and 'It'. For Levinas [8], the core of I-Thou relationships is having a primary moral responsibility towards the other. For Levinas, the way I relate to a singular other is also how I relate to the other as the whole of humanity. Thus, for Levinas, the primary purpose of ontology is relational ethics and responsibility. These core propositions of Buber and probably Levinas, can be seen reflected in the definition of personhood proposed by Kitwood [9]: '*a standing or status that is bestowed upon one human being by others, in the context of relationship and social being. It implies recognition, respect and trust*'.

1.4   Milestones in Person-Centred Practice Research

We need person-centred practice research in nursing because we now have person-centred nursing care and practice. Therefore, we need to be continuously developing care and practice by enhancing our ontological and epistemological knowledge. We also need person-centred workplaces and organisations to host and nurture person-centred care. This is not to suggest an inward-facing agenda. The focus on person-centredness is also about having an outward reaching, moral intention to enhancing individual flourishing and the collective well-being of society. Indeed, Jacobs et al. [10], suggest that person-centred research offers an agenda for personal, professional and social transformation. Ideas about person-centred practice have been multiplying in the nursing literature in one form or another since the millennium. Here, we include all the different variations of person-centred care and practice (for example, women-centred care, child-centred care and relationship-centred care). McCormack (2003) [11], contends that:

> the principles of person-centredness need to be adopted in research designs that have the explicit intention of understanding nursing practice and/or the quality of patient care. If a central drive in health care is that of increasing person-centredness, then surely research that aims to study nursing practice should adopt this also as a driving principle.

This statement remains relevant today and for the foreseeable future. So much so that Sandvik and McCormack [12] state that the attributes for a person-centred approach to care delivery are also relevant to person-centredness in research. Furthermore, the statement above raises particular challenges for researchers to understand the nature of person-centred nursing research (i.e. the ontology and epistemology), how to do it in an embodied way, how to build research impact and how to mentor, coach and supervise others to build sustainability in the field. Fundamental to these sets of skills is the core question *Do we do person-centred research or are we person-centred researchers?* This question is about 'doing' and 'being'. They

are of course connected. What this means and what it looks like will possibly vary for each nursing researcher and their expertise.

We feel it's helpful at the start of this book to briefly outline the key milestones in person-centred nursing research to show its evolution to date. In 2003 McCormack [11] suggests five guiding rather than universal or 'fixed' conditions that would enable the development of person-centred research (Box 1.1).

Box 1.1 Conditions for Person-Centred Research (McCormack 2003)

Condition 1: informed flexibility—the facilitation of decision-making through information sharing and the integration of new information into established perspectives

Condition 2: sympathetic presence—an engagement that recognises the uniqueness and value of individuals, by appropriately responding to cues that maximise the person's opportunity to participate/not participate

Condition 3: negotiation—participation through a research framework that values the views of the participant as a legitimate basis for decision-making

Condition 4: mutuality—the recognition of others' values as being of equal importance in decision-making

Condition 5: transparency—making explicit intentions and motivations for action and the boundaries within which decisions are set

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With the emergence of the original Person-centred Nursing Framework in 2006, McCormack and McCance suggest that the framework provides nursing with both an inspirational and a theoretical framework for research. And indeed, around this time, we start to see, the framework being used in research and development work. Most often this was seen in practice-based research to develop person-centred cultures and it also formed the basis for the development of several tools to measure and evaluate person-centred care and culture.

More recently, McCormack and McCance [13] identified five prerequisites for person-centred practice, which can be transferred to research: being professionally competent; having developed interpersonal skills; being committed to the job; being clear about one's own beliefs and values and knowing self. Jacobs et al. [10], however, suggest one core principle of connectivity and three related principles as necessary for person-centred research:

- Attentiveness and dialogue
- Empowerment and participation
- Reflexivity

Drawing on this core and three sub-principles, The Centre for Person-centred Practice Research [14] sets out its principles for research as being:

- Researching with persons
- Relationality through connections

- Attentiveness and dialogue
- Conditions for empowerment through inclusion, participation and collaboration
- Critically, creative reflexivity

Essentially, researchers can draw on the secondary application of primary philosophical ideas (ontological and epistemological) to create their own ontological and epistemological research framework. This is then woven with or even embedded into a philosophically informed understanding of person and personhood. The variations, as we see in this book, are multiple, and yet all the research frameworks have shared roots.

On a related front, McCormack and Dewing [15], identify a set of ten core dimensions for person-centred curricula that had been developed by participants at an Internationasl Colloquium. Although not strictly developed for research and not directly philosophical conditions, these dimensions offer an example of a set of principles that could easily be drawn on as methodological principles for person-centred research.

1. Explicit articulation of the interconnected nature of underpinning concepts that represent their diverse colours, passions and intentions
2. Respect for persons' values and beliefs
3. Articulation of personhood and its contextualisation
4. Strategy for enabling persons to make autonomous decisions about their health and well-being
5. Movement in and out of different contexts without being constrained by 'hard' boundaries
6. Respect for diversity while creating a feeling of oneness
7. Interconnected relationships that are respectful, inclusive, reciprocal and engaged
8. Flourishing for all persons
9. Empowerment of health and social care professionals through active learning, maximising opportunities for autonomy and shared meaning making
10. Risk-taking, facilitated in a culture that is mindful, engaged, creative and reflective

It is possible to then explore what philosophical ideas would underpin these principles. Although textbooks 'teach' us that philosophy comes before theoretical frameworks, which come before methodology, which comes before method, lived research is not always this linear and a researcher may start somewhere other than the recommended textbook starting point. And instead of progressing ever onwards, may move back and forth to complete their research paradigm through repeated cycles of exploration to bring the desired decision closer to discovery with each cycle or iteration. It is an exciting time, as we are moving into a space where nursing researchers are being more creative and taking more risks in crafting person-centred methodologies for nursing research.

1.5   Methodology

McCormack and McCance [13] challenge nursing researchers to make advances in methodologies available for person-centred research. See the two examples from authors in this book in Box 1.2 and Table 1.2. One of the reasons for including these examples that illustrate the variations in principles is that they help to illustrate a critical point that person-centred research is a continuum, and therefore, the nature of person-centred research will vary from study to study and between researchers. It is also included to show that person-centred nursing research does not provide a set of 'fixed' already established methodologies and rules, instead, we seek to demonstrate that it demands new weavings of principles for understanding persons, environment, health and nursing. The way in which the principles are woven together, must, of course, be philosophically, theoretically and methodologically rigorous and coherent. They must be sufficient in number and detail, flow one to the other and back again and avoid repetition or gaps.

Box 1.2 One Example of Conditions for Person-Centred Research by Maria Mackay (See Chap. 12)

Condition 1—Human Flourishing

Persons who participate in this research have innately within them the ability to flourish to their full potential both as participants and as co-researchers.

Condition 2—Power within a social relationship

Persons who participate in this research have the right to authentically participate in this research in the way that is right for them and they maintain the power to change their contribution at any point within the research process.

Condition 3—Courage and Curiosity

Persons who participate in this research have the courage and curiosity to explore the layers of the relationships they develop during a clinical placement considering how this impacts their ability to realise human flourishing.

Condition 4—Transformative Learning

That all turbulence in clinical practice has the potential to transform into purposeful turbulence enabling students, clinical supervisors and academic learners to realise true belonging and transformative learning.

Condition 5—Contemplation

That contemplation is embedded into the knowing, doing and being as a participant and co-researcher in this research study.

Table 1.2 Example from doctoral research by Kate Sanders (see Chap. 4)

Methodological principles	Philosophical/theoretical underpinnings drawn from:
Participation: power and control as a central issue	Ontological: Reason (1998); Johnson (2008) Epistemological: Berger and Luckman (1966) Theoretical: Freire (2000)
Valuing embodied and experiential knowledge	Ontological: Ray (2006) Epistemological: Heron and Reason (2008) Theoretical: Freire (2000); Johnson (2008)
Creating a safe space for dialogue	Ontological: Freire (2000) Epistemological: Freire (2000) Theoretical: Freire (2000); Rule (2004, 2011); McCormack and McCance (2010); Bergold and Thomas (2012); Bell Hooks and Cox (2014)
Working creatively and critically	Ontological: Freire (2000); Johnson (2008) Epistemological: Freire (2000); Johnson (2008) Theoretical: Freire (2000); Johnson (2008)
Researcher as facilitator	Ontological: Freire (2000) Epistemological: Berger and Luckman (1966) Theoretical: Titchen et al. (2017); McCormack et al. (2017); Aldridge (2016)
Reflexivity	Ontological: Johnson (2008) Epistemological: Finlay (2002); Finlay and Gough (2003) Theoretical: Finlay (2002); Finlay and Gough (2003)

Note: The references contained in this table are not supplied in this chapter. See Chap. 4

1.6 Methods

Lariviere [16] has said: '*We must develop techniques for research that consider participants as people with full lives, not only patients in the clinic*'.

The context for this quote was an invitation to take part in research as a person using health services and then receiving a very long participant information sheet written in a way that included a lot of jargon. Co-construction is one of the current 'buzz phrases' in a range of research. However, not every research study needs to have co-construction or have it operationalised in a method in one uniform way. It is within the methods that the espoused philosophical values and ideas and methodological principles need to become real and be experienced by everyone engaged in the research. Whilst 'on paper' at least, methods might look the same as any other approach to research, in practice, every decision made about research methods needs to consider person-centred principles and how they inform the researcher's decision in the use of methods of data collection and analysis/synthesis. The experience of being involved in person-centred research must feel different. Various chapters in this book illustrate these and other considerations and highlight the challenges and opportunities afforded by such engagements.

1.6.1 Person-Centred Language and Terminology in Nursing Research

Language is intrinsic to culture and the ways in which culture is expressed and portrayed. As a means of communicating values, beliefs and cultural norms or

otherwise, language has an important social function. Critically, it contributes to feelings of identity and inclusion, which are core to personhood. Person-centred language is a language that puts the person or persons first and is sensitive to the way in which that person or persons wants to be presented and represented. Using person-centred language is about respecting the dignity, worth, unique qualities and strengths of every individual. A person's identity and self-image are closely linked to the words used to describe them. Conversely, when a nurse uses deficits-based language or language where the person becomes a stereotype or an object (such as a case study, data or a code in research findings), or is filtered through a diagnostic or related label, they may become negatively biased and depersonalise the person or even make them invisible. In person-centred research, we need to play around with some traditional research terms to find better ways of communicating what we do and how we do it.

1.7   Outcomes

Regardless of the purpose or aims of the research, there are two shared expectations in all person-centred research. First, research must contribute to at least one of the outcomes of person-centredness; (individual flourishing and collective social well-being). Second, nursing research must contribute to enhancing the body of knowledge on what person-centred research is and how to do it better.

Holloway and Wheeler [17] suggest that qualitative research in nursing needs to be authentic. We consider authenticity to be a domain of both personhood and flourishing. This idea challenges nursing researchers to ensure they develop and draw on appropriate criteria when considering the rigour of their research. The inclusion of authenticity in their model also positions it nicely in the research that draws theoretically on the Person-centred Nursing Framework. They further suggest that there are four domains of authenticity to be considered: ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity.

Exploring rigour in person-centred nursing research is essential. This will contribute to the research being considered worthwhile and for the findings or outcomes to be more accepted in nursing practice. The Lincoln and Guba [18] criteria of credibility, transferability, dependability and confirmability are a 'go-to' standard for evaluating the overall trustworthiness of qualitative researching findings. We argue that this is not enough for person-centred nursing research. Critically, person-centred nursing research must include consideration of the moral principles of personhood. Instead of the traditional member checking, we can consider engagement processes and learning opportunities. For many engaged in person-centred nursing research, the principles of rational discourse and dialogue will feature as core principles in their epistemology; thus, a criterion for rigour is to consider how this criterion has featured in the research method. Making more use of dynamic peer review within the research design can also be a feature that person-centred research could make better use of. By way of another example, if we return to the five conditions set out in Box 1.1. These can be used as an alternative set of criteria to demonstrate research rigour: informed flexibility; sympathetic presence; negotiation;

mutuality and transparency. Here the researcher(s) could set questions to ensure that each condition was being met in the research.

Self-development is also an outcome of person-centred nursing research, because of the focus on the 'being' of the researcher as well as the 'doing' of the research. We have been engaged in such being and doing for more than 25 years and continue to learn as researchers. As researchers who are committed to the principles outlined in this chapter and who view our personhood as continuously evolving and re-shaping, then our learning as researchers continues. Rennie and Kinsella [19] offer five implications for self-development as person-centred doctoral researchers that resonate with us. We have adapted them to apply to all person-centred nursing researchers:

- Implication 1. Transformational learning requires exploration and understanding of me/I and others. A facilitated process of exploration is required for philosophical congruence in research to be realised and for moral decision making in research practice.
- Implication 2. All person-centred research takes place in learning contexts and should involve multiple opportunities for learning and facilitate various styles or modes of learning, including formal processes, social learning opportunities and informal learning opportunities.
- Implication 3. Development of me/I and others requires a supportive context at micro, meso and macro levels and facilitative relationships, in which the researcher feels safe to share challenges and to give and receive feedback. These relationships should also balance support with challenge and be embedded within an active learning approach.
- Implication 4. Freedom to be curious is essential for 'the unknown' or new knowledge to be experienced and for the understanding of me/I and others' knowledge and the world to be displaced and reconstructed. This can be facilitated by supervisory relationships in which there is a trust that mutually beneficial outcomes can emerge.
- Implication 5. Experience of the challenge is an essential part of the development of becoming and being a person-centred researcher. It can be engaged with and used effectively if a context is supportive of movement into new ways of knowing, being and doing.

1.8   Conclusion

To find a place in the global world of nursing research and beyond, person-centred research needs to be effective within applicable boundaries/criteria. It should not be seen as an easy to do option—because it simply is not. Nor should it be considered and consigned to being a generic type of qualitative research. Underpinned by distinct philosophy, theory and methodology, person-centred nursing research is a serious endeavour and one in which we must continually demonstrate how nursing contributes to human personhood and flourishing.

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The Person-Centred Nursing Framework

2

Brendan McCormack and Tanya McCance

2.1 Introduction

In this chapter, the Person-centred Nursing Framework developed by McCormack and McCance [1, 2] will be described, and an updated framework will be presented. This will be placed in the context of the origins of the framework, which are founded on the concepts of caring and person-centredness. The evolution of the framework will be discussed, highlighting the changes over time that have characterised its development. The position of the Person-centred Nursing Framework as a middle-range theory will be explored and placed in the context of nursing theory development as a basis for practice. Finally, we will illustrate the centrally of the framework to knowledge generation that demonstrates a strong relationship between the theory, practice and research of person-centred practice.

> **Learning Outcomes**
> 1. Understand the evolution of person-centred nursing and be able to situate the key concepts within theory development for nursing practice.
> 2. Acquire a critical understanding of the Person-centred Nursing Framework and its component parts.
> 3. Understand the relationship between nursing theory, knowledge development and the diverse practice of nursing.

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2.2   The Evolution of the Framework

The Person-centred Nursing Framework was derived from two original doctoral studies. McCormack's study aimed to explore the meaning of autonomy for older people in hospital settings and used a qualitative research approach guided by the hermeneutic philosophy described by Gadamer [3]. This resulted in a conceptual framework for person-centred practice with older people referred to by McCormack as the Authentic Consciousness Framework [4, 5]. McCance's study aimed to explore patients' experience of care provided by qualified nurses during an inpatient stay in medical and surgical units in a large acute general hospital and used a hermeneutic phenomenological approach based on the writings of Heidegger [6]. This led to the development of a conceptual framework for caring in nursing practice [7]. McCormack and McCance then came together to work on a large quasi-experimental study that focused on measuring the effectiveness of the implementation of person-centred nursing in a tertiary hospital setting [8]. It was during the intervention stage of this study that the Person-centred Nursing Framework was developed as a mechanism to shape and evaluate the person-centred nursing developments across the clinical settings. McCormack and McCance recognised, not only the synergy between their two conceptual frameworks, but could clearly articulate the shared philosophical underpinnings of their work that was rooted in human science and what it means to be human [1]. This has formed the sound basis for the ongoing development of the Person-centred Nursing Framework and is embedded in the concept of being a 'person' drawing from human science principles of human freedom, choice and responsibility; holism (non-reducible persons interconnected with others and nature); different forms of knowing (empirics, aesthetics, ethics and intuition); and the importance of time and space, and relationships [1]. At this early stage, drawing on the seminal criteria set out by Jacqueline Fawcett [9], the Person-centred Nursing Framework was described as a middle-range theory.

The period following the publication of the original framework was characterised by wide exposure to the framework mainly within nursing but on an international stage. This focus generated much needed critical dialogue and debate about its applicability to practice. The key message at this point was the utility of the framework as a means of operationalising person-centredness in nursing practice. The framework became increasingly recognised as a tool that shone a light on practice and brought a shared understanding and a common language to person-centredness in nursing. The publication of the Person-centred Nursing Framework in the first edition of the book [2] consolidated the four domains and many of the constructs within the framework, and the relationships between them. Following this publication, the framework continued to be used as a tool for practice and tested through ongoing research [10–12]. At this stage, the Person-centred Nursing Framework became a recognised model of nursing and was included as the United Kingdom's contribution to a text focusing on global perspectives for conceptual models of nursing [13].

The Framework continued to evolve to take account of a wider engagement from other stakeholders, which resulted in the publication of the Person-centred Practice Framework [14]. The Person-centred Practice Framework was placed within a

broader context to illustrate its applicability to a wide range of healthcare workers. This was undoubtedly a positive development and supported much needed conversations regarding the development of person-centred practice at the systems level. The Framework largely remained stable over time, with changes made to some components between each iteration, which reflected critical dialogue with a wider range of healthcare professionals. At this point, the Person-centred Practice Framework was the version being most widely used, despite developments in education, practice and research that were specific to nursing. This led to a decision to revise and refresh the Person-centred Nursing Framework, which not only reflected its nursing roots, but retained and privileged it as an accepted conceptual model for nursing.

2.3   The Person-Centred Nursing Framework as a Model for Nursing

As a mid-range theory, the Person-centred Nursing Framework [1] has a place on the continuum of theory development. This was made explicit by McCormack and McCance [2] who drew on the five components in Fawcett's hierarchy of nursing knowledge. At the highest level of abstraction is the metaparadigm that represents a broad consensus for nursing, which provides general parameters for the field and next to this are philosophies, which provide a statement of beliefs and values. Conceptual models are at the next level and provide a particular frame of reference that says something about 'how to observe and interpret the phenomena of interest to the discipline' [9] (p. 3). Theories are the third component in the hierarchy, which are less abstract than conceptual models. They can be further described as grand theories or middle-range theories with the latter being narrower in scope and 'made up of concepts and propositions that are empirically measurable' (Fawcett, 1995, p. 25). Fawcett distinguishes between conceptual models and mid-range theories, in that mid-range theories articulate one or more relatively concrete and specific concepts that are derived from a conceptual model. Furthermore, the propositions that describe these concepts propose specific relationships between them. The final component in the hierarchy of nursing knowledge is empirical indicators, which provide the means of measuring concepts within a middle-range theory. The Person-centred Nursing Framework is a middle-range theory in that it has been derived from two abstract conceptual frameworks, comprises concepts that are relatively specific, and outlines relationships between the concepts. Recent advancements have been made to develop empirical indicators to measure concepts within the framework, with further work ongoing [15]. Throughout this book, you will see examples from chapter authors of the application of the framework, or constructs within the framework. These studies also serve to advance knowledge and understanding of the framework and associated ongoing theory development.

The Person-centred Nursing Framework consists of four domains:

1. *Prerequisites* focus on the attributes of the nurse
2. *The care environment* focuses on the context in which care is delivered

3. *Person-centred processes* focus on delivering care through a range of activities
4. *Expected outcome* is the result of effective person-centred nursing.

The relationship between the four domains of the framework is indicated by the pictorial representation which shows, to achieve the outcomes at the centre of the framework, the attributes of nurse must first be considered, as a prerequisite to managing the care environment, in order to provide effective care through the person-centred processes. It is also acknowledged that there are relationships within and across constructs. Finally, the Framework sits within a broader *context* (the fifth domain), reflecting the metaparadigm of nursing. The most current version of the Person-centred Nursing Framework is presented in full in Fig. 2.1 and the subsequent sections describe the domains of the framework in greater detail.
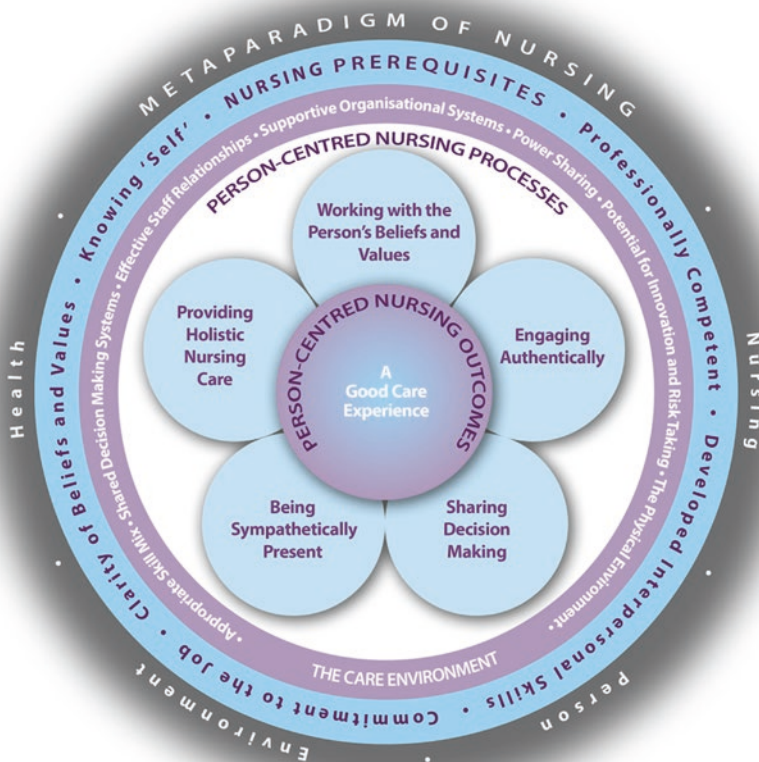
Fig. 2.1 Person-centred nursing framework

Table 2.1 Definitions of the prerequisites

Professionally competent: The knowledge, skills, and attitudes of the nurse to negotiate care options and effectively provide holistic care

Developed interpersonal skills: The ability of the nurse to communicate at a variety of levels with others using effective verbal and nonverbal interactions that show personal concern for their situation and a commitment to finding mutual solutions

Commitment to job: The dedication of nurses demonstrated to patients, families, and communities through intentional engagement that focuses on achieving the best possible outcomes

Knowing 'self': The way a nurse makes sense of her/his knowing, being and becoming a person-centred practitioner through reflection, self-awareness, and engagement with others

Clarity of beliefs and values: The awareness of the impact of nurses' beliefs and values on the care experience provided by nurses and the commitment to reconcile beliefs and values in ways that facilitate person-centeredness

2.3.1   Nursing Prerequisites

The *prerequisites* focus on the attributes of the nurse and include being professionally competent, having developed interpersonal skills, being committed to the job, being able to demonstrate clarity of beliefs and values, and knowing self. Professional competence focuses on the knowledge and skills of the nurse to make decisions and prioritise care, and it includes competence in relation to the provision of holistic care. Having highly developed interpersonal skills reflects the nurse's ability to communicate at a variety of levels. Commitment to the job indicates the dedication of nurses and the sense that they want to provide care that is best for the patient. Clarity of beliefs and values highlights the importance of the nurse knowing their own views and being aware of how they can impact decisions made by patients and their families. This is closely linked to knowing self and the assumption that before being able to help others, a nurse needs to have insight into how they function as a person. However, there is no hierarchy in relation to these attributes, with all considered of equal importance, but it is the combination of attributes that reflect a person-centred nurse who can manage the challenges of a constantly changing context. Table 2.1 presents the definitions for each of the prerequisites.

2.3.2   The Care Environment

The *care environment* focuses on the context in which care is delivered and includes appropriate skill mix, systems that facilitate shared decision-making, power sharing, effective staff relationships, supportive organisational systems, potential for innovation and risk-taking and the physical environment. Appropriate skill mix highlights the potential impact of staffing levels on the delivery of effective person-centred care and emphasises the importance of the composition of the team in achieving positive outcomes for patients. Shared decision-making depends on having in place systems and processes that facilitate dialogue among those involved in the caring interaction. Shared decision-making is also closely linked to the

Table 2.2 Definitions of components within the care environment

Appropriate skill mix: The ratio of registered nurses (RNs) and nonregistered nurses in a ward or unit nursing team with the requisite knowledge and skills required to provide quality care
Shared decision-making systems: Organisational commitment to collaborative, inclusive and participative ways of engaging within and between teams
Effective staff relationships: Interpersonal connections that are productive in the achievement of holistic person-centred care
Power sharing: Nondominant, non-hierarchical relationships that do not exploit people, but instead are concerned with achieving the best mutually agreed outcomes through agreed values, goals, wishes, and desires
Potential for innovation and risk taking: The exercising of professional accountability in decision-making that reflects a balance between the best available evidence, professional judgment, local information, and patient/family preferences
Supportive organisational systems: Organisational systems that promote initiative, creativity, freedom, and safety of persons underpinned by a governance framework that emphasises culture, relationships, values, communication, professional autonomy and accountability
Physical environment: Healthcare environments that balance aesthetics with function by paying attention to design, dignity, privacy, sanctuary, choice/control, safety, and universal access with the intention of improving patient, family, and staff operational performance and outcomes

development of effective staff relationships and to the sharing of power. It is important, however, to note that the sharing of power also relates to the power base between the patient and the nurse, which reflects one of the basic tenants of person-centredness described earlier. The identification of supportive organisational systems acknowledges the incredible influence that organisational culture can have on the quality of care delivered and the freedom afforded to nurses to work autonomously, reflecting the potential for innovation and risk taking. Finally, there is an acknowledgement of the impact of the physical environment on the care experience. The care environment and the components described here have a significant impact on the operationalisation of person-centred nursing and have the greatest potential to limit or enhance its facilitation [16]. This is consistent with a contemporary view of using knowledge in practice in which the context of practice is recognised as having a highly significant impact on clinical effectiveness. Table 2.2 presents the definitions for each of the components within the care environment.

2.3.3   Person-Centred Nursing Processes

Person-centred processes focus on delivering care through a range of activities that operationalise person-centred nursing and includes working with the person's beliefs and values, engaging authentically, being sympathetically present, sharing decision-making, and providing holistic nursing care. This is the component of the framework that specifically focuses on the patient and others significant to them in their lives; it describes person-centred nursing in the context of care delivery. Working with the person's beliefs and values reinforces one of the fundamental principles of person-centred nursing, which places importance on developing a clear picture of what the patient values about his or her life and how he or she makes sense of what is happening. This is closely linked to shared decision-making, which

Table 2.3   Definitions of the person-centred processes

Working with the person's beliefs and values: Clearly understanding what the patient values about his or her life and how he or she makes sense of what is happening from his or her individual perspective, psychosocial context, and social role

Sharing decision-making: Engaging patients and others significant to them in decision-making by considering values, experiences, concerns, and future aspirations

Engaging authentically: The connectedness between the nurse, the patient and others significant to them determined by knowledge of the person, clarity of beliefs and values, knowledge of self, and professional expertise

Providing holistic nursing care: Delivering treatment and care that pays attention to the whole person through the integration of physiological, psychological, sociocultural, developmental, and spiritual dimensions of persons

Being sympathetically present: An engagement that recognises the uniqueness and value of the patient by appropriately responding to cues that maximise coping resources through the recognition of important agendas in the person's life

focuses on nurses' facilitating patient participation by providing information and integrating newly formed perspectives into established practices. Shared decision-making depends, however, on systems that facilitate this within the care environment, such as processes that support negotiation and considers individual values to form a legitimate basis for decision-making, the achievement of which rests on effective communication. Being sympathetically present highlights an engagement that recognises the uniqueness and value of the individual and reflects the quality of the nurse–patient relationship. Finally, providing holistic nursing care focuses, not only on providing physical care, but also on meeting the spiritual and psychosocial needs of patients and their families. Table 2.3 presents the definitions for each of the components within the care environment.

2.3.4   The Expected Outcome

Expected outcome is the central construct of the framework and focuses on the results expected from effective person-centred nursing. The key outcome identified from the delivery of person-centred nursing is simply a good care experience. The experience of good care reflects the evaluation that a patient, or indeed a nurse, places on her or his care experience, resulting from nurses with attributes that enable them to manage the care environment in order to provide person-centred care. We need to emphasise the importance of this outcome being evaluated from the perspective of either patients or nurses or both.

2.4   Relationship of the Framework to the Metaparadigm of Nursing

The utility of the Person-centred Nursing Framework to nursing practice is reinforced by the way it aligns with the concepts inherent within the metaparadigm of nursing, namely the concepts of nursing, person, health, and environment. The most

recent version of the Framework has made this explicit by adding a fifth domain that provides a broad context in which the Framework is situated. The description of each of the metaparadigm concepts underpinning the Framework is provided in the following paragraphs.

2.4.1 Definition and Description of Nursing

The essence of nursing depicted within the Person-centred Nursing Framework reflects the ideals of humanistic caring in which there is a moral component, and practice has at it's basis a therapeutic intent. This therapeutic intent is translated through relationships that are built on effective interpersonal processes. Therefore, person-centredness in nursing practice requires the formation of healthful relationships among professionals, patients, and others significant to them in their lives. The building of these relationships are based on mutual trust, understanding, and sharing collective knowledge. The definition used within the Framework was originally developed in a national nursing action research program in Ireland, which closely reflects this literature and is consistent with the understandings of person-centredness within a nursing context [17] and has evolved to the current definition [2] (p. 3):

> … *an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development*

The Framework highlights the complexity of person-centred nursing, and through the articulation of the key constructs, emphasises the contextual, attitudinal, and moral dimensions of humanistic caring practices. The relationship between the constructs describes the necessity for competent nurses who can manage the numerous contextual and attitudinal factors that exist within care environments and to engage in processes that keep the person at the centre of caring interactions.

2.4.2 Definition and Description of Person

The concept of person is central to the Person-centred Nursing Framework and captures those attributes that represent our humanness and the way in which persons construct their lives. How they/we think about moral values; how they/we express political, spiritual, or religious beliefs; and how they/we engage emotionally and, in their/our relationships, and the kind of lives they/we want to live are all shaped by attributes. In the Framework the 'person' is understood from a humanistic tradition reflecting principles including the centrality of human

freedom, choice and responsibility; holism whereby persons are interconnected with others and nature; different forms of knowing; and the importance of time and space, and relationships.

Furthermore, the framework is underpinned by five different perspectives on the concept of person, each providing a different lens that ultimately shapes the way person-centredness is operationalised in practice. *Being in relation* emphasises the importance of relationships and the interpersonal processes that enable the development of relationships that benefit all persons, enabling them to be 'the best that they can be'. *Being in a social world* recognises that persons exist in context and through that context, we create and recreate meaning in our lives. Our context has a past, present and future, and as we grow and develop, we learn from this past, to be present and authentic whilst looking to the future. All of which is informed by our core values that are continuously shaped by our context. Closely linked to being in a social world is *being with self,* which emphasises the importance of knowing self (me) as a person. Knowing me is connected with respecting individual values which are central to personhood. These values present a picture of what we privilege in life and how we make sense of different experiences. Knowing me through my core values provides a standard against which we compare current decisions and actions with those values and preferences made in life in general, and from which we form a life plan. *Being in place* encourages people to pay attention to 'place' recognising the impact of the 'milieu of care' on the care experience. Persons are connected in spaces and places that have a physical, metaphysical and metaphorical meaning. Places connect persons, give meaning and shape to experience as well as space for growth, development, comfort, nourishment, rejuvenation and stillness. Whilst *Being in time* recognises that persons are temporal subjects; time is a dimension of our being; time is core to our being and becoming a person. Time flows through us whatever we do. Time is not a linear becoming made of instants, but a flow; a continual transition that, from the present, allows access to the past and future that in turn emerges more whole in the lived time of the present. The meaning created in each moment goes beyond or transcends that moment.

These perspectives on our being are not mutually exclusive and in the real world, persons do not think about themselves and others in this fragmented way. No one mode of being stands alone when making decisions in practice that are person-centred and respectful of individual personhood. The reality is that people might have to draw from all these perspectives in order to make informed person-centred decisions. One way to enable such integration to happen is through being authentic, and, according to Gadow [18] authenticity is 'a way of reaching decisions which are truly one's own—decisions that express all that one believes important about oneself and the world, the entire complexity of one's values'. This description of authentic persons is central to the Framework and requires nurses to have the ability to facilitate an individual's authenticity, so that a person's full potential can be realised and their capacity to exercise autonomous action maximised, despite the constraining factors that can exist in the environment.

2.4.3 Definition and Description of Environment

Within the Person-centred Nursing Framework, *creating a healthful culture* reflects the extent to which the environment supports and maintains person-centred principles and is described as one in which decision-making is shared, staff relationships are collaborative, leadership is transformational, and innovative practices are supported. McCormack et al. suggest that contextual factors, such as organisational culture, the learning environment, and the care environment itself, pose the greatest challenge to person-centredness and the development of cultures that can sustain person-centred care [16]. Further research [19] brought into stark focus the impact of the environment of care on evidence-informed person-centred practice. Brown and McCormack studied postoperative pain management practices with older people following abdominal surgery. The researchers found that barriers to effective postoperative pain management did not depend on which decision-making tools were used (such as algorithms and protocols), but had more to do with the 'psychological safety' of the care environment. A psychologically safe care environment is one in which staff feel safe to give and receive feedback about their practice, where leadership facilitates open and honest dialogue, and where the culture supports reflection on practice. This type of practice culture is consistent with person-centred values and, the researchers suggest, is critical to practicing person-centred nursing and achieving the outcome of a good experience of care.

The built environment also has an impact on the effectiveness of person-centred nursing. Good design directly impacts the quality of life [20] and it is likely that the design of care facilities influences the well-being of patients and staff. For example, a long-term care facility that has communal areas that are welcoming and accessible by all encourages social interaction; people can meet or have group activities. Having quiet spaces is an equally important component of quality of life, providing for reflection and stillness. A care environment with a calming atmosphere that uses music, lighting, and soft furnishings facilitates reading or reflection. The challenge is to ensure that busy healthcare facilities are also sensitive and responsive to well-being, both physical and emotional.

2.4.4 Definition and Description of Health

In the Person-centred Nursing Framework a broader notion of health is used that reflects living a positive life, which embraces all dimensions of being. Having decided on a social model of health, the authors have focused on the work of Seedhouse [21], who refers to a set of conditions that enables a person to work to reach his or her potential and describes health in relation to 'foundations for achievement'. The foundations that make up health, according to Seedhouse, include the basic needs of food, drink, shelter, warmth and so on; access to the widest possible information and the skills and confidence to assimilate this information; and the

recognition that an individual is never totally isolated from other people and the external environment and cannot be fully understood separated from the influence of his or her environment. This broader notion of health reflects a positive care environment from the perspective of staff as one in which they are supported and enabled to deliver person-centred care in line with their values. This conceptualisation is also supported by work undertaken by Titchen and McCormack on enabling human flourishing [22]. These authors argue that human flourishing is the overall outcome arising from working in a person-centred way. They argue that when practitioners integrate the creative energies of different forms of knowledge and intelligence, growthful experiences for all (e.g. staff, service users, families) are enabled.

2.5   Analysis and Evaluation

2.5.1   Relationship to Nursing and Health Research

Since its publication, the Person-centred Nursing Framework has been used as the theoretical framework to structure multiple implementation studies that have focused on the development of person-centred nursing in a variety of practice settings. Using the framework in this way, relationships between concepts have been identified and refined and led to the development of new areas of research. Implementation studies have been undertaken in residential care settings for older people, in a variety of secondary and tertiary care settings, in community care, and in palliative care [11, 12, 19, 23, 24]. These studies used the framework to promote an increased understanding of person-centred nursing, with the aim of enabling practitioners to recognise key elements in their practice, generate meaning from data that can inform the development of person-centred nursing, and, most importantly, focus the implementation and evaluation of developments in practice; see, for example, the Essentials of Care Program in NSW, Australia [25]. There has also been significant development of a range of tools that enable the evaluation of the relationship between a person-centred approach to nursing and the resulting outcomes for patients and nurses. The Person-centred Nursing Index [26]; The Context Assessment Index [27]; the Person-centred Practice Inventory (PCPI) [28] (with versions for staff, service users and students) and one observation tool (The Workplace Culture Critical Analysis Tool-R) [29].

There is growing evidence of the international adoption of the framework in research and development. For example, an international programme of work leading to the development and testing of a set of eight person-centred nursing key performance indicators offers a mechanism to measure aspects of person-centred nursing [30, 31]. The eight KPIs align with the 'person-centred processes' in the Framework. A set of measurement tools have been developed to accompany the KPIs and these have been tested through a series of international implementation studies in a range of clinical settings [31–33]. Findings from these studies

confirmed that using the eight KPIs generated evidence of patient experience that facilitated the engagement of nurses to develop person-centred practice, contributing to an enhanced care experience.

2.5.2 Relationship to Nursing Education

There are various styles and approaches to learning but being able to respond to them in different learning situations is challenging, particularly if the goal is to embrace concepts of person-centeredness in the curriculum. Globally, nursing education curricula have been challenged to respond to contemporary health and care agendas, such as patient safety, self-management, expanding and extending roles, and, of course, a shift to more person-centred orientations in service delivery and care management. The need for educators to develop and extend existing modes of learning in order to advance these agendas and develop person-centred nurses is essential. If the ultimate outcome is to produce a nurse who can creatively solve a problem or plan an innovative care intervention for their patients, then it follows that educators have a responsibility to nurture students' creative capacity in order to respond effectively in a person-centred way. Being able to trust learners to work with their own ways of thinking through problems, challenges, and situations is a core skill in adult learning. Knowles [34] demonstrated the differences that exist between adult learners and children (what Knowles referred to as the differences between andragogy and pedagogy), with a critical element of this being the need to understand how adults process information. Unlike the 'rote like' and repetitive approach to learning usually adopted for children, adults tend to learn through connections, images, metaphors, and meanings. Therefore, developing curricula that enhance the creative capacity of nursing students is essential in the development of person-centred practices. The foundation of such a curriculum lies in the concept of 'knowing self' in the Person-centred Nursing Framework. Knowing self (me) is critical to being a reflexive practitioner. Knowing when a person is being authentic, knowing when the person is being challenged, knowing the person's dislikes, and so on are all aspects of knowing that are essential to nurses engaging in an authentic and person-centred way with patients and colleagues. We believe that knowing self requires educators to be creative in their approaches to exploring 'self' in order to provoke new understandings about self and the ways in which this knowing helps people to be more person-centred.

Nursing curricula need to embrace risk-taking as a key focus that enables students to develop the prerequisites for being person-centred nurses. Education curricula need to be innovative, not only in preparing practitioners but also by proactively developing healthcare practice environments and cultures supportive of person-centred practices. O'Donnell et al. highlighted the lack of a consistent focus on person-centred principles in nursing curricula [35]. Our ongoing research has led to the development of Indicators for Person-centred Healthcare Curricula [36] that are being translated into the first European Curriculum Framework for Person-centred Healthcare (Erasmus + Project Grant Number: 2019-1-UK01-KA203-061970).

2.5.3   Relationship to Professional Practice

The fundamental use of the Person-centred Nursing Framework is a tool to enable the operationalisation of person-centred nursing in practice. It has been used to promote an increased understanding of person-centred care with the aim of enabling practitioners to recognise key elements in their practice. It also has been used as an analytical framework to generate meaning from data that can inform the development of person-centred practice. Most importantly, however, it has been used as a tool that can assist practitioners to identify barriers to change and to focus on the implementation and evaluation of developments in practice. It has been argued that the promotion of person-centred cultures has the capacity to make a critical difference to the care experience of patients and staff [11, 37, 38]. Whereas organisations might aspire to a standard of care that reflects these components, the reality of the quality of care delivered can often be something different. This brings to the fore the need to focus on attitudes, behaviours, and relationships and reflects the importance of engaging in new ways of thinking and working that promote a person-centred approach. The application of the Person-centred Nursing Framework by individuals and teams has the potential to contribute to clarifying the attitudes and behaviours necessary for good quality nursing care, as well as the kind of relationships needed to nurture these essential attributes of professional practice. As described in this chapter, research to date has demonstrated the impact of person-centredness on professional practice.

2.6   Summary

This chapter presents the Person-centred Nursing Framework, a model that has been developed from nursing practice for use in practice. The Framework highlights the complexity of person-centred nursing, and, through the articulation of the key constructs, emphasises the contextual, attitudinal, and moral dimensions of humanistic caring practices. The relationship between the constructs describes the necessity for competent nurses who can manage the numerous contextual and attitudinal factors that exist within care environments and engage in processes that keep the person at the centre of caring interactions. The outcome arising from the development of person-centred practice demonstrates the potential to enhance the care experience for both patients and staff. The framework and its constructs provide a substantive theoretical framework within person-centred nursing research—as we shall see in this book.

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Coming to Know Personhood: Philosophical 'Dates'

3

Megan Dickson and Ailsa McMillan

3.1 Introduction

A clear philosophical foundation is vital to developing rigorous nursing research. However, philosophy is often experienced as dense and difficult to engage with. Our intention in this chapter is to introduce the notion of philosophical 'dates'. By dating philosophers, you can familiarise yourself with their main ideas and arguments. The purpose of dating is to find and articulate philosophies that enable us to strive towards epistemological and ontological authenticity.

> **Learning Outcomes**
> **After reading this chapter, you will be able to**
>
> 1. Develop an awareness of how philosophy relates to our knowledge and practice as person-centred nursing researchers (Researcher Development Framework Domain A1, Domain B1, Domain C1)
> 2. Recognise that coming to know personhood is an evolutionary process informed by social learning, dialogue and critical reflection (Researcher Development Framework Domain A3, Domain B1, Domain D1)

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3.2   What Is Philosophy and Why Does It Matter?

Philosophy is about the study of the fundamental nature of knowledge, reality, and existence, and can be drawn on to understand the essence of experience and being. Philosophical origins underpin, and therefore, inform how we live (our being) and practice (our doing). This has an impact on how we frame and practice research. Research frameworks often have very different starting points. Understanding these starting points is essential to developing methodologies or methodological principles that are congruent with the assumptions of the research worldview(s) chosen. Therefore, the philosophy(s) chosen must be fit for the purpose and be consistent with the researcher's own view of what it means to be a person. We will all have spent some time philosophizing, in learning communities or with colleagues and friends. However, taking time to reflect more deeply creates opportunities to transform our thinking and progress our research. It is possible to source and attribute different philosophical underpinnings to the Person-centred Nursing Framework (see Chap. 2); for this chapter, we are specifically considering two concepts; working with beliefs and values and engaging authentically.

> **Authenticity**
> Authenticity is a complex, evolving philosophical notion, from the medieval (authoritative) and romantic (creative and original) to the current (re)interpretations of being true to oneself, sincere and honest [1]. Being with our authenticity in our learning and research requires some illumination of how it will be visible in our philosophy. We like the image of the three-dimensional researcher by Finlay [2]. She champions reflexivity in qualitative healthcare research, endorsing the depth of reflection as the way to create a three-dimensional image of the researcher (self). Philosophizing authentically should be a catalyst for developing our own understanding of personhood in relation to our research and way of being and becoming.

Philosophies contain different ontological and epistemological perspectives. Ontology is our view of reality and 'being', which forms the basis from which researchers begin to imagine or construct a theoretical standpoint. Epistemology relates to our view of knowledge/evidence and how it is generated. Ontological assumptions inform epistemological assumptions, which in turn can be seen to inform methodology and the subsequent knowledge developed. Having such knowledge enables the construction of rigorous research that is more likely to develop new and meaningful knowledge about person-centred nursing. Examining human nature and what we believe it means to be a person is part of ontology as it informs our understanding of motivations for social action. Therefore, different perspectives of the concepts of person and personhood ultimately shape the way person-centredness is operationalised in nursing practice. The focus of an inquiry into 'what is a person' is age-old with several diverse viewpoints. Such philosophical

standpoints are not static but are constantly evolving and growing as we engage with one another and with the world. Despite our assumptions regarding personhood often lying hidden, they are powerfully present. Stetsenko [3] relates this to a deep ocean current that, though invisible, inevitably affects the surface waters and ultimately defines their course. Similarly, our belief about personhood shapes how we engage with others and with the world.

3.3   Engaging with Philosophy

Philosophy may be experienced as dense and difficult to engage with. However, in our practice and personal life we engage with philosophy as we live out our values and beliefs about who we are, others and the wider world. The relational nature of nursing can be viewed as a philosophical practice in which nurses and persons receiving care search for and create meaning through their connections and interactions. Philosophy is, therefore, not simply about cosmic issues. We practice and discuss philosophy, perhaps unconsciously, in the mundane routines and everyday conversations of our lives. However, philosophy is a large field with a range of different perspectives that we can draw from to inform our thinking about personhood and human experience. So how can we, as nursing researchers, begin to engage in our own philosophical exploration without getting overwhelmed? One way to engage is through philosophical 'dates', in which you get to know different philosophers and become familiar with their thinking.

The purpose of dating is simple: spending time with someone to get to know them and their world view. The end goal of having philosophical dates is not to find a philosopher whose beliefs and values wholly align with yours. However, it is crucial to intuitively find philosophers whose philosophy is an attraction and then to explore what fundamental beliefs we hold that are essential to our understanding of personhood. Taking time to consider and reflect on our own values and beliefs enables a recognition of where and how they align with the writings of philosophers and others. Throughout this process of discovery, it is important not to mould our own thoughts to fit with someone else, but to 'be with' our values and capture the essence of them. This will enable us to cultivate ontological and epistemological authenticity in the philosophical underpinnings of your research. Inauthenticness sets in when we take on board other values and ideas at a superficial level or that simply do not feel at one with us.

- Our values and beliefs are closely connected to one of the pre-requisites of the PCN framework [4], 'knowing self/me'. Clarifying values and beliefs is a way of articulating what we believe to be true. Values and beliefs are constructed from life experiences and continue to grow through our engagement with the social world. We have found the following activity helpful. The purpose of this activity is to help us express and capture the things that are important to us.

- **Activity** values and beliefs exploration
- You will need:
- A quiet, comfortable room
- Simple creative materials such as a pack of picture cards, a set of post-cards, paint or magazines spread out around you.
- Begin by creating some space to free your mind. Think about your life experiences and what has led you to this point. Using the creative materials, create an image. Try not to think about the meaning of the image while making it. When you are finished, look at the image and reflect on what it captures.
- These questions may help you to reflect on the image you have created:

  - What comes to my imagination when I look at this image?
  - How do I feel?
  - Do these images symbolize or represent something that I value?
  - How have my life experiences informed the values and beliefs that I can see in this image?

Think about what this activity has shown you in relation to your values and beliefs about personhood. You may wish to go on a reflective walk on your own or with someone else to reflect on this.

Philosophy can take some 'head work'. In practice, this translates to reading large volumes of text to stimulate cognitive knowledge. However, the process of coming to know and articulate our understanding of persons and personhood is not simply, a linear one. Where can we find a philosophy that is accessible and alive? We found Twitter, podcasts, books and YouTube all great sources. By engaging with a range of media and through reading listening and dialogue, we began to write about what is meaningful to us. A critical creative worldview [5] assumes that embracing creativity can facilitate an expression of knowledge. Creative imagination and expression enable us to realise the essence of things and through creativity to capture the power and meaning of that essence. Therefore, creativity can provide an alternative way to explore and capture that which is hard to cognitively understand or articulate. Shaping philosophical underpinnings for research is not linear and can feel contradictory, paradoxical and puzzling. Creativity is a valuable tool through which we can express and enable a more holistic understanding of our values and beliefs and the world.

In this chapter, we will be sharing our experience from dating the philosophers Paulo Freire and Maurice Merleau-Ponty, plus a contemporary researcher, Linda Finlay, who applies philosophical thinking to her research practice in healthcare. These are the philosophical thinkers we were 'attracted to' because of what we understood about their perspective on personhood. Therefore, we took them on an imaginary date. We will describe the work of these philosophers, as relevant to our

research and their focus on personhood and tell you why we wanted to date them. We will then move into a reflective space setting on how we reflected on our dating experience and how this experience has shaped our understanding of personhood and is applied in our research.

3.4   Philosophers We Were 'Attracted To'

3.4.1   Megan's One and Only Date with Freire

I was originally drawn to the work of Paulo Freire [6] because themes of oppression, voice and empowerment consistently arose in the literature related to my research topic. Freire devoted his life to an emancipatory ideal involving a personal commitment to the elimination of suffering and oppression, and the realisation of a more just society. Freire claimed that people who are oppressed should be given autonomy to decide for themselves what transformation should look like. Believing that persons are essentially communicative, Freire valued purposeful dialogue that enables people who are oppressed to challenge and reform oppressing sociopolitical structures. Although I can wholeheartedly align with the belief that persons are essentially communicative, my time spent with Freire triggered questions about whether his philosophy limited the potential for meaningful relationship by creating dualistic perspectives of 'us' and 'them'. This 'us against them' mentality often seen in liberation movements yields questions and answers that fail to reflect our interrelatedness [7] as human beings. Therefore, the potential for dialogue, an in-between space for ideas, values, beliefs and differences to encounter meaningfully is prevented.

   Although Freire was, in fact, inspired by Buber's notion of dialogue [8], I believe he adopted a Cartesian worldview arguing that dialogue and understanding are primarily cognitive. Therefore, personhood is rooted in the mind. Although I enjoyed being in conversation with Freire, I could not see how to apply his concepts while practicing openness to other ways of being and developing shared meaning. My date with Freire guided my search for a date whose conversation placed emphasis on *who* we are and *how* we are to be together. Therefore, I searched for a philosophy that would help persons to move towards a human encounter and to generate a fuller, multiple understanding of reality.

3.4.2   Finding a Connection with Merleau-Ponty

It was through the gaps and criticisms of Freire's philosophy that I became aware of my strong belief that persons are embodied beings. I was intuitively drawn to the work of Merleau-Ponty [7] who emphasised the grounding of our experience in our bodies, believing they are the infrastructure through which we experience and act on the world. Overcoming the limitations of the metaphysical mind/body dualism,

Merleau-Ponty argued for a phenomenal body in which the mind and body are entwined. From this perspective, we can perceive the world, only because we inhabit it and interact with it. Our being-in-the-world is, therefore, the starting point for all knowledge. Merleau-Ponty believed that we cannot separate ourselves from that which we have already encountered and 'know' but that it provides a basis from which to expand understanding. From this perspective, perception as a bodily experience is essentially finite and perspectival. Our perception of the world therefore unfolds as we meet it. I was eager to have a second date with Merleau-Ponty because I could relate to his embodied relational ontology in my practice of nursing, yoga and massage therapy.

3.4.3   Ailsa's Texting with Paulo Freire

I was also attracted to Freire, albeit through an educational lens. His commitment to creating access to education, the subsequent freedom and transformation that people may experience and the benefit to communities and cultures were energising. The hardship and oppression Freire experienced in his own culture chimed with two of my core values about the freedom to communicate and freedom to learn. I felt a keenness to champion the 'underdog' and was impressed by his tenacity in doing what he believed was the right thing. Under his leadership and guidance, many people and communities were able to experience progressive education. He talked about the value of learning in context and that rather than 'banking knowledge' and accumulating facts, we are always (re)constructing as persons while we learn and are always unfinished. In my practice as a nurse educator, this is what I dream of and see as the panacea for the transformation of our profession. Rather than continuously practicing other skills and ticking them off, we construct our learning and experience transformation. Freire believed that education is a political act and that we should be comfortable with asking and responding to questions like 'why?', 'what?', 'how?' or 'to what end?' I enjoyed the text conversations with Paulo, my questions and commitment to moving forward oscillating. However, what I felt was the connection with persons wasn't there. He felt distant and I wasn't sure that I truly wished to bring him closer.

   Remember that although we may not clearly understand why we are attracted to a philosopher at the point of meeting them, if their core concepts feel meaningful, we may want to organize a second date to get to know them and the central themes of their philosophy in more depth. On reflection, it might be that the date was a bit of a disaster but that it can lead us to feel more strongly about a previous date or it sent us looking for someone better. Maybe the food was average (i.e. their core ideals) and we decide that we couldn't live with someone who was a bad cook (i.e. you didn't agree with all the concepts or how they were applied for example). Laloux [9] emphasises the importance of listening to our internal compass and guidance by asking questions such as 'Am I being true to myself?'. When exploring core ideas that shape philosophers thinking, we often get a sense of whether our fundamental values and beliefs align with their thinking.

3.4.4   Ailsa's Dates with Linda Finlay

I met Linda almost by accident when I was rummaging in literature about reflexivity. Immediately I felt an attraction; to her writing style, the way she spoke about a connection with people and the value she placed on their communication and her subsequent reflexivity. Her honesty in her writing seemed to embrace vulnerability and she seemed to be true to herself. Her descriptions of the 'phenomenological attitude' enabled me to visualise what I was experiencing, naming a sense of awe and wonder and embracing naivety and sophistication simultaneously [10].

Engaging with (our) philosophy creates a methodological self-consciousness and subsequent reflexive approach to our research [11]. We can create and share a three-dimensional image of the researcher(s) (self) by consciously raising awareness of our ontological and epistemological assumptions. My personal evolution of reflective to reflexive practice informs many aspects of my life and my thinking and discussions in supervision. I can increasingly make links with and between literature and practice and role model reflexivity in my academic position.

Finlay [12] describes and applies five lenses of reflexivity: strategic, contextual-discursive, embodied, relational and ethical. Engaging authentically with self becomes a tacit process, yet reflexivity illuminates the practices enabling others to participate. Using these lenses to guide disciplined self-reflection uncovers honest scrutiny of our practice, bring mindful of the influences of our emotional connection and being able to avoid (or at least) recognize the rabbit holes. I believed I had found the one. Linda Finlay is still engaged in research, I can seek clarity from her if I wish, and her writing is contemporary. She shares her own ontology and epistemology in her writing and welcomes you into her writing (http://lindafinlay.co.uk/phenomenology/).

3.5   Dating Philosophers

3.5.1   Ailsa's Reflection

I originally struggled to connect with philosophers that I read, not because I didn't agree with some of their thinking, but because it seemed so inaccessible. Many of the older texts had been translated from their original language and I wondered if the nuance of language was lost. My own values 'fitted' with some of the notions presented but I was not comfortable in their company. I felt I couldn't laugh out loud or challenge which is not a good place to be on a date. It was only when I read more contemporary literature that connections emerged from my writing and discussions. On reflection, I wasn't being courageous and was reading what I believed was expected rather than what emerged from my own ontology. 'Being with' philosophers and having conversations with others in a learning community was valuable and helped develop a coherent discussion by increasing my confidence in 'speaking' philosophy. We were sharing our honest reflections of our dates and creating a culture where reflexivity and openness were nurturing our growth.

3.6   Living Out Philosophy in Action

3.6.1   Megan's Reflection

During the early stages of fieldwork, I encountered challenges recruiting partici-
pants in my study. As a novice researcher, I believed successful recruitment relied
solely on my effort and determination. To achieve academic credibility through
sample numbers, I was willing to do whatever was necessary to recruit people.
However, in a supportive and critical conversation with my supervisors, I had a
moment of enlightenment: by focusing on *doing* my research, I had lost sight of my
philosophical underpinnings and attentiveness to my *being* was forgotten. I had
become cognitively bound and my body rendered invisible. Striving for epistemo-
logical and ontological authenticity, I revisited my philosophical underpinnings.
Reengaging with my philosophy challenged me to develop ways of *being* in my
research that embraced concepts of embodiment and brought my philosophy to life.
As my research continued to unfold, I developed ways to intentionally embody my
practice through presencing [13] and creative expression. In the field, I took
moments to pause and ask myself: *How is this engagement making me feel in my
body? What might that body sensation be saying*? [14]. These questions prompted
me to acknowledge the whole of my body in the creation of new understanding and
honour the body's capacity to attune to a situation and grasp significance before it is
cognitively processed and reflected on. Paying attention to this knowledge and trust-
ing it was essential to bringing my philosophy to life. Reflexivity is key to epistemo-
logical and ontological authenticity as we must check for congruence between our
philosophical underpinnings and our actions and being in the field. Living out your
philosophy in the field brings vibrancy and aliveness as you bring a deeper part of
yourself to your work (wholeness). Philosophy, therefore, translates into a set of
practices and ways of being in research [9].

3.6.2   Blending and Weaving Philosophies

The process of coming to know personhood is dialogic, and therefore, involves
cycles of understanding and questioning. Personhood is also understanding in rela-
tion to our experiences of others and the world. Such interpretations of life tend to
be held and sustained dialogically. Engaging in 'communities of practice' [15] is a
way of creating space to explore the often complex and contradictory thinking of
philosophers by de-constructing what we know and then reconstructing it to develop
new understanding and knowledge [16]. Such communities can provide challenge
and support for philosophies to be expressed (creatively), challenged and refined.
Stodd argues that meaning making and philosophizing take place not only in formal
learning environments but predominantly in the conversations that take place around
them [17]. Taking a walk or having coffee with a trusted friend, while discussing
your philosophy can often enable you to unearth and express hidden assumptions
and knowledge.

At this point, we have prepared a philosophical statement as an example of our blended philosophical positions: we believe in the essence of personhood being dialogic [7, 8], embodied [7], ethical [18] and spiritual [19]. Although we have used the notion of dating, other imaginary options can be drawn on as a way to get closer to philosophy. The drawing out of key ideas from several philosophies/philosophers in nursing research can generate unique and creative descriptions of what is a person and indeed identify principles to take forward into methodologies [20].

3.7   Conclusion

The values and beliefs that support philosophical underpinnings of nursing research stem from the researcher's life-world and experiences. With so many different philosophers to grapple with, it is important to choose the ones that have felt meaningful to us and closely align with our worldview(s). Philosophical dates are a starting point for scoping different philosophical viewpoints. Once we have had a successful date, it is vital to critically explore the position and beliefs of this philosopher in more depth. By developing coherent philosophical foundations, we are more able to articulate the assumptions underpinning our chosen research methodology, research design and practice. Having such knowledge allows more rigorous research methodologies and the conduct of research driven by values to emerge. And maybe, it adds a bit of fun too.

Key Points
- Discovering our philosophical underpinnings is not a linear process but an evolutionary one that needs time to develop naturally.
- Creativity can facilitate engagement with our personal beliefs and values.
- Social learning is vital to engaging with philosophy as it provides the space to express and question if/how our fundamental beliefs align with philosophers thinking.
- Create space and time to free the body (including the mind); yoga, walk, run, paint.

3.8   Web-Based Resources

Stanford Encyclopedia of Philosophy www.plato.stanford.edu
   Brain Pickings www.brainpickings.org
   On Being www.onbeing.org
   The Virtues Project www.virtuesproject.com
   Gabrielle Roth's 5 Rhythms www.5rhythms.com

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Overviews of Person-Centred Practice Research

4

Kate Sanders, Kelly Marriott-Statham, and Gemma Logan

Learning Outcomes

1. Gain awareness about the importance of clarity of ontological-epistemological-theoretical-methodological assumptions to research integrity and coherence (Researcher Development Framework Domain B1-5)
2. Appreciate the role of deep reflection to facilitate the process of knowing self (Researcher Development Framework Domain A3-1)
3. Develop insight into the use of creativity and imagination as approaches to acquiring knowledge (Researcher Development Framework Domain D1)

4.1 Introduction

As PhD candidates at different stages in our doctoral studies, when we first met to explore how we would write together, we started by trying to find something that connected us; something that we felt that we shared. By coming to know each other and the focus of each other's studies, through spending time learning and sharing together in the Student International Community of Practice

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(SICoP), and through conversations about writing our chapter together, we found we connected around two interrelated ideas. Firstly, a growing understanding of the coherence in our research; and secondly, the recognition of the need to 'know self'. As a starting point to writing the chapter, we each decided to do some writing relating to significant points of learning for us that connected to our understanding and the significance of this for our research. We will share this writing with you, along with a brief abstract outlining each of our doctoral research studies (see Boxes 4.1–4.3 at the end of the chapter) and will draw upon these throughout the chapter.

Whilst we all stated at the outset of our doctoral studies, that we recognised the importance of 'philosophical groundwork' [1] (p. 255) (i.e. developing knowledge and understanding about the prevailing paradigms and their underlying philosophical assumptions, along with an awareness of our own values and philosophical orientation [2]), we all now acknowledge that this was a very naive recognition, not really understanding what this meant, or the nature of the groundwork that would be involved. It has taken a considerable amount of time (months to a few years) before we can confidently articulate the relationship between what we as novice researchers think can be researched (our ontological positions), linking this to what we believe can be known about it (our epistemological positions), and the principles that will guide how we go about acquiring it (our methodological approaches) [3] (p. 68). This view is supported by DeForge and Shaw [4], who describe how as PhD students, they made sense of the 'ontological-epistemological-axiological-methodological' chain to ensure integrity and coherence in their scholarship. They draw on Holloway and Todres [5] (p. 346) who value 'consistently pursuing the integrity of a particular approach from beginning to end—from its philosophical underpinnings to the specificity of the subtle nuances that it may adopt in its methodological procedures'.

When we came together to share our individual writing and to talk about our emerging understandings, Gemma shared a conversation that she had engaged in during a participatory research workshop. During this conversation, someone had used the metaphor of a flower or tree when talking about their experience of doing a PhD. Intuitively, we then began to explore the metaphor of a tree in relation to our understanding of philosophical groundwork towards knowing self and understanding coherence. What developed is represented in Fig. 4.1.

In the following sections of the chapter, we will use the metaphor of the 'Tree of Coherence' to discuss why we think it is important; how we came to know this; and the significance of knowing self.

4.2   Why Is It Important to Undertake Philosophical Groundwork? Exploring the Roots

The philosophical groundwork depicted in the Tree of Coherence (Fig. 4.1) is represented by the roots of the tree. The philosophical groundwork is undertaken to begin to understand and know self (ontology and epistemology) [1] (p. 255).

OUTCOMES
AND OUTPUTS

METHODS

METHODOLOGICAL
PRINCIPLES

THEORETICAL
PRINCIPLES/FRAMEWORK

PHILOSOPHICAL GROUNDWORK
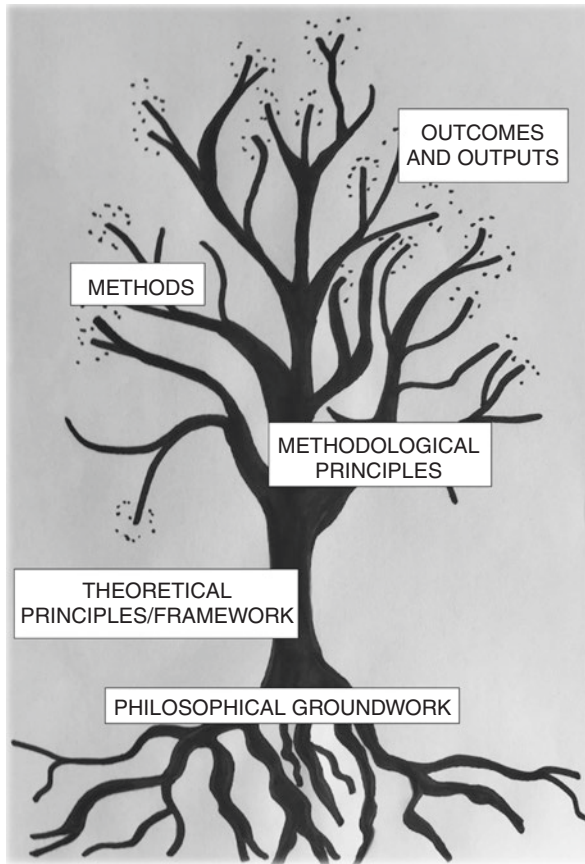
Fig. 4.1 Tree of coherence

Each of us has described and recognised the vital importance of this process to our research. We all have undertaken a different process to gain a greater understanding of ourselves and have achieved this in different timeframes. However, we all agree that undertaking the journey to knowing has been a significant part of establishing coherence within our research, especially in person-centred nursing research. We consider the process of knowing self as the very foundation to grow upon, and therefore the roots of the tree in Fig. 4.1. The roots of a tree serve three main functions to the overall growth and health of the tree, they (1) facilitate nutrient and water uptake; (2) provide structure and anchoring to the ground and (3) protect from soil erosion. Each of the functions of the tree roots can be aligned to our explorations and how each facilitates cohesion in research. The roots of the tree grow, reach and spread deeper into the ground as they are nourished. Just like self, they are always in a state of becoming. The primary function of the tree root system is to absorb nutrients and water for the growth of the tree. If the roots of the tree are thought of as knowing self (ontological and epistemological

perspectives), the researcher needs to understand how the roots of their tree have been nurtured and influenced throughout their lives. We argue that the roots of their trees have grown depending on the environment(s) they have been immersed in; the amount of water, sunlight, humidity, nutrition and temperature that they have been exposed to will have affected their growth. Similarly, the environment(s) a researcher has been immersed in throughout their life will shape the growth, values, beliefs and worldview they hold as a person and their growth throughout their life. A researcher's life experiences and relationships will also inform their state of being and ways of knowing.

For the most part, the roots of a tree remain covered by the earth surrounding them. As researchers, we need to dig deep to uncover these roots. In Kate's writing (see Box 4.1), she shares how she came to know her ontological and epistemological roots, by first 'dreaming' a methodology and then through reading, finding theorists with whom she felt aligned with. By considering the critical theory that underpins Freire's work [6], she became aware of how she connected with the view that as social beings, we are born into, inhabit and are inhabited by, a historical and cultural world that has been created by humans; a world which we are also able to transform [7]. Through further reading, critique and reflection, however, she also came to recognise that she was uncomfortable with Freire's apparent belief in the primacy of the mind [6]. Her ontological roots developed further as she explored theories of embodiment, relating to Johnson's five dimensions of human embodiment [8]. Kate was able to explore and determine what it was that nourished her ontological and epistemological perspectives (roots), ultimately enabling her to develop her theoretical principles (see Table 4.1 in Box 4.1).

Another function of the roots is to anchor the trunk of the tree to the ground, providing structure and support. The correlation here with knowing self is that having a good understanding of self (roots) allows for the anchoring of the researcher to their theoretical and methodological principles for their research (trunk and branches). The greater the understanding and knowing of self, the more intricate and deeper the network of the roots are. Therefore, the more self is reflected upon and understood, the more solid and reliable the foundation will be to support the health and growth of the tree (research). Kelly sought out an exploration of self, to

Table 4.1 Theoretical principles

Humanisation as an ontological vocation
The body-mind and world in a constant state of becoming—personhood
Person-centredness
Reality can be known but not in a singular way
Experienced-based and embodied knowledge of reality facilitates the transformation of reality
Praxis as a dialectic dance (reflection and action, body-mind and environment, subject and subject)

anchor herself into the ground and form a basis from which she could make connections with her epistemological and theoretical principles (trunk). By first considering what had 'coloured' her as a person (ontological roots), she was able to look for similar colours in her exploration of philosophical and theoretical perspectives and make connections with related colours. For example, Kelly describes a warm red to describe love and relationships as an ontological need. So, when considering the work of Martha Nussbaum and her theory on emotions as a person's value-laden way to see the world, she imagined the same warm red seeping from her words [9].

The root system of a tree also assists in controlling erosion of the soil surrounding the tree. Knowing self (roots) allows the researcher to see strong connections within their 'ontological–epistemological–axiological–methodological' chain, maintaining integrity and authenticity in their research [4]. The integrity and authenticity are what drives and nurtures the researcher, the same as the nutrients that are present in the soil. The roots help to keep the surrounding soil in place. Whilst they are the hidden half of the tree, we believe they are the most important part of the Tree of Cohesion (Fig. 4.1). In Gemma's early doctoral experience, she tried to make an ontological-epistemological-axiological position connect with an action research methodology before exploring who she is. It wasn't until she put her chosen methodology aside and focused on her philosophical principles (roots) that she realised that her roots did not connect with her prematurely chosen methodology (trunk). By focusing on the exploration of self, she was able to establish deep-reaching roots and then a solid foundation for her tree trunk, with less risk of soil erosion.

In summary, knowing self-facilitates research coherence, enabling the establishment of solid foundations for values based and authentic research. Cultivating authenticity of self directly relates to being in the world; considering what is important and what belongs to the self [10]. Knowing self and cultivating authenticity is an ongoing process. Just like knowing self, the roots of the tree are always reaching, spreading and growing deeper as they are nourished. The roots and the self are always in a constant state of becoming [11].

4.3 Facilitating Authentic Growth of the Tree Trunk Through Reflection and Listening Acceptingly to Self

A question that is often asked of doctoral candidates, once they have explained the purpose and aims of their research, is 'how are you going to undertake this work—what are you going to do?' This is a reasonable question and one that is extremely important to articulate to gain approvals and access to undertake the research. 'What will the branches look like, and how will they enable the growth of the blossom that you anticipate?' (Fig. 4.1). However, what we have each realised in our discussions is the significance of the pathway that has led to the ability to envisage, formulate and articulate the answer to this question. This pathway refers to the development of

Theoretical principles forming the structure of the tree trunk
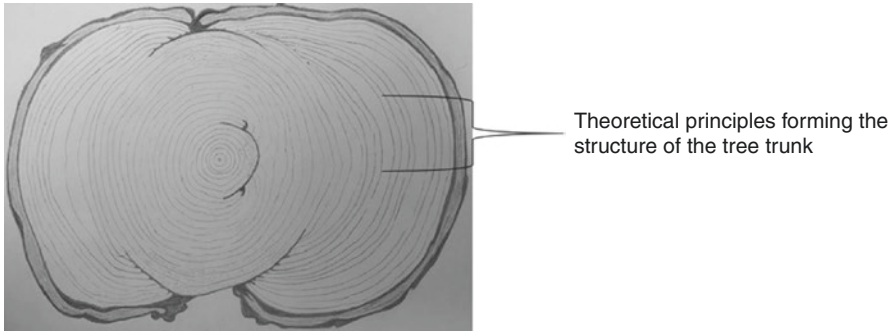
Fig. 4.2 Cross section of a tree trunk

the tree trunk: the theoretical principles that give rise to, and enable, the growth of the branches. We are now each in a position to discuss and articulate, with confidence, the structure of our tree trunks. A cross section of our tree trunks would demonstrate the theoretical principles that the alternating rings of wood symbolise (see Fig. 4.2). Whilst each ring may be unique in its shape, colour and thickness, they each have meaning and purpose, integrating to generate a structurally sound trunk that will permit further growth and flourishing.

The adding of rings to strengthen the structure of the trunk may be an ongoing process, as we continue to make sense of our philosophical beliefs and how these are anchored to the roots of the tree through deeper understanding and exploration of self. However, the initial process of trunk development can be challenging, and at times frustrating. This process requires exploration and development of the connections in the 'ontological–epistemological–axiological-methodological' chain [4], the 'philosophical groundwork' [1] (p. 255) as previously introduced. Titchen et al. (p. 32) describe a 'treasure trove' of worldviews and paradigms in person-centred research from which to choose [12]. This choice can both excite and overwhelm novice researchers as they attempt to sow the seeds for the philosophical groundwork to take root. Exploring the philosophical principles underpinning the different paradigms can help to shed light on the choices available and we each found ourselves knee-deep in a field of philosophy books, internet browsers, YouTube tutorials and short courses hoping that the answer would emerge with a bright light and sign exclaiming 'this is the one!' Whilst the process of external philosophical exploration from within the depths of the treasure trove was an essential one, this alone could not generate the answers that we had all desperately sought. Kate and Gemma describe the doubts that they experienced in pursuit of the right methodology, somewhat perplexed and almost attempting to force the answers to the theoretical conundrum. However, what was required to accompany and complement this process was the internal philosophical exploration from within the depths of the self: the ability to hear, make sense of, and rationalise through connecting with the self. For the philosophical groundwork to take root and enable the growth of the tree trunk, there requires an intrinsic connection with one's own values and beliefs—with the

self—in order to make sense of and decipher from the vast array of choices available. This connection with, and expression of, the self in decision-making is described as authenticity [13]. According to Heidegger, this is not simply about accepting those choices that are made available to us, but only considering those that 'belong' [14] (p. 15). With authenticity comes coherence between the groundwork and theoretical principles; but how do you know those choices that 'belong', from those that should be discarded? When we each discussed our experiences together and asked each other how we knew we had found the right 'match', our answers were the same—because we felt it. Edwards describes the seamless connection between the physical and mental properties of being; recognising the relationship between the body and the world and the ability to feel—to know in body—before in mind [15]. We each experienced an instinctive, embodied knowing and connection that generated feelings of relief, and an instant sense of coherence. Heidegger describes the signs that compose authenticity, representing the accumulative imprints of one's life: 'the beliefs, values and life experiences' [10, 14] (p. 15).

Kelly describes a process in which she critically reflected upon those factors that have influenced and shaped the person that she is, creatively constructing collages of the signs of her life, and self. It is these signs that require attentiveness in order to facilitate feeling—embodied knowing—of those choices that 'belong'. Attentiveness in this context is defined as a principle related to connectivity, requiring self- and contextual-awareness, and the ability to listen [16]. Kate discusses 'dreaming' a methodology, needing to almost 'let go' of that conscious fight to find it. Whilst she was initially uncertain as to how her own ontological and epistemological beliefs could inform this process, she retrospectively realised that these perspectives were embedded in her dream, she just needed to locate, and connect with them, feel them and place the signs in context, through connecting with the self and listening. However, once she had got a sense that it was right—this embodied knowing—there required a stage of rational reflection in which she made sense of these feelings and considered the context into which they would transcend. It was at this stage that Kate could envisage the nature in which the branches would grow, and the colour, shape and scent of the blossom. As Rogers (p. 17) states; 'I find I am more effective when I can listen acceptantly to myself and can be myself' [11]. It was at this stage that Kate was able to not only listen but *listen acceptingly* and embrace the growth of her tree trunk.

4.4   Summary

As doctoral candidates, we have all struggled with the notion of developing ontological-epistemological-axiological-methodological coherence and integrity within our research studies and are at different stages of working towards this. Whilst at the outset of our studies, we all recognised the importance of research coherence, in reality, it has taken months and years for us to be able to gain a sense of what this looks or feels like. Our individual stories share some of our struggles,

but also some of our learning and insights. Using the metaphor 'Tree of Coherence' has been helpful; enabling us to articulate our understanding of the nature of coherence in our research, underpinned by our developing understanding of self (roots), which in turn has helped us to align with wider philosophical and theoretical principles (trunk), giving us the confidence to develop methodologies (branches), which are authentic to who we are as persons and therefore researchers. Taking the metaphor of the tree further, building on each of our experiences, we acknowledge that the process of knowing self and developing coherence has not been a linear or logical one. Just as a tree has a network of tubes within its roots, trunk and branches, to move water, nutrients and sap upwards and downwards, so our processes of discovery have and continue to move backward and forward. These processes have included reading, reflecting, using creative imagery and imagination, and critical dialogue with self and others. Ultimately, they have helped us all to move towards a sense of knowing self, enabling us to make decisions within our research that 'belong'. We hope that others will find the metaphor useful too. Reflecting on the Person-centred Nursing Framework, we recognise that 'knowing self' is fundamental to achieving research coherence and integrity; arguing that this facilitates authenticity within the research, which contributes to the flourishing of self (and others), in a 'healthful culture'.

Key Points
- Developing knowledge of self (ontological and epistemological roots) is key to coherence in research. Knowing self is not an end point, but a continuous process of discovery.
- The process can be facilitated through reading widely, reflecting, using creative imagery and imagination, and critical dialogue with self and others. The process of discovery is not a linear or logical one.
- Strong ontological and epistemological roots facilitate the development of coherent and authentic philosophical, theoretical (trunk) and methodological (branches) principles.

Box 4.1 Kate

Abstract: Muchness as the subjective experience of well-being: a person-centred inquiry

Background: My interest in the concept of 'muchness' arises from my experiences of working with nurses, who are trying to provide care in services that are constantly under pressure. This interest was stimulated by a blog titled 'Alice in Workland' by Walsh and Craig [17], which considered some quotes from 'Alice in Wonderland' to identify what lessons they can offer healthcare today. One of these was:

'You used to be much more "muchier". You've lost your muchness', said the Mad Hatter.

I propose, that some nursing staff have 'lost their muchness', that is, their subjective experience of well-being, often talking about feeling overworked, undervalued and undermined, which appears to impact on their readiness and desire to develop themselves, their practice and their workplace cultures.

Aims: I am using a participatory approach, working virtually and creatively with nurses to create 'stories of muchness', helping us to explore and understand the concept itself; how it can be nurtured in the workplace; and the ways in which it contributes to the development of person-centred cultures, specifically human flourishing.

Theory and methodology: The theoretical and consequently the methodological principles informing this research are underpinned by social constructionism, critical theory—primarily the work of Freire [6] and the theory of embodiment [8], which I explore in more detail in Sanders [18].

Person-centre Nursing Framework: Primarily, this research focuses on the 'knowing self' nursing prerequisite, underpinned by the assumption that 'before we can help others we need to have insight into how we function as a person' [19] (p. 475). It will also explore the 'practice environment' and how this influences nurses' experiences of muchness, based on the theory that we are social, historical and cultural beings, that inhabit and are inhabited by structures, institutions and social relations that will influence our experiences and understandings [6]. Ultimately, through developing a better understanding of muchness, and the factors that enable and inhibit it, the research is aiming to facilitate a 'good experience of care' for nurses.

Developing coherence: working backward

A significant moment for me in my doctoral studies was my probationary assessment (at the end of year one of my part-time studies). At the time of application, I intended to explore the concept of muchness and the ways in which it could be nurtured in a clinical context using critical ethnography. However, as I prepared for the assessment, I began to have strong doubts about my choice of methodology. The literature that I was reading at the time and my ongoing experience of working with nurses in clinical practice, led me to think about the lack of muchness I was seeing and also about the fragility of many workplace contexts. I felt that I was being pulled away from muchness towards moral distress [20]. I became aware that I wanted to go in search of muchness and sensed that to do this meant that I needed to change my methodology. But at this stage of my studies, I realised I had no understanding of the ways in which my ontological and epistemological beliefs could inform this process, or how a theoretical perspective would inform my methodology and ultimately my research methods.

Dreaming a methodology

I was required to re-submit my probationary assessment, outlining an alternative proposal for undertaking my research. For a while I explored a number of methodologies in the literature, starting with a narrative inquiry because I had a sense that I wanted to collect 'stories of muchness'. On reflection, I was expecting to have a 'this is it' moment; a moment when I read something that felt exactly what I was looking for, albeit I couldn't verbalise what that might be. I also attended a weekend 'storytelling retreat', hoping that I would find my methodology there. I now realise that this was very naïve and needless to say I didn't find it. What I did come to realise, however, was that I was not going to find it anywhere. I finally appreciated that I should stop searching for my methodology and instead I should create or 'dream' it. This gave me a huge sense of freedom.

In my dream (Fig. 4.3)—'if my methodology was the best that it could possibly be', I knew that I wanted to go in search of muchness; to explore it from the perspective of nurses. I wanted to help nurses to tell their stories of
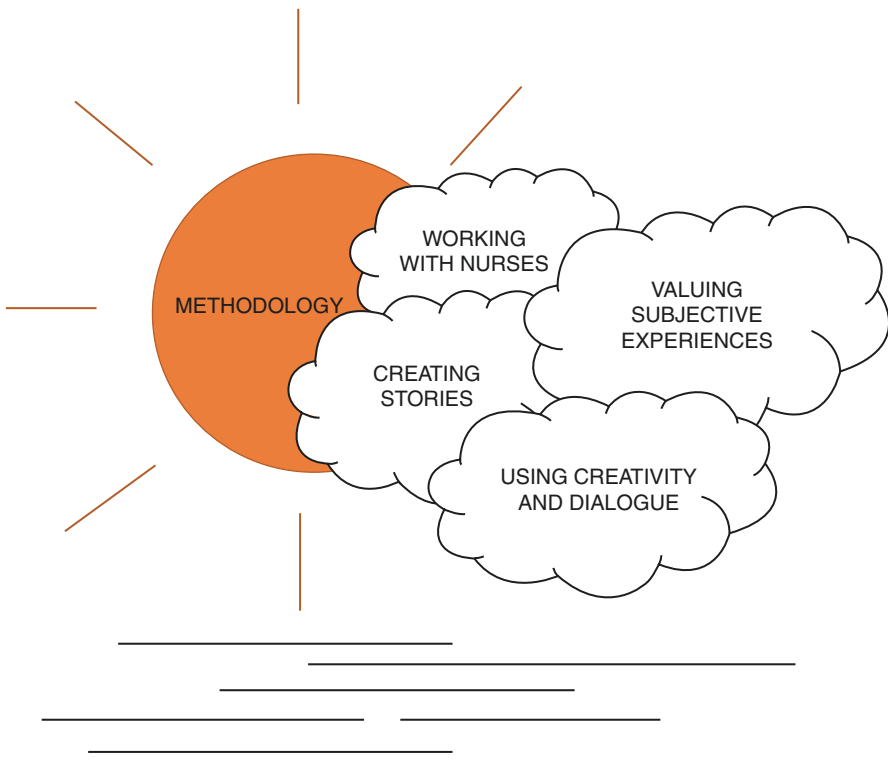
Fig. 4.3 Dreaming a methodology

muchness, using methods that might help them to tap into their subjective experiences; experiences that they may not initially be able to articulate. I, therefore, read literature about Photo Voice [21] and other arts-informed methods [22]. I could relate these approaches to my experiences of facilitating active learning using creative approaches and how these often-helped participants to explore concepts and ideas that may at first be difficult to grasp. I also knew that I wanted the participants to be actively engaged in knowledge creation and the sense-making process, and ultimately in the construction and dissemination of a metanarrative of muchness. I began to look towards literature on participation and action research [23, 24] and found myself being drawn towards Titchen's emancipatory and transformative definitions [23] and to the Southern tradition of action research, all of which are underpinned by assumptions of the critical paradigm. I now realise that this was because I was imagining working with nurses, enabling them to engage in self-reflective inquiry about their subjective experiences of muchness; to facilitate a process that would enable the construction of new knowledge about muchness; raising consciousness of the practices and situations that enabled nurses to experience it (and those that prevented it); with the purpose of identifying ways in which it could be experienced more often.

Through this process of dreaming and the associated reading, a theorist who was repeatedly cited was Paulo Freire. I was intuitively drawn to his idea of conscientization, a process through which people (individually and collectively) are empowered by constructing and using their own knowledge of reality, thereby identifying how it can be transformed [25]. Through my reading, I began to recognise how many of his ideas resonated with my work as a practice development facilitator and how several of his key ideas felt relevant to my research. I, therefore, entered into a lengthy period of exploration, immersing myself in the work of Paulo Freire, his supporters and his critics. Reflecting on this process, I can now see how many of my ontological and epistemological assumptions are embedded in my 'dream', but at the time I didn't realise this. Finding a theorist that I instinctively felt aligned with was the beginning of being able to come to know, to critique, and to finally articulate my theoretical principles (see Table 4.1).

Box 4.2 Kelly
Abstract: The care environment and enabling an older person to participate in shared decision-making: engagement in residential care through person-centredness

Background: Shared decision-making has attracted global attention and research since the last decade in healthcare, being incorporated into healthcare policy and standards in many parts of the world. Despite great value being

placed on shared decision-making, its application in practice is not straightforward. It is an iterative and dynamic process involving an effective relationship built with emotion, mutuality, values sharing and trust. Older people who move into a care environment do so to receive support with their physical and emotional needs. However, the nature of a care environment inevitably plays a part in enabling shared decision making to occur between the nurse, older person and those significant to them. Often, residential care environments are rigid and complex, and there is no value or emphasis placed on establishing meaningful relationships between nurses and older persons. The components of the care environment described by McCormack and McCance within the Person-centred Practice Framework [26] have a role to play in enabling or disabling shared decision-making to occur within a residential care context.

Aims: This research aims to explore the inter-relationships between the care environment attributes in the Person-centred Practice Framework that effectively facilitates shared decision-making between the nurse and the older person. The objectives of my study are to identify what aspects of a care environment has the most impact on a person's ability to participate in shared decision-making and define what person-centred shared decision-making is to a nurse and an older person.

Theory and Methodology: The theoretical underpinnings of this research are drawn from critical theory and social constructionism. Particularly the philosophical thought of Brian Fay (Critical Social Science) and Martha Nussbaum (emotions and human persons). I have chosen to draw on participatory methodological principles, as they are consistent with my theoretical underpinnings, person-centredness and research aims. Working with participants (nurses and older people) the research will be designed and carried out in a collaborative, iterative and cyclic way; where each cycle informs the next.

Person-centred Nursing Framework: This research is situated in the person-centred nursing processes of the Person-centred Nursing Framework, in 'Sharing Decision Making'; it hopes to explore and understand the steps taken by a nurse to establish a relationship with an older person to enable the sharing of decisions and how this can be undertaken practically by the nurse. Gartlehner and Matyas state that there are three factors that have the most impact on shared decision making [27]: '(1) opinions and convictions of physicians or other clinicians; (2) uncertainty of the evidence regarding benefits and harms; (3) uncertainty of patients about their own values and preferences'. The care environment component of the framework will also be explored, as the nature of a care environment inevitably plays a part in enabling shared decision making to occur between the nurse and the older person and has a direct impact on how a nurse and older person interact.

Starting Point: Walking Boots

The starting point for constructing the foundations of my theoretical framework involved a thorough exploration of the mountains and valleys of the

landscape that make up my view of the world (ontology). As my research relates to exploring the environment and contextual influences in a care setting, I thought it only logical to consider how the environments and contexts I have been immersed in throughout my life have influenced and shaped the person that I am. In order to navigate this part of the PhD journey, I would need to do some walking back through my life in a good pair of boots, remembering and reflecting on what it was like to be in those familiar landscapes. I thought this would be a good way to explain what it is really like to walk in my boots, and what the view of my world was from these shoes. My belief is that an environment is made up of the landscape and people; and so to begin, I trekked through the undulating terrain of my life and collected photographs of each of the environments/contexts and people that I have known and been immersed in. I then selected the photographs I felt were most important to me. I brought these photos together in a collage, one for each of the environments I had been in, and then critically reflected on each of them. I saw colours emerging from each of these collages of my life. The rolling green hills of the coast colouring me with resilience; the burnt orange dirt of the desert colouring me with wonder; and, that warm red feeling I get when I am with the people I love. The reflective walk through my life exposed that within each environment, a colour has been added to the canvas of my life, leading me to see different perspectives and shape the personal values (colours) I hold and ultimately painting me the person that I am today. The walk through my life journey to date enabled me to come to the realisation that I believe values are socially constructed (social constructionism), and a person's reality comes from the environments (contexts and people) each person is exposed to. A person has their own reality, and there isn't one true reality. This then led me to think about each person being a subject and not an object; each person has a right to their own values, beliefs and emotions. In addition to this, persons are relational and have an ontological need to be around other people. These realisations then allowed me to form my ontological principles (see Table 4.2).

Making Connections: Compass

Now that I had my view of the world and ontological principles mapped out, I needed to determine how I learnt from these environments and absorb the colours (meaning) from the world (epistemology). Reflecting critically

Table 4.2 Ontological and epistemological principles

Ontological principles	Epistemological principles
• A person is a subject, not an object • Persons are relational beings • Human emotion is crucial to our existence as a person • Reality is contextually/socially constructed and there isn't one truth	• Emotions are embodied and are important for attaining meaning • Power is constructed and realised in a social context • Knowledge is gained through being in the world, interacting with other persons

on the environments in my life and recognising how I have gained meaning from each of them, allows me to understand how I will develop meaningful knowledge through my research. The exploration of my epistemology will be a compass for me when I am navigating the unknown terrain and new horizons of the research landscape. The next part was finding some philosophers who I could make sense of and would be comfortable to be my compass to guide me on my research journey. I tried to imagine if these philosophers were walking in the same shoes as me and believed the same things I did about the world. I looked for the same colours and ontological principles in the philosophers as persons and in their work that I had discovered in the first part of my journey. As I discovered emotions were important to me in how I gained meaning from the world, I turned to the work of Martha Nussbaum who describes that '(e)motions shape the landscape of our mental and social lives' [9]; with the mountains and valleys of life characterised by a person's values, expressed through their emotions (p. 1). Like Nussbaum, I see a synergy between emotion and thought, thought and emotion, and the emotions felt by a person are vital for making judgements and decisions—therefore the consideration of emotion in my research is important. I also discovered and resonated with the work of Brian Fay and his thought on power, oppression and enlightenment [28]. I linked older persons and nurses as being affected by societal constructs of power and also that they belonged to groups that have been identified as having the potential to be oppressed. I saw all these connections between my ontology, epistemology and how they would inform my research; also, how I could comfortably hold these thoughts and principles while navigating the *yet to be known* in my research. I then created my epistemological principles (see Table 4.2) and situated me in the critical theory paradigm.

Looking Forward: Binoculars

The connections between the valleys and mountains of my ontological and epistemological principles allow for robust foundations of my theoretical framework. The foundation created through this exploration will inform my theoretical framework for my research. It has also ensured the research I undertake will be values based, meaningful and authentic; and will flow throughout my research and go on to inform my methodological principles. Equipped with my walking boots and compass, I can now look forward with binoculars to see more clearly as to what is up ahead. In Fig. 4.4, I have painted how I wish my ontological, epistemological and methodological principles to look and feel; iterative, complimentary and relative to each other. I believe they all have synergy and offer different colouring to my research.

Fig. 4.4 Painting

Box 4.3 Gemma

Abstract: Exploring the discourses of the discharge of older people and the implications for person-centred practice: a critical discourse analysis

Background: My clinical and research experience has demonstrated that care and treatment for older people in the acute hospital spans a spectrum from exceptional to sub-standard, with discernible associated implications for the individual and those significant to them. Of particular interest to me is the discharge process, arguably presenting opportunities to collaborate with older people, co-producing a plan for discharge tailored to individual needs and preferences. However, in reality, decisions are often made *for*, and not *with* the person; organisational pressures frequently catalyse last minute discharge decisions; and the level of planning and inter-professional collaboration remains inconsistent, negatively affecting the quality of transition and continuity of care provided. Healthcare practice is often influenced by longstanding, traditional approaches to care delivery—'the way things are done'; organisational pressures and targets; and *reactive* rather than proactive or anticipatory. These factors have the potential to negatively influence discharge practice and limit consideration of alternative, more person-centred ways of being and practicing.

Aims: This PhD aims to explore the discourses of the discharge of older people from the acute hospital to enable understanding of those discourses that are influencing existing discharge practice, offering insight into how existing knowledge regarding discharge has been constructed and permit consideration of the implications of these discourses on alternative ways of being and practicing, specifically those associated with person-centredness.

Methodology: Critical Discourse Analysis, informed by the work of Michel Foucault (1926–1984).

Person-centred Nursing Framework: This discharge of older people from the acute hospital is a complex and multifarious process, with explicit and implicit patterns of discharge practice influenced by local and national policy and organisational targets, the qualities and attributes of staff, the context in which discharge is practiced, and the activities through which discharge is operationalised [14]. This PhD will expose the effects of existing discourses on person-centred discharge practice, considering the implications for all constructs of the person-centred nursing framework recognising the influence that each component has on the way in which discharge is experienced.

Growing into a doctoral candidate: discovering self/me

I began my PhD journey with a very clear idea of how I would undertake the research having decided upon the methodology, being action research underpinned by critical theory, and given considerable thought to the methods that I intended to adopt. In my own, naïve mind at this stage, I felt I was racing towards being in the position to apply for ethical permission to undertake the research, and all I needed to do was to clarify my ontological and epistemological perspectives to complete the methodological picture. And this was when I realised the significance of this last step, a step which to many is the first.

Exploring my ontological, epistemological and axiological perspectives was initially an uncomfortable process in which I reflected on my being and how I made sense of the world, and continuously reflected on how these philosophical considerations fitted with my proposed research project. I was aware that the approaches adopted in a research project are fundamentally guided by the researcher's views of the world, their values and beliefs, their perceptions of what exists and how knowledge is acquired [29]. However, as I had already chosen my approach, being action research, I was trying to create an ontological-epistemological-axiological position that would align with this. My approach to this process felt restrictive: it didn't allow my own paradigmatic position to emerge and appeared to be forcing an unnatural theoretical-methodological coherence.

In what appeared to be a slow swim through thickened mud, the resistance lessened when I was advised by my supervisor to put my project aside and focus on my philosophical principles, completely independent of it. It was at this stage that I created a framework of my philosophical principles, inspired by the epistemological and ontological framework for person-centred research [12] (p. 33), confirming for me the intrinsic connection between them (Fig. 4.5).

During this period of philosophical mapping, I began to read the works of different philosophers, considering how my own beliefs aligned with their thoughts. I spoke with my doctoral colleagues who had 'found their match' and marvelled at the prospect of finding my suiter. Despite being advised to

The 'self' is developed through the experiences we have personally encountered and those of others that have come before us, historically.

The 'self' is developed through connections and relationships with others, society, culture and history.

This line symbolises the axiological principles that permeate my ontological and epistemological perspectives

Knowledge helps to construct reality. Knowledge can influence interpretation of what exists (What is just, equitable? What is kind?)

Dominant powers influence connections, notable experiences, behaviour, self, knowledge

Ontology

Epistemology

Kindness

Choice   **Axiology**   Justice, fairness and equity

Epistemology

Integrity

Ontology

Knowledge is acquired through experience, social interaction and observation, and what has been (history)

This is a way of being, a way of behaving, and a way of seeing others and their actions or behaviours

What is known can be determined by what others want you to know

Ways of being are learnt from experiences, education, connections and observations

Fig. 4.5 Framework of philosophical principles

think about my philosophical beliefs away from my proposed project, I couldn't help but periodically consider the implications of my beliefs for a methodology underpinned by critical theory. And each time I did there was one thing that kept niggling at my back of my mind—I didn't necessarily believe in the existence of *oppression* in the context in which I was planning my research, and I didn't believe that power could, or should be eradicated—both quite central tenets of critical theory. However, as my reading advanced, I found myself repeatedly coming back to one philosopher, eager to read and learn more and feeling increasingly connected with their way of thinking. And this was Michel Foucault. Foucault recognised the existence of power throughout society, yet maintained that it is not always negative: it can influence, determine and even limit what is known, yet is required for us to know as it influences how we interpret reality and our understanding of truth through the prevalence of power/knowledge in discourse. Curious as to how Foucault's thinking would align with my own on paper, I added his principles to the philosophical framework I had previously created, which further clarified the coherence between my axiological position and philosophical framework. It was at this stage that I had my 'eureka!' moment—the coherence I was searching for between my personal philosophical perspectives and the philosophy

that would underpin my research had emerged. However, what did not naturally transcend from this was action research; and whilst Foucault's work arguably has links with critical theory, there were too many contrasting positions between the two.

So, it was time to bring back my research project, think about older people and their discharge from hospital and consider what I was trying to achieve. Whilst Foucault suggests that power cannot be eradicated, his position puts forward a critical awareness of the effects and implications of discourse on our actions and behaviours and further consideration of alternative ways of being [30]: 'If we understand how power operates through the knowledge embedded within certain discursive frames, we are better placed to resist the unquestioning authority of such knowledge' (p. 111). In the context of discharge and older people, it is evident that there are a number of different discourses that influence how discharge is currently practiced, yet routine and common assumptions may limit our abilities to consider if there are alternative, more person-centred ways of being and practicing. Foucauldian critical discourse analysis allows for this to be unravelled and exposed and illuminate how a critical reflexive discourse among staff and develop person-centred discharge practice.

4.5   Internet Resources

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Brag M and guests. In our time: authenticity. https://www.bbc.co.uk/sounds/play/m00035z4. Accessed July 2020.

Nurse Killam. Complex Research Terminology Simplified: Paradigms, Ontology, Epistemology and Methodology. https://www.youtube.com/watch?v=8xvpxBVCo0c. Accessed July 2020.

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Developing Theoretical Frameworks: Integrating Specific Values and Principles into Research

5

Camilla Anker-Hansen, Vibeke Nyborg, and Donna Frost

5.1 Introduction

When researchers pay attention to the integration of specific values and principles in research, they contribute to the further development of the theoretical frameworks they have drawn on. In this chapter, we consider person-centredness within nursing research from three different perspectives: historical research, co-inquiry with nurses and being explicit about the voice of the researcher within the research thesis or other publications. We illustrate the usefulness of constructs within the Person-Centred Nursing Framework for the development of an individual research practice congruent with the researcher's values and beliefs. Furthermore, we consider the contribution of person-centred principles to co-construction, with research participants and readers, of history, narratives and knowledge.

> **Three Learning Outcomes**
> After reading this chapter, the reader will be able to discuss:
>
> 1. The relevance of the Person-centred Nursing Framework to their own research practice (Researcher Development Framework Domain A1 A2)

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2. The usefulness of 'knowing self/me' and 'clarity of beliefs and values', two constructs within the nursing pre-requisites domain, to developing an individual research practice congruent with their own values and beliefs (Researcher Development Framework Domain B1)
3. The extent to which development of the person-centred processes, such as 'working with the person's beliefs and values' and 'engaging authentically', enables co-construction of narratives and knowledge with participants in research (Researcher Development Framework Domain A1 A2)

In this chapter, we explore how we have enabled specific values and principles to contribute to our person-centred approaches in nursing research. We show it is possible to draw on theories from a wide range of fields, such as history, philosophy, nursing, sociology and auto-ethnography. In writing this chapter we have been chiefly concerned with two domains in the Person-centred Nursing Framework: nursing pre-requisites and the person-centred nursing processes (see Chap. 2). More specifically the concepts within these two domains relate to knowing self, clarity of beliefs and values, working with the person's beliefs and values and engaging authentically [1].

Researchers within the broader domain of person-centred health care research have in 2017 defined four central points for development and further investigation [2]. Among these are the pre-requisites for person-centred research, where the focus on reflexivity and the articulation of the researcher's personal values and beliefs are highlighted as important aspects to better understand in connection with the being and becoming of a researcher. The ways in which nursing researchers across different research fields can contribute to underpinning and safeguarding values and beliefs, and how knowing self can contribute to authentic engagement and to working with the other person's values in nursing research, will be explored in this chapter. The common thread connecting our experiences is the co-construction of narrative, whether the researcher is working with people telling their stories, documents revealing past experiences or specific theories being analysed to support or critically question person-centred nursing theories.

5.2　Humanities and History in Person-Centred Nursing Research (Vibeke)

Historical research studies contribute as one of the legs of the 'three-legged stool' that all health care and nursing research builds upon humanities, social sciences and natural sciences [3]. Kagan takes this viewpoint when arguing that the differences between these sciences continue to work as obstacles rather than building bridges to different dimensions of research [3]. To overcome this, we must acknowledge the potential of different values and perspectives to meeting future challenges in society. Nursing research and nursing science are well placed to draw upon varied scientific traditions and integrate them within research practice, practice development and theoretical frameworks. Such integration requires reflexivity and paying

attention to the ontology within different paradigms and among different researchers. Being conscious of enacting specific values aimed at benefiting persons can contribute to both a person-centred research practice and the development of person-centred nursing.

5.2.1 What Can History Teach Us?

No man is an island entire of itself; every man
  is a piece of the continent, a part of the main;
  if a clod be washed away by the sea, Europe
  is the less, as well as if a promontory were, as
  well as any manner of thy friends or of thine
  own were; any man's death diminishes me,
  because I am involved in mankind.
  And therefore never send to know for whom
  the bell tolls; it tolls for thee.
  (John Donne, 1624)

History tells us where we are coming from, who we are, and that we are all interconnected and dependent on one another, as expressed by John Donne in one of his poems from 1624 [4] (Fig. 5.1). But history can also teach us about the space in

Fig. 5.1 Island in the morning fog

which we can operate in both now and the future. While history doesn't exactly repeat itself, we can still learn how to respond to meet future challenges with a better understanding and knowledge base. Knowledge of how the world has developed and will continue to develop will help us to learn from the past in ways that create sustainable solutions for future challenges. This is especially relevant in nursing, an area singled out by the United Nations (UN) in one of their sustainable development goals, goal #3 Good Health [5].

Traditionally, history has been legitimised within these four considerations: its formation, its effect, its utilities and its reception (how history is used, consciously or unconsciously). It is a relatively new phenomenon that we question the relevance of history, but today history, together with many other humanities, is under great pressure to prove its relevance to society [6]. Traditionally, history was considered an effective way of learning, traced all the way back to the Roman politician and speaker Cicero who said;

5.2.2 Historia magistra vita est: History Is Life's Teacher

In nursing, this is especially relevant when looking for the values, ideas and beliefs on which today's nursing education, nursing practice and nursing research are based. The kinds of knowledge being adopted and learned from within clinical practice become embedded in the identity of the professional nurse. Within professions such as nursing, the practitioners—including researchers, hold a common history about the profession, and the idea of what it means to be 'a good nurse' is largely based upon the traditional values that come from history[7]. Being aware of the history of nursing is therefore crucial to developing future nursing, both clinical and theoretical. Furthermore, being aware of the history of key ideas within nursing—such as person-centredness, is also essential for future development.

5.2.3 The Researcher in the Context

History has always been embedded within a hermeneutic research approach, where the preunderstandings and prejudices of the researcher have been acknowledged. However, the historian Edward Hallet Carr's [8] book, '*What is history?*' acknowledged the historian in a whole new way as part of the analysing process and hence the individual historian as a researcher with influence on the results in the historical analysis. Carr's theory can be expressed in one sentence from his book: '*The facts speak only when historian calls on them…*' (sic) (p. 7). That brings us to how history, through the history researcher can contribute to (1) emphasising the importance of integrating specific values and assumptions into nursing research and (2) showing how different leaders and influencers are shapers of nursing history, bringing in different views and values into nursing. A reflexive way of doing historical nursing research means being aware of values and assumptions on different levels. One is the ontological positioning of the historian, where world view constitutes the direction of theory and methodology as well as sources chosen for data analysis [9]. The other and maybe just as important is the way the historian engages in and

presents historical values and principles to nursing practitioners in order to create meaning, understanding and change. In this process knowing self/me and working with the person's beliefs and values can merge to create a more person-centred nursing for the future.

Similarly, the world view of nurse researchers influences their theoretical and methodological choices and their values are reflected in their ways of engaging with participants and the work itself. Becoming authentic as researchers means learning to develop and ultimately embody congruence between principles and practice [10]. As PhD candidates, we have faced challenges in this process within the self, within our methodologies and our contexts. Writing this chapter together has made us more aware of the ways in which our personal, professional and cultural histories have formed us, but also that we are creators of history.

5.3 Engaging in Person-Centred Ways Within Collaborative Inquiry (Donna)

Co-creation of history occurs, for example, through capturing, unravelling, understanding and retelling the stories we are part of. Stories help us to understand, interpret and transmit our histories and they make a difference to our imagined possibilities for the future. Such stories have been of central importance in my career as a nurse and my journey as a PhD student. When working in person-centred ways I have been able to make a difference for patients, their loved ones and the people I work with and have felt fulfilled as a professional. Yet these moments of real human connection and participating in moments of human flourishing are often 'invisible', rarely documented in the nursing record and perhaps not even talked about [11]. How do they take their place then in nursing's history and add to our narrative as nurses? In my PhD research, I worked with two groups of nurses and nurse practitioners who were interested in identifying, investigating and better understanding those moments of their practice in which they were practising with skill and grace, and making a difference within the practice encounter. Two of the challenges within this research were resolved using values, principles and practices congruent with the Person-centred Nursing Framework [1].

5.3.1 Creating Safe Spaces for an Honest Exploration of Practice

The research design drew heavily on Heron's [12] co-operative inquiry, in which groups of people inquire together into a phenomenon or aspect of their personal or professional life about which they seek deeper understandings and perhaps a transformation of understandings and practices. This critical creative co-construction of knowledge creates potential among all members of the inquiry group for personal and professional growth and benefiting from new understandings about our practice worlds. Fundamental to the research process, therefore, and the first challenge, was establishing and maintaining a safe and honest space within which group members could speak and listen freely, experiment with creative expression and ask critical questions [13]. The person-centred nursing processes were valuable to me, the

initiating researcher, as principles of engagement. I paid attention within the inquiry group, for example, in getting to know each other, sharing our motivations and reasons for wanting to participate in the inquiry and coming to understand each other's ideas as to what a 'successful' inquiry would look like and what we each wanted to get out of participation in the project (cf 'working with the person's beliefs and values') [1]. We agreed to and experimented with ways of working that would support us in making decisions collaboratively and being fluid in the degree of involvement each person had in the research activities at any one time (cf 'sharing decision making', and also the development of 'shared decision making systems'). Role modelling 'authentic engagement' meant being honest, for example, about my own learning journey as a facilitator of such processes, and being explicit about my intent, concerns and questions. My engagement with the co-inquirers in ways reflective of the person-centred nursing processes contributed to the research experience being fulfilling for all inquiry members, not just for me (cf 'A good care experience' as outcome).

5.3.2 Person-Centred Approaches Enable Co-construction of History

The second challenge involved extending this ethos to the people on the 'periphery' of the study. Research in the tradition of co-inquiry respects the right of all people involved in data collection to themselves be part of the inquiry, able to determine what happens to the information and how it is used, and able to use the individually and collectively generated data to come to new insights themselves. To have the opportunity, in other words, to use the research to better their (understanding of their) situation. This principle posed a challenge to the inquiry groups within my PhD research. A lot of information about our practice, how effective or ineffective we were and the impact we had on the lives of those we worked with, could only be gained in dialogue with people outside our inquiry groups: students and colleagues, patients and their family members. There was a danger that we would involve others to *our* benefit without actively facilitating *their* benefit from the research. Constructs of the Person-centred Nursing Framework are visible in our development of effective and person-centred ways of working with people at the edge of our inquiry. We paid attention, for example, to being clear about our own motivations, as members of the inquiry groups. Through open conversations and creating individualised consent agreements with the people we had asked to be interviewed or observed by us as part of our inquiry, we created room to work with their beliefs and values and to bring mutuality to the encounter.

This room to work with beliefs and values was often achieved through the use of art and creative expression to help in surfacing and making visible the less tangible aspects of the experience of receiving, delivering or learning nursing care: those things that are felt or sensed yet hard to put into words. Such ways of working made it possible for the person who joined us in our inquiry, be they a patient, family member, colleague or student, to come to new understandings themselves about the

nursing encounter in question, and about the meaning it had in their life. Participating in the inquiry in this way enabled, in some cases, the creation of new meaning around the nursing encounter—contributing to the co-construction of not just our story, but of their story too.

5.4 Integrating Values and Perspectives of Person-Centredness in My Research (Camilla)

Integrating our values into our ways of working as researchers extends, to the ways in which we report our research findings. Letting readers participate in our own history and values—sharing the ideological, cultural and personal frames of reference we bring into the research—involves them as co-creators in the work. Yet, one question I struggled with when writing the introductory chapter of my PhD thesis was finding the right balance between subjectivity and objectivity and finding my voice as an author. I wanted to situate myself in the text, to be a part of the story I was about to tell, but I was unsure to what extent it was acceptable. The following quotation resonated with my reflections about the researcher role:

> *My subjectivity is the basis for the story I am able to tell. It is a strength on which I build. It makes me who I am as a person and as a researcher, equipping me with the perspectives and insights that shape all that I do as a researcher, from the selection of topic clear through to the emphases I make in my writing.* [14] (p. 104)

From this perspective, our personal stories as researchers have their own value and place in our work. However, because traditional, positivist ideals still stand strong within nursing research in Norway, I was afraid that by straying from traditional academic writing and thus appearing to abandon objectivity, my research would not be considered serious or valuable. Studying frameworks for person-centred research I found that there was space for creativity and for the researcher's values and beliefs to be central, explicit, considered and acted upon [1, 2, 15], which I will explain further in this part of the chapter.

5.4.1 Who Is the Person in Person-Centred Nursing Research?

The concept of 'person' and the recognition of the personhood of all individuals in each context is central in the person-centred perspective [1]. In order to provide person-centred care, the practitioner must also be seen by others as a person and have their personhood respected [16]. This perspective applies to the research process as well, making the researchers, the 'practitioners' in this case, a central part of their own work. In this view, the appearance of the researcher as a person in research manuscripts is a natural part of the research process. Being open and explicit about who we are as persons and what values and beliefs we bring into our research can contribute to a greater degree of transparency and trustworthiness in the research process.

5.4.2 How I Integrated Specific Values and Principles into a Person-Centred Approach in My Thesis

In the person-centred nursing framework, the domain 'prerequisites' originally focused on the attributes of practising nurses [1]. However, the attributes of demonstrating clarity of beliefs and values and knowing self can easily be transferred to the researcher role. Knowing self, for example, concerns the way nurses understand themselves and how they construct their own worlds, which will affect both their practice and engagement with people [1]. In research, self-knowledge can similarly contribute to a better understanding of the role of self in knowledge construction [17]. When operationalising these constructs in my thesis, I started with a narrative from my own life to illustrate what person-centred care means to me and to bring the reader into my world from the very beginning. Later, I gave a short resumé of my professional journey in which I reflected on events that have influenced my path. To make my values explicit, I made a list of values relevant to my role as a person-centred researcher and connected them to my research process. Under the title 'My self portrait' (see Fig. 5.2), I listed some snapshots of my life, which were

Fig. 5.2 My self portrait

inspired by the auto-ethnographic approach that guides individual experiences through artistic constructions [18]. One of them read, 'I am a 24-year-old young woman, dancing salsa on the highway in the Negev desert of Israel' [19] (p. 36). Berger [17] claims that researchers need to self-monitor the impact of beliefs, biases and personal experiences on their research. However, I believe that it is equally important to be explicit about them. By making them visible to the reader, the researcher enables the audience to consider their impact on the research itself and contributes to show how we as persons emerge in our research.

Earlier in this chapter, the expression 'good nurse' was discussed from a historical perspective. What legitimises one as a 'good nurse researcher' is also influenced by tradition and exploring new ways of doing and thinking research is a risk to that legitimation; tradition must therefore sometimes be challenged, while researchers remain critical about their practices and motivations. Implementing theoretical frameworks grounded in personal values, such as the Person-centred Nursing Framework, is a work in progress and the standards of valuable nursing research are still changing. Despite the strength of the traditional, positivist ideals in nursing science, research methodologies are evolving across diverse programs to focus on person-centred principles applied to all stakeholders [2]. As Rogers [20] has claimed, 'Science is not an impersonal something, but simply a person living subjectively another phase of himself' (p. 223).

5.5   Conclusion

In this chapter, we have shown the importance of a clear understanding of the researcher's place in doing person-centred research. The values and beliefs of the researcher should not be perceived by others as a threat but as a possibility to explore narratives in nursing through a reflexive position. We have argued the importance of historical research studies and shown that also within historical research the researcher is seen as an important contributor through his/her values and beliefs. We have further shown the importance of the ongoing development of existing frameworks. This chapter contributes to this evolutionary approach by providing examples of reflexive engagement with the development of person-centred nursing research methodologies.

Key Points
- Person-centred nursing research is possible within a wide range of research approaches: it is related to the values and ways of engaging embodied by the researcher.
- Engaging in person-centred methods with self and others involved in research enables the development of authenticity in research practice.
- Paying attention to the notions and constructs of person-centredness in nursing research facilitates authentic engagement and self-determination of the people involved and contributes, therefore, to the trustworthiness of the research.

5.6   Further Resources

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3. The UK Association for the History of Nursing http://ukahn.org/wp/
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5. Susan P. Robbins (2016) Finding Your Voice as an Academic Writer (and Writing Clearly), Journal of Social Work Education, 52:2, 133–135, https://www.tandfonline.com/doi/full/10.1080/10437797.2016.1151267?scroll=top&needAccess=true

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Methodologies for Person-Centred Nursing Research

6

Famke van Lieshout and Lorna Peelo-Kilroe

6.1 Introduction

In this chapter, we articulate what for us are the key principles that provide the foundations for methodologies in nursing research that support and inform person-centred practice. We do this through a dialogical approach in which we will demonstrate how we worked with such principles in our research processes. We provide accounts of two methodologies namely participatory action research and critical creativity, which we have used in two separate studies. We share our experiences and the realities of undertaking person-centred nursing research through these methodologies and discuss how this links to the person-centred nursing framework. However, we do not advocate these methodologies as the only ones available to researchers. Person-centred nursing research is about the potential and underlying intent that working in a person-centred way as a (co-) researcher provides, rather than any one methodology. From our dialogue, we generated a visual model that illustrates the essential conditions for person-centred nursing research.

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Learning Outcomes
1. Develop an understanding of essential principles for engaging in person-centred research. (Researcher Development Framework Domain D1)
2. Gain an insight into how these principles are translated into participatory action research and critical creativity methodologies and the challenges faced while practicing these. (Researcher Development Framework Domain B1, B2)
3. Be able to articulate the essential elements in designing a methodology for person-centred research. (Researcher Development Framework Domain A1, A2)

6.2   Principles for Person-Centred Nursing Research

The goal of person-centred nursing research should be that of exploring and supporting person-centred nursing practice at all levels of an organisation according to Dewing et al. [1]. This follows from an acknowledgement that person-centredness and also person-centred research are an agenda for personal, collective and social/political transformation. Jacobs et al. argue that relational, contextual and political perspectives need to be included in research methodologies and methods for person-centredness to become a value-led and multi-layered approach to the way research can be conducted [2].

Some research methodologies, such as participatory and transformational research, already embrace these perspectives as they value making explicit the relationship between persons, including researcher and participants, as well as valuing being attentive to what makes a person's place and understanding in the world. Both perspectives are believed to affect the processes and outcomes of research. Besides, some methodologies also fight dominating ideologies and structures that oppress certain persons in their becoming or transformation both personally and/or professionally. Person-centred perspectives could be explicitly recognised in methodologies through their underlying principles and that are articulated and lived in the research process.

Principles are fundamental beliefs that, once set out, guide and/or actuate one's agency, rather than dictate it [3]. Principles that are key to us in practicing person-centred research build on an earlier published chapter written by Jacobs et al. [2]. These principles are attentiveness and dialogue, empowerment and participation and critical reflexivity. They relate to values of mutual respect and understanding of individuality, everyone's right to autonomy and the balancing of power between all persons involved in the research. These principles contribute to a central and overarching principle of connectivity. Connectivity [2] is the co-action of participants and confluence of happenings, which leads to transformation on a personal, collective and social/political level and healthful culture. It builds on the assumption that people are in essence relational beings and that all meaning originates from coordinated (research) action [4]. As we engage with these principles in our dialogue here

and more widely, we are intentional and at the same time, we aim to provide opportunities for human flourishing. We do this by showing loving kindness to each other through balancing judgement with mercy because it is through loving kindness that we flourish. Building on Jacobs et al.'s principles, we have added the principle of loving kindness; therefore, the set of principles we work with is attentiveness and dialogue, empowerment and participation, critical reflexivity and loving kindness.

In the following dialogue between us as authors of this chapter, we share our experience of working with participatory action research (PAR) (Famke) and critical creativity (Lorna) as exemplary methodologies for person-centred nursing research. We will also make links to domains and constructs in the revised person-centred nursing framework. In particular, we connect to the prerequisite and care environment domains and the constructs of knowing self, potential for innovation and risk-taking, effective staff relationships and developed interpersonal skills. In our work, we used processes for sharing decision-making and working with persons' values and beliefs with the outcome of enabling a healthful culture.

6.3   A Narrative Dialogue About Methodologies for Person-Centred Research

Famke: *What were the important considerations you focused on when planning and designing your research?*
Lorna: The purpose of my research was to explore if it was possible to enable human flourishing among two groups of community nurses so that it would enable them to transform their practice. Human flourishing enables us to maximise our valued competencies and connect with our inner selves as well as those around us as we explore potential for a new reality for how we work and develop practice together. The most important consideration that I focused on was to engage collaboratively and inclusively with the co-researchers in planning and evaluating our research. As a facilitator/researcher I also wanted to engage holistically with the co-researchers using critical creativity to blend being critical with being creative [5]; to discover hidden meaning in how we engage together [6]. I further wanted to work with loving kindness as the way we developed our relationships to enable us to flourish as persons. What about you Famke?

Famke: My study was concerned with the development of an effective workplace culture in a clinical oncology unit, and of course, person-centred practice is a characteristic of an effective workplace culture. I also wanted to facilitate practitioners to develop their workplace and at the same time wanted to do research about that. I was aware, because of this that I should adopt a dual role as a researcher and facilitator and therefore would become an active participant in the process too. I considered emancipatory or holistic facilitation to be important as this would enable working with practitioners' values and beliefs rather than focusing on the processes and structures that they were part of. In this approach, participation by practitioners at all stages of the research was key. This was informed by substantive, normative and instrumental arguments [7]. Substantive, because experiential knowledge

enhances the validity of the study. Normative because practitioners having a right to participate, to have a voice, as it is the social world they live in or are part of. And instrumental because participation increases a successful implementation and sustainability of findings, hence, having a greater impact [8]. I found that participatory action research [9] (PAR) was seen to be an appropriate methodology for the focus and aims of the study, as it encompasses research, participative action and transformation.

Famke: *What made you decide on a critical creative methodology?*

Lorna: I explored various research designs that would fit with a participative inquiry where we were co-researchers working in a democratic way. I also wanted to use a methodology that would provide space to explore practice from a deeply felt perspective, to explore the nature of human flourishing and its meaning for us and the contexts we all worked in. Critical creativity as identified by Titchen and McCormack [6] provides a means of holistically uncovering the social, political, cultural and deeply embedded assumptions and patterns in practice. Holistic engagement means engaging with our whole selves, that is body, mind, spirit, ancient and inner wisdom in both cognitive and creative ways. The scope of this methodology was broad enough to enable us to choose a number of methods to explore what were sometimes contentious areas of practice. We could do this in person-centred ways, working with our collective and individual wisdom. By engaging creatively it liberated us from the constraints of holding back, from being afraid to be honest and therefore not being our authentic selves. Over time, we found the courage to share our thoughts and ideas honestly and openly, tapping into our creative imagination as well as our practice knowledge and wisdom. This enabled us to vision new possibilities as we challenged traditional boundaries in practice.

Lorna: *In what way does your methodology 'sound' person-centred?*

Famke: to be honest, while designing and planning my research, I didn't consider PAR to be a *person-centred* research methodology. I only became aware of that through the research process. Working on my philosophical stance as well as the shift I made in my study from an emancipatory praxis (transform) towards hermeneutic praxis (understand), as well as the critically creative reflexive dialogues I had with my supervisors, key to my system of support, contributed to the realisation that PAR has potential for person-centred research. Person-centred research to me means enabling relational connectivity by all, while striving to adhere to person-centred principles in order for research aims to be achieved and mutual growth to happen. PAR assumes to be attentive to the issues that matter to practitioners, but also to those of the researcher. The researcher adapts facilitation strategies that align with where practitioners and researchers are at, in their development and thinking. Everyone involved needs to think about their personhood, as this focus impacts on the interplay between everyone involved in the co-creation of developing practice. Hence, PAR is relational in its nature and the overall connectedness experienced affects mutual processes and outcomes of the research, such as personal, collective and social/political transformation.

Famke: *How did the underlying principles of critical creativity and thus person-centredness shape your research?*

Lorna: this was a human inquiry where I was undertaking research with others as co-researchers. Therefore, I needed to consider engaging processes from the beginning that would ensure that we co-designed the conditions for what Heron describes as mutual shared knowing [10]. From the outset, we connected with and shared our values and beliefs in order to establish a foundation for making shared connections. We focused some of our engagements on getting to know each other as persons and not just colleagues. We worked with the prerequisite in the person-centred nursing framework of 'knowing self'. This engaged people in exploring and uncovering our own view of the world, and our own values and beliefs about ourselves and our practice. This made our values and beliefs real and also helped us understand how deep-seated and influential they were when trying to transform practice. Moreover, we agreed how we would work together to mitigate against potential hierarchical dominance in the room and we balanced our inner critics through creative engagement. Our inner critic [11] can work to strengthen us if we are going in the wrong direction but can also limit our potential. Engaging with creative and cognitive processes opened up new space for us to connect with ourselves, each other and the world around us. It also helped us to vision and work towards a new reality free of the shackles of old ways of engaging and helped us balance judgement with mercy as we explored the unknown of our potential. This balance of judgment and mercy was uncovered in my PhD thesis as a way of having and demonstrating loving kindness.

Lorna: *I wonder how person-centred principles were shaped in your study Famke?*

Famke: when conducting PAR, processes are quite open and also here it is important to design the process collaboratively with (a group of) practitioners through processes of sharing decision-making and working with other's values and beliefs. I wanted them to have a say in what data needed to be collected. This needed to be done in a way that was perceived as adequate, though risk-taking too, for practitioners and them to participate in a variety of methods for data analysis. I made suggestions about possible methods that could be used such as storytelling and the use of creative arts, and I was conscious not to lead or frame what they would like to say about their workplace culture. For building relationships, and thus getting to know each other and the practice context, I participated at the start of the research in their shifts and some team meetings. Although I decided on these emancipatory facilitation strategies, no progress was made.

I personally experienced PAR to surface complexities and challenges that created unwelcome truths and instigated tensions when working collaboratively. Relationships were subject to contextual dynamics and therefore were complex and never constant. I experienced that PAR (despite its good intent) was not easy at all and the literature was sparse regarding how to facilitate person-centred relationships as a novice action researcher. This led me to decide on adapting a hermeneutic approach for critical and creative reflexivity [6, 7]; to make sense of the interplay between facilitator and contextual characteristics. Critical reflexivity is both a key principle in PAR and person-centred research. Hermeneutic research is not person-centred per se, as it does not necessarily require others to participate, and thus relational connectedness with other persons is missing [12]. However, I continued

working with others in the process of sense-making. Person-centred relationships thus did not 'stop' the moment I stepped out of PAR and engaged in a hermeneutic reflexive analysis. It became a way of being in various relationships with which I engaged.

Famke: *What about you Lorna, did you solely work within one methodology or did you also make use of other methodologies?*

Lorna: I started with using Co-operative Inquiry [13] intentionally to establish our research and our ways of working together because it is so democratic. However, it is also restrictive in that it is structured so that researchers move through inquiry stages and cycles, and this did not seem to enable sufficient freedom to explore a concept as nebulous as human flourishing. After agreeing our ways of working and setting boundaries around working in a non-hierarchal way, we decided to use critical creativity as our principle methodology which has human flourishing as an explicit outcome [5, 14]. We also used aspects of emancipatory and hermeneutic methodologies to help us connect with our various social realities in our workplaces and what Titchen et al. refer to as our pre-reflective, embodied knowing [15]. This enabled us to engage in a variety of methods, cognitive and creative, so that we could explore at a deep level of connectedness as a group.

Famke: *How were you mindful of your own boundaries in doing this kind of work?*

Lorna: working in a more holistic and creative way with each other and engaging with our inner wisdom, for example in an outdoor setting, was daunting for some in the beginning. It was important to continue to build trust within the group so that we could be free to be innovative and creative, and okay to make mistakes as we figured out a new way to connect and work together. Accepting that we all had valuable inner wisdom and insights to contribute was easily espoused but difficult to actualise in the beginning because of fear of rejection. But as we built trust and mutual respect for ourselves as individuals, this became a way of being for us all. Building trust and doing this with loving kindness meant paying attention to our vulnerabilities at the different stages of flourishing. We used creative ways to explore how we wanted to develop relationships within the group to help us flourish. We then operationalised these relationships through using loving kindness in our engagements with each other. This helped us balance our inner critics so that we could be more merciful with each other and less judgemental.

A further challenge for all of us was how colleagues and managers would view this way of working. This was an ongoing issue for most of the way through the study because co-researchers and I could see ourselves changing, and with that came greater awareness of how stifling traditional engagement structures were. This was frustrating for all of us because we did not want to return to old ways of working. The problem was that our colleagues did not have this experience and therefore continued to work in old ways. We discussed the issue of communicating in more person-centred ways within what could be considered technocratic workplaces where technical knowledge is considered more valuable than interpersonal know-how. Through dialogue, we agreed that a good starting point would be to engage

colleagues in creating a shared vision for how both services could work together and share experience and expertise. Although the logistics were challenging as the geographical area is quite large, the exercise generated interest in the work and engagement was very good. The evaluation of the research is ongoing, but so far, I can see evidence that we all learned more about our own values and beliefs and how we wanted to work in a flourishing way. We also identified what made us flourish and what person-centred engagement felt like. We learned too that it is possible to connect and involve others in many different ways creatively and cognitively. The confidence that flourishing instilled in us as individuals in the group was whole-person transformative; in shaping how we wanted to be, both in and out of work.

Lorna: *Has mutual transformation also occurred in your study?*

Famke: It was not possible to return to the same group of practitioners to continue the research; therefore, I couldn't test out my new insights in facilitating PAR. As a result I am unclear about whether any transformation did take place. However, mutual transformation with me and my supervisors was achieved by engaging in multiple critical creative reflexive activities during the research process such as reflective walking, reflexive analysis and spiralling my research journey. Person-centred facilitation enacted by my supervisors, paralleled the research process and therefore built relational connectivity and created growth to all in becoming and being a person-centred facilitator in research.

6.4 Essentials in Planning Your Methodology for Person-Centred Research

We have shared our experience of undertaking person-centred research while using two different methodologies. We clarified the conditions and principles that we think are important to consider when deciding on a methodology for person-centred research. In Fig. 6.1, which is created based on the compass model of essential conditions for facilitating participatory action research [9] we encapsulate the conditions, principles and their interplay. This might help researchers when considering, planning and informing a methodology for person-centred research.

Essential to this model is the interplay between context and the researcher and the multiple connections that arise in working collaboratively. At the centre of the model is 'loving kindness' through balancing judgement with mercy, informed by different ways of knowing, doing, being, processes of becoming and critical creative reflexivity. It is human to make judgements for lots of reasons; to keep us safe, to be prepared, to take right action. But judgement needs to be balanced with mercy so that it does not turn into what Brown (2018) describes as shaming and criticising others [16]. Mercy, in this context, is demonstrated through compassion and forgiveness for each other within an environment that can often be unforgiving when we make mistakes. Loving kindness enables relational connectivity, because it provides space to create openness, mutual understanding and respect and with that comes equity and synchronicity between people. This approach enables a form of
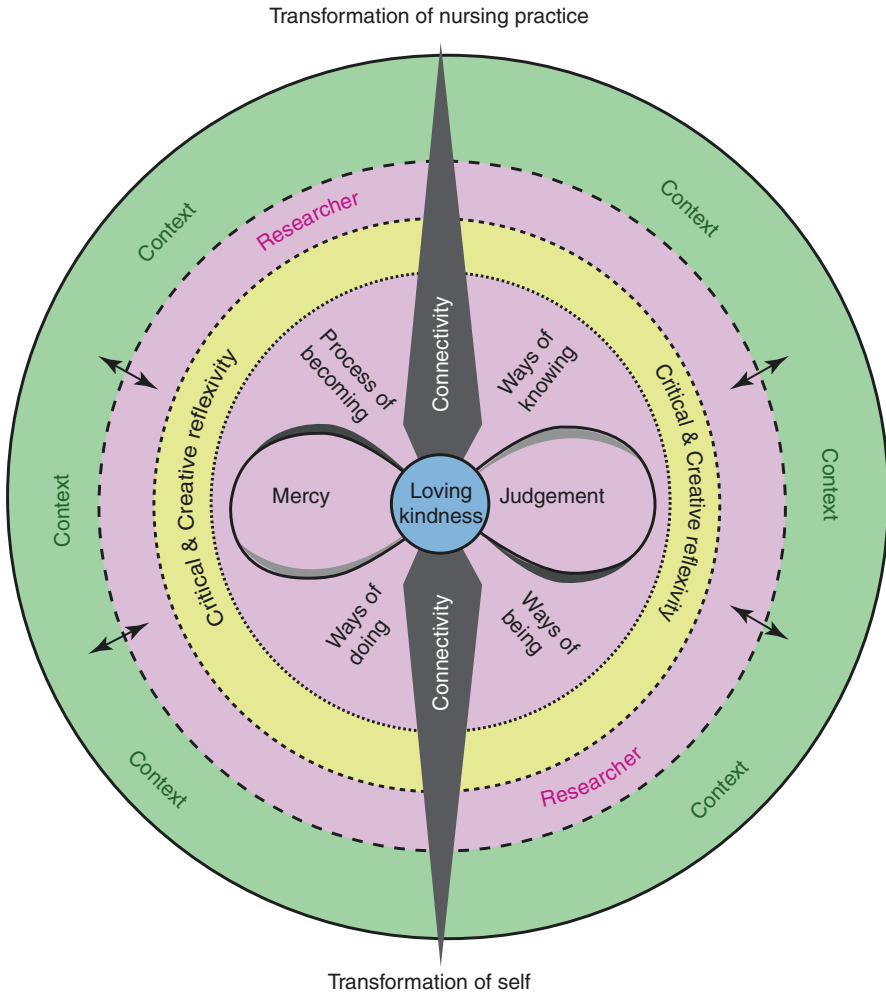
Fig. 6.1 Compass model of essential conditions for person-centred research. Adapted from Lieshout van, F. (2013). *Taking Action for Action. A study of the interplay between contextual and facilitator characteristics in developing an effective workplace culture in a Dutch hospital setting, through action research.* (PhD), University of Ulster, Belfast, UK

research that is *with* others and not *about* or *on* others; engaging with people and their values and beliefs. We open up space, so that we can transform together and enable each other to flourish both as a means of transforming practice and selves and as an end or outcome to our research. This in turn enables us to create healthful cultures with a ripple effect where person-centredness becomes embedded in our way of engaging and in our practice.

By identifying our fundamental guiding principles for person-centred research, we can choose from a variety of research methodologies. More examples of person-centred research include Hardiman's participatory action research to explore models of workplace facilitation in an acute hospital [17]. Also, Cardiff [18] used participatory action research in developing person-centred leadership with ward leaders in an acute unit for older people. And, Buckley (2017) [19] used a narrative approach in older persons' residential service to explore practice development and person-centred care incorporating older persons' experiences and perspectives. Finally, Frost [20] used a cooperative inquiry methodology focusing on the development of professional artistry in nursing (see Chap. 5).

Selecting the methodology depends on the researcher's, personal worldview and the context and culture in where the research takes place. The few examples here demonstrate the versatility of person-centred nursing research methodologies suitable to many different contexts and services. The common denominator is that they all incorporate overarching principles of person-centredness, which (for us), include being attentive in maintaining people and their voices as a primary focus, whilst also enabling deep learning and understanding about self, team and workplace contexts.

However, we hope we have made clear that there is no such thing as one person-centred methodology, rather a set of principles that could inform a methodology that enables person-centredness in the relationships and transformation to happen. Methodological success however depends on the extent to which these principles are embodied and lived by the researcher and co-researchers in practice. Relational principles are fundamental to participatory and transformative methodologies, because persons and relationships are continuously subjected to constant intra-personal, inter-personal and contextual influences. Therefore, underlying values, interests and goals are never static and there is always the potential for a clash of values, so developing strategies to enable participatory relationships requires reflexivity and skilled facilitation [3].

6.5 Conclusion

We hope that we were able to demonstrate the (re)humanising aspects inherent in any research that proposes to be person-centred. The key message about person-centred research is that it is research that is founded in person-centred values and principles. This differentiates it from research that looks at person-centredness which, as already highlighted in this book may not necessarily use person-centred approaches at all [1]. We thought we would close our chapter creatively by sharing our feelings and collective learning as we worked with our principles in writing this chapter together in the following Haiku (Fig. 6.2):

"It's in the sharing

learning and connecting that

transformation starts" (Lorna)

"Judgement and mercy

a joint balancing act in

making connections" (Famke)
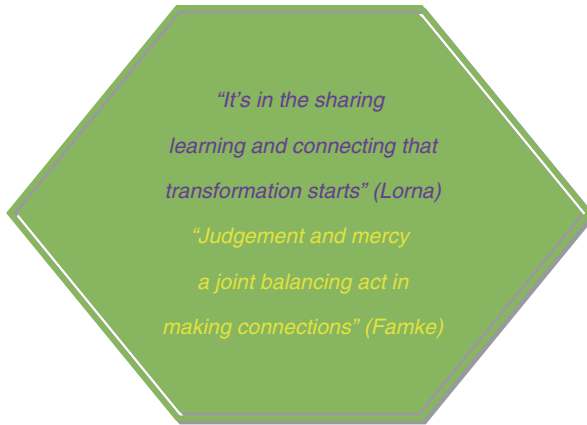
Fig. 6.2 Closing Haiku

Key Points
- Relational, contextual and political perspectives need to be included in research methodologies and methods for person-centredness to become a value-led and multi-layered approach to the way research can be conducted.
- One can show loving kindness to another person through balancing judgement with mercy, and in doing so we may achieve connectivity with self and others and this enables us to flourish.
- Planning of methodology is essential at the start of the research process; however, one needs to remain open to what will emerge in practice and that could influence changes in methodology.
- There is not 'one' person-centred methodology; rather it is a set of principles that shape a methodology or inform any existing methodology so that it enables person-centeredness both in relationships and transformation-oriented action. For example, PAR and critical creativity have potential to be methodologies for person-centred research because of their participatory and transformational intent.

6.6　　Web Resources for Person-Centred Research

Critical Creativity Blog https://www.cpcpr.org (previously criticalcreativity.org/) Accessed 05/08/2020

Centre for Person-centred Practice Research www.cpcpr.org Accessed 05/08/2020

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Knowing How to Act: Person-Centred Research Methods

7

Michele Hardiman, Rosie Kelly, and Maja Klancnik Gruden

7.1 Introduction

Researchers and participants are both actors within most person-centred research studies and their experiences will inform and influence the research that is undertaken. Deciding on methodological principles is only the first step in knowing how to act and using methods to gather 'data' to answer the research questions. Knowing self/me and being authentic through reflexivity and understanding how to work collaboratively with participants ensures the researcher remains true to methodological principles. In turn, they provide clarity around the research question and inform the 'data' collection methods. Healthcare research takes place in multiple settings, so person-centred researchers must seek to understand the specific context and the culture in which their research is taking place. This chapter focuses on the experience of Michele, Rosie and Maja, three novice researchers, to understand their own worldview and context to enable us to act with others, as person-centred researchers.

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Learning Outcomes

1. Appreciate the need for researchers to understand self, participants and context in person-centred research as part of knowing how to act (Researcher Development Framework A1, D1).
2. Explore the vulnerabilities of person-centred researchers (Researcher Development Framework B1, B2).
3. Share strategies and supports for researchers (Researcher Development Framework C1, C2).

As authors in the previous chapters have shown, our individual ways of knowing influence the philosophically grounded paradigms we embrace, including the research methodology or methodological principles we employ as person-centred researchers. To understand and reflect on others, we must recognise what influences our own habitual ways of knowing and doing. The authors of this chapter came together, at different stages of PhD research, to share experiences as nurse researchers of our embodied ways of knowing how to be and do, in our research methods.

Each of us positions ourselves at different points in our development as researchers. Knowing how to be and do is drawn from many sources, for example from our ontological principles and methodological principles and our different experiences in life and our studies. Both Michele and Rosie had completed their research and Maja was at the early stages of exploring how to plan and develop person-centred research. Importantly, our combined sharing was underpinned by participative and as far as possible, democratic processes. From our process, we came to focus on two aspects we argue are core to developing and embodying person-centred research methods. We share here our personal and collective reflections to illuminate narratives of vulnerability and uncertainty in knowing how to act in person-centred research.

7.2 Methodological Principles

Being a person-centred researcher demands of us an understanding of theoretical knowledge, and familiarity with the constructs of the McCormack and McCance theory of person-centredness in nursing [1]. In addition, researchers must psychologically 'dig deep' to get to the core of their research topic. Central to this is about being present or having a sympathetic presence with the theory, the methodological principles and methods and of course with other persons and ourselves. Person-centred ways of working cannot be separated from ways of being with ourselves, or with others [1] (p. 16). It is our own vulnerability, (positioned as a strength) that enables this to emerge.

Principles can guide us as researchers on how to work with participants and co-researchers to answer the research questions. However, the use of principles alone may not provide the researcher with all they need to overcome the intrinsic and

extrinsic challenges of working with participants and the contexts encountered as person-centred researchers. Each of us found in different ways, the experience of living our methodological principles required us to be flexible particularly in relation to our engagement with others in the research sites.

The principle of learning *about* people *from* people [2] informed Rosie's choice of ethnography for her study. This social research approach enables the study of participants' daily lives in a specific single-room, inpatient context. Engaging participatively through observation, hearing the participants' stories and practicing reflexivity to identify her role within the social construct being explored, enhanced Rosie's personal enlightenment and some sense of emancipation. Similarly, Michele's principles of (1) communicative competence, a theory that emphasises widespread participation, sharing and consensus rather than employing the use of power [3] and (2) revealing false consciousness, revealing what has been previously hidden [4] shaped her facilitation approach to working with clinical nursing leaders as co-researchers. Michele found she had to be creative in how she translated these principles into practice. Consciously engaging in dialogue with a view to being understood rather than being heard she used creativity and ultimately developed two new facilitation models to make it easier for others to understand and live the principles of the research. Maja has not yet started the process however, through dialogue, as part of writing this chapter had thought further about her preparation for working within her methodological principles and responding to the needs of both the context and the participants. We can all agree that knowing ourselves and our vulnerabilities, the context, and knowing and working with the participants, grounded our research methods. By keeping the focus on learning and being responsive to the needs of others within the research site, we were able to both challenge and support our being to be creative in finding solutions while maintaining and staying true to methodological principles.

7.3   Knowing Ourselves

As nurses wishing to be relevant in our research practice, we commence with personal reflection and acknowledgment about 'what matters to me?' [5] Reflection, done well, challenges us to be honest in considering our feelings and thoughts, illuminating ways of thinking we had not previously been aware of. We all agree that this can be challenging and as a result, many researchers engage at a descriptive level. Indeed, we noted we all began our person-centred PhD studies thinking that knowing self/me was relatively straightforward. After all, we knew what our core beliefs and values were; we had used reflection in our practice to understand and improve our actions, and we knew how to engage and work in a participative way— didn't we? The reality is that, in our research, we have all experienced turmoil and a sense of vulnerability and uncertainty we had not expected. We now know that knowing who I am and what matters to me is complex and multi-layered, and is a progressive journey, where, as we work with others in our role as researchers, we learn more about ourselves as persons. While we had all adopted the methodological

principle of learning from other persons through our participatory engagement methods, it became clear to all of us, that embodying this as intentional action within our methods was much more challenging than we had expected. We had not anticipated the gatekeepers' and participants' hesitancy towards engagement with us and with our need for critical examination of the context and its culture. While we did not expect others to be as immersed in the research as we were, it was at times, disheartening to be faced with (in some cases), a lack of interest or enthusiasm for the research we were fully engaged in doing. The time and effort needed to engage with everyone's material for our studies, to prepare them for the work ahead, provided us with significant learning about our vulnerability and how we managed these challenges; but also enriched our feeling and thinking about our studies and the meaning of true engagement and participation. Here, Rosie articulates a sense of anxiety in an entry from one of her reflective journals:

I could picture myself as a nervous, excited and very naive researcher. One of the early reminders I wrote for myself read: I*mportant to remember that everyone has a unique lens and we need to look and listen to pick it up. Perception-thinking-feeling-behaviour can happen in seconds. Our own lens will always feel like the true lens*.

Michele also shares her experience and frustration about the reactions of others:

Although I had spent several years developing my philosophical and theoretical knowledge, I had moments of self-doubt, as I knew that the concepts of person-centredness and the passion I felt about it were not always understood or shared among my colleagues. I could identify that they were in a state of false consciousness, believing that they understood. I prepared myself personally, to courageously engage in critical dialogue with stakeholders. Although they engaged in polite conversation, I could feel a sense of disinterest, and indeed, a sense of disappointment from some senior managers about my approach. Although never verbalised, I sensed frustration as I did not take the 'expected' approach. As a facilitator, I understood that the process of cultural development was slow. The following is a reflective poem written in my reflective diary, which demonstrates the sense of vulnerability I felt personally at that stage of the research:
        Prostrating at the foot of the righteous,
        Offering myself, yet unsure of the offer,
        Humbled confidence and hidden insecurities,
        I felt the fear and continued.

The effect of others on our personhood, reminds us of Kitwood's view on personhood as a status or standing bestowed by others, which implies recognition and respect [6]. We strive as person-centred researchers, to be understood for our intention and doing. As we increase our knowledge of who we are, we are better placed to understand and know others, and importantly, to recognise and identify potential methods which will address our research questions. Making the case for participative research can draw the researcher into a 'political soup' of remaining true to values while sensitively approaching the context or field at a pace acceptable to those in the research environment [7]. This resonated with both Michele and Rosie, who found they had to be responsive and be politically aware of the expectations of others, acknowledging feelings of vulnerability while remaining true to our principles.

Starting a reflective journal at the beginning of the PhD journey is a good way of beginning to understand self and the world around us, as we move through the phases of the study [8]. Maja, at the starting point in designing her methodology and engaging with others to explore the value of her research plan reflects:

> *I as a researcher am experiencing moments of self-doubt when explaining theory to my colleagues and managers – decision-makers. They rarely take time to understand the concept as a whole; usually they have an idea of the concept in their head and don't feel the need to get the real picture of it or they expect the concept can be explained in few moments.*

As a person, a nurse, and now as a researcher, we found we had to repeatedly reflect on our own sense of being and what it means in the context of the people around us, and the environments we found ourselves in. We can all identify feelings of being bodily uncomfortable when offering ourselves as facilitators of person-centredness, with emotions and feelings of self-doubt and risk. Hardiman and Dewing [9] stress the importance of personal intrinsic courage to enable a researcher to facilitate person-centred research. van Leishout [7] epitomises the need for personal re-balance and synchronicity in person-centred research when she found that process difficulties resulted in personal negative effects on her as a researcher. However, van Leishout found that critical self-reflection ultimately added rich data to her research and enhanced her outcomes [7]. Becoming an emancipated researcher means living with this vulnerability and uncertainty and learning from it with other doctoral colleagues as they face similar challenges. Joining a group in the university or a community of practice enhances the research experience by facilitating shared learning and support during the process.

7.4 Knowing and Working with Participants

All three of us identified with the challenges of taking on new roles as researchers as this meant doing things differently. While we were all experienced nurses working in clinical practice, we found ourselves starting as novices in the field of person-centred research. It is well established that person-centred processes are required for meaningful engagement in person-centred care [1, 5]. These processes can also provide a pathway for nurses as person-centred researchers. Working with the person, in this case, participants and co-researchers, to facilitate an understanding of who they are and what their practice is about, requires multiple, interrelated, purposeful intent and actions. A philosophically based understanding about democracy can inform the participatory elements of the study.

Working with participants collaboratively to build knowledge and understand situations through research increases human well-being [10]. Further, to be a democratic person-centred researcher, we must focus on what is important to participants, while recognising our own research priorities and our personal and professional vulnerabilities. Michele found this vulnerability greatly affected her research methods and what she needed to do. Living with the uncertainty of

knowing what to do (or should be doing)—but not to do the wrong thing or to do too much, so that you avoid coming across as 'controlling' or non-participative. She shares part of a story on a personal challenge involving participants, who were senior nursing leaders and did not have the time to spend engaging in facilitative sessions initially agreed as part of the research:

> *In the beginning I was, by necessity, leading the discussion, helping participants to understand the process and what was likely to happen, and establishing mutuality. Mutuality is described by Titchen [11] (p. 82) as embodied working together, building on the participants' starting point and using existing knowledge and experience to gain understanding. I openly shared my anxiety, and worked hard on modelling a facilitator's role. On reflection, this initial 'engagement' was too 'wooden', and less than the authentic presence I wished to present. Participants were keen to assist me as a colleague, and did not fully understand the role of a co-researcher within a PAR (Participatory Action Research) study. Indeed, I conclude, most participants are unaware of the depth and level of involvement required at the beginning of the research process. Early in the process, we were challenged in maintaining the protected discussion time we enjoyed in the beginning. To stay true to the principles of democratic processes and person-centred working, I, as the lead researcher, had to come up with ways to work with the participants that fitted with what they wanted or could achieve. We discussed some possible remedies, and together we came up with a solution (initially to try out), which we later referred to as FoR (Facilitation on the Run). This involved short, but frequent critical dialogues using several strategies designed to be used within the research context and enabled me to continue to collect data.*

7.5 Knowing the Context

A crucial part of any person-centred research method is preparing to enter the context or field. Understanding the context of the care environment [1], for researchers means considering the relationships within the environment; working within organisational systems; considering the potential for risk-taking with the research (particularly if undertaking action oriented work such as PAR) and sharing power with persons who act as gatekeepers and those who might be participants. Michele describes how she was influenced by her growing knowledge of the research site:

> *As I grew into knowing more about my new organisation and its' workplaces, and their sub or idio-cultures, I further developed my own understanding of the nature of facilitation itself [12]. I was more and more drawn to the belief that my organisation needed to gain enlightenment from within to be sustainable. Having decided to base participatory research in the hospital, it was vital that I gained a deep appreciation of the current culture. Understanding the culture was necessary to enable me, as the researcher, to examine the degree of person-centredness already evident within the workplace, and to assess and prepare for any barriers that would impact on the study. Choosing the appropriate method to understand the culture in itself posed some challenges. To be true to the philosophical and methodological principles underpinning the study, I needed to find a method that was inclusive and supportive. In PD, there are several recommended methods for carrying out a baseline culture assessment including values and beliefs clarification: use of tools such as the Workplace Culture Critical Analysis Tool (WCCAT) and the Context Assessment Index (CAI). The use of these tools was considered and discussed with stakeholders (Director of Nursing and other colleagues), and it was agreed at that*

time, that the context was in such a state of flux, the use of such assessment tools could be perceived as examining performance and might be misunderstood and treated with suspicion.

Vulnerability applies equally to participants in their context and culture. Whether the researcher is inside the organisation or coming in from the outside, the researcher is framing knowledge about the organisation; how it works; the systems and processes and the espoused values and beliefs [13]. Later in this book, the editors argue that fundamentally person-centred researchers need to grasp the degree to which an organisation and/or a specific context within it, is ready for the kind of research being proposed. There are various tools that can be used in methods that are seeking to assess or evaluate workplace culture (see https://www.cpcpr.org/resources). Both Rosie and Michele describe themselves as both an insider and an outsider. Knowing the context on one level (as a nurse) and observing the context from a different angle as a researcher.

> *Rosie "As a previous insider in the organisation, I was able to frame my knowledge of how it worked; the systems and processes; the espoused values and beliefs. As an outsider now (researcher), I was conscious that I had not worked in the areas I would now be studying, and I would be exploring the experience of a new physical environment, so in a sense both myself and the participants were outsiders."*
>
> *Michele "As an insider action researcher, I was studying and exploring my own working environment from inside the culture. I wanted my research to be different and to be living and evolving as I and participants grew through our facilitative relationships. I also saw that as a researcher I needed to have a critical evaluation of my own point of view and how my world view was embedded within my actions and my writing. The core principle of any research is to develop new knowledge to answer the research questions. However, the responsibility of an action researcher needs also to be sensitive to the readiness of the environment to be ready to receive any new understanding. Action researchers in particular can be stymied or undermined by the organisation if the organisation feels threatened by unfolding change. As a researcher I had to develop new methods to deal with those unfolding challenges as they arose."*

We do not intend setting out a list of methods that person-centred researchers use or do. There is as far as we know, no such list. We can say that probably all research methods can be enhanced to become person-centred or become more person-centred. For example, Rosie needed to work out what to do in her research methods, in a study about person-centred care in acute settings, when she found most of the patients she needed to include in an observation method were all in single occupancy rooms.

> *It can present challenges to be in a new physical environment, where there is little or no previous organisational knowledge. I was conscious of this when I initially approached staff to participate in the study. Not only would I be learning about their lived reality in the new physical environment, but I would also be witness to the cultural and contextual challenges they might face as a result. I was aware that this might cause the staff anxiety and I might be regarded with suspicion, so I spent considerable time preparing to enter the site.*

Often person-centred researchers adopt several philosophical [14] and methodological principles such as shared decision-making, open dialogue and reflexivity. At the same, the way in which these principles manifest into methods can make person-centred research stand out as different or unusual. Discussion and negotiation of compromise-based agreement can go a long way to create a pathway for person-centred research methods to be accepted. For example, Michele found her organisation was not yet ready to participate in using in-depth observational tools such as the Workplace Critical Cultural Analysis Tool (WCCAT) [15]. This tool is intended for use as part of critically oriented action planning to develop more person-centred cultures within a team. Instead, Michele evaluated the context using The Five Attributes of a Workplace Culture [16]. In contrast, Rosie, due to the organisational context, used the WCCAT during her study purely as a data collection tool.

Sharing imperfections with our research methods was useful for learning and for recognising that we all shared imperfections. As three researchers at different stages in our research, we also went on to share our narratives of the support strategies we drew on to overcome the challenge. Maja reflected on what she has heard us talking about and how she will now take this with her into her research. Her research plan had not yet been finalised, yet the new experiences made her reconsider it once more or indeed, prepared her to reconsider it many more times. Developing a research plan that is congruent with ontology, as well as with the methodological principles she adopts, Maja said:

> *As a person-centred researcher I should use and value critical reflection in all phases of the research process, because it gives me the ability to look beneath the surface to see what may influence the situation, resulting in critical depth to understanding* [16]. *The first thought that touched me was about myself, my personal believes and values. Am I aware of them? Are they clear to me? Are they congruent with the approach and methods in my research plan? These sorts of questions emerge all the time as I reflect. I can identify my own feelings of anxiety and self-doubt even in this early stage. Michele's and Rosie's reflections have calmed me a little and reassured me that feelings of anxiety are natural and part of the person-centred research process.*

From our discussions about person-centred principles, Maja summarises what she came to see as important for her methods:

- participation, empowerment and emancipation of the researcher
- constant development of the researcher and the participants
- equality of the researcher and the participant
- an awareness of position, raises consciousness of researcher power
- appreciation of the vulnerability of the researcher, participants and context.

Through the discussion, she has become more aware of the dual vulnerability of the researcher and the participants and proposed a third vulnerability—for the organisation:

> *We talked a lot about vulnerability of all the participants in the research process. The vulnerability of participants was clear to me, though they have less knowledge and*

awareness about the research subject and the potential threats. However, this is why ethical committees should approve research plan in advance. But how is the researcher vulnerable as s/he is in the position of power? I can now reflect that being a democratic and person-centred researcher requires me to be aware of my own priorities and values while also recognising the priorities of the participants. Entering into the research field as an outsider (someone that is not part of the context) I face uncertainty because I am facing the unknown. Being a person-centred researcher means being participative with every person who becomes involved in the process; may develop a mutual relationship, or it may never develop sufficiently to add value to my study. The uncertainty of the researcher was clearly described by van Leishout in her research where she offers strong advice on approaching the field [7]. The third vulnerability is that of the organisation as a legal entity which is linked to the fear of what the research will reveal. All three vulnerabilities should be considered when starting person-centred research taking time at the early stages to make the later stages easier.

7.6   Conclusion

This chapter has focused on how person-centred researchers evolve their ways of doing and being in their research methods. In the beginning, we must come to know who we are at a deeper level to work in participatory, person-centred ways. Our individual methodologies or methodological principles are different, yet we share common personal experiences about our doing of person-centred research methods. We have shared some of our experiences as a way of helping readers to understand and consider, some of the expected and unexpected feelings we shared as person-centred researchers; especially regarding being vulnerable and operating in uncertainty. Understanding the theory and principles of person-centredness represents only one part of the research process. We collectively agree that reflection and reflexivity enhance the experience for the researcher to know how to be and to act, in making what otherwise would be standardised methods, more person-centred.

> **Key Points**
> - There is no set list of person-centred research methods.
> - Recognising our own vulnerability can enhance the creation and use of person-centred research methods and processes.
> - Understanding ourselves, the context and participants/co-researchers needs continuous focused attention prior to and during the research. Yet appreciating that certainty with any of this is not possible.

7.7   Resources

https://www.pcrfoundation.org
  https://www.health.org.uk/publications/person-centred-care-made-simple.pdf
  Https://www.nationalvoices.org.uk/person-centred_care_in_2017_-_national_voices.pdf

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Knowing, Being and Becoming in Person-Centred Research

8

Betty Ann Robinson, Brighide Lynch, and Jill Murphy

8.1   Introduction

At first glance knowing, being and becoming appear to be three separate entities. However, we position them as three inseparable concepts within the one process of transformation that occurs within person-centred research. Dall'Alba and Barnacle [1] describe this inseparability as an ontological–epistemological interdependence stating, 'knowing, or how we understand the world, thus arises on the cusp between the history of being . . . and the possibilities of being that are opened up in our everyday practices, projects and activities' (p. 682). Epistemology is oftentimes privileged over ontology. In our research, we intentionally take an ontological turn and focus on our ways of being. This ontological orientation invites everyone involved in the research to engage in their own knowing, being and becoming.

As co-authors, we capture our individual person-centred action-orientated research experiences through three vignettes as we consider one core question: *How do I facilitate others in being and becoming more person-centred in their ways of working and, simultaneously, continue to grow in my own practice?* We have framed this chapter and our knowing, being and becoming using the cherry blossom tree as 'symbolic reframing' [2] where we make connections about our experience with something in the natural environment (Fig. 8.1). In Japanese culture, cherry blossoms represent renewal and the precious, fleeting nature of life. Cherry blossoms

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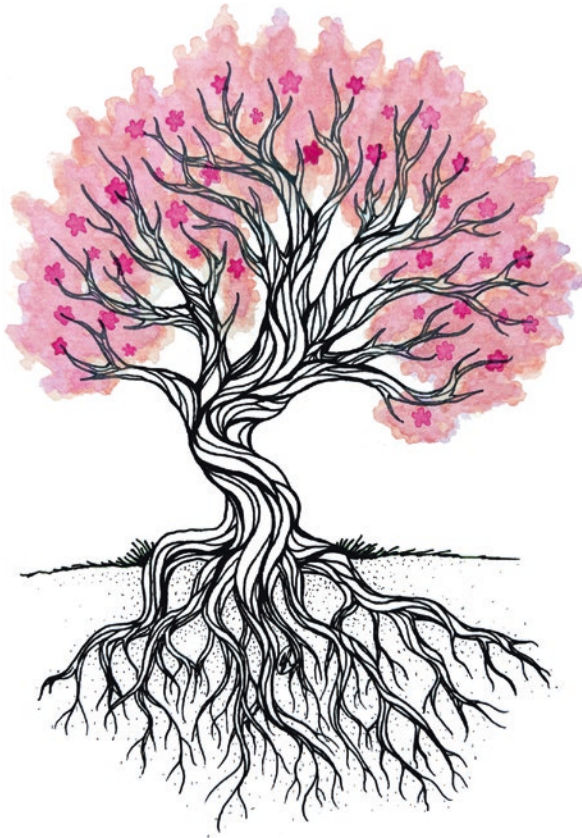
Fig. 8.1 The cherry blossom tree

come to life through the actions occurring in the roots, the trunk and the branches of the tree. The parts of the tree are a means and an end to the growth of the tree and the blossoming of the flowers. Our knowing, being and becoming share a similar inter-dependence and synergy, enabling growth, transformation and flourishing as we experience the world around us through person-centred action-orientated research.

> **In full bloom…**
> Knowing, being and becoming
> Symbolised by the cherry blossom tree
> Coalesce and interact together
> Nourished by the roots of authenticity
> The relational connectedness of the branches
> With the cherry blossoms on the tree
> Symbolise the researcher-participant relationship
> Which is one of equality

In which the personhood of participant and researcher
Is acknowledged in totality
© *Brighide Lynch*

Learning Outcomes
- Be able to understand and articulate multiple ways of knowing, being and becoming within the cyclical and reflexive principles of person-centred action-orientated research (Researcher Development Framework Domain A1).
- Critically analyse the principles of person-centredness in relation to person-centred action-orientated research and their application in developing relational connectedness with others in the research process (Researcher Development Framework Domain A2, Domain D1).
- Explore and discuss how the underpinning philosophical perspectives of person-centred action-orientated research provide the researcher with guidance in knowing and understanding self and others, and in sharing power (Researcher Development Framework Domain B1, Domain B2).

8.2 Connecting Knowing, Being and Becoming to the Person-Centred Nursing Framework

We suggest that knowing, being and becoming as a nurse researcher connects with the 'Nursing Prerequisites' construct in the Person-centred Nursing Framework (see Chap. 2) in the same way as it would for any other nurse.

8.3 Growing Season: *Betty Ann*

Research Summary: The study I am involved in examines how hospital-based educators become transformational learning facilitators. Using an action-orientated research approach enables us as co-investigators to co-create our conditions to develop ourselves and explore how we integrate a transformational learning approach into our everyday work. Over 18 months, guided by collaboration, inclusiveness and participation, educators creatively explore transformational practice development and our own transformation towards a person-centred way of being. As we learn in and from practice, we shift from the expert role to being facilitators of learning whereby we engage more authentically with staff and together, experience human flourishing that optimises practice.

My experience with knowing, being and becoming begins with the person-centred practice framework's prerequisites [3]; specifically, knowing self and clarity of beliefs and values. Specific experiences in my life, for instance being a mother and a volunteer, helped me identify what matters to me. From this, I came to know my research would be guided by three core values: persons, relationships and developing capacity in me and others. These are the roots of my cherry blossom tree (see diagram above); they ground me and direct my being as an action-orientated researcher. Like the roots of this tree, knowing self, through my beliefs and values, is foundational to knowing how to authentically engage with my co-investigators as we conduct our research.

The trunk of the cherry blossom tree emerges from the roots. My values are demonstrated through the transformational practice development principle of being collaborative, inclusive and participatory (CIP) [4]. Like the trunk of the tree, as a methodological principle, the CIP principle provides structure to the research methodology. With the CIP principle guiding us in this study, rather than assuming a researcher–participant relationship, everyone involved in the research is a co-investigator. Engaging in active learning, each person has autonomy regarding how they engage in research activities and is responsible for their own learning and transformation through knowing, doing and being, and ultimately their becoming. When CIP tensions emerge, Scharmer's 'letting go to let come' [5] invites us to intentionally move to deeper ways of listening and attending in being collaborative, inclusive and participatory. In doing so, knowing and being entwine with becoming, like sap flowing through a tree, as we 'act from our highest future possibility' [5].

Trede and Titchen describe transformational practice development as taking 'an action approach to research and a research approach to practice' [6] (p. 2). In this study, we focus on developing evidence from practice for use in practice. This depiction of action-orientated research is the canopy of blossoms atop the cherry blossom tree. Developing a praxis of 'intentional action or mindful doing with the moral intent of human flourishing' [7] (p. 534) is at the core of the cyclical and reflexive processes of action-orientated research and provides an answer to the core question: *How do I facilitate the person-centred practice experience of others within this research, and at the same time, optimize my own practice?* Reflexivity, through praxis, focuses our attention on the core values and principles of the study, directing our actions. With 'being in relation' a core aspect of person-centredness [3], reflexivity is fundamental. We engage in reflexivity by using a Relational Inquiry approach [8] as we consider what is going on inside of people, between people and around people. While supporting reflexivity, this opens a space for known and unknown values, beliefs, assumptions and habits of practice to emerge. Through *conscientização* (consciousness raising) [9], we recognise practices and habits that are not aligned with our values and identify ways we can become more person-centred and transformational in our ways of being. These transformations, this becoming, derived from our knowing, our doing and our being as the research unfolds, are described by Titchen and McCormack as a means and an end of our own flourishing [6]. Like the many cherry blossoms in the tree, the human flourishing

that occurs as we focus on persons, relationships and developing capacity in self and others blossoms through our knowing, being and becoming in action-orientated research.

8.4   The Nourishing Root: *Brighide*

Research Summary: The aim of the action-orientated study that I undertook was to use the Person-centred Situational Leadership Framework [10], in residential care as the foundation for developing and facilitating a leadership intervention programme for six leaders. Starting the journey, the six leaders identified that what they needed from me was support to enable them to discover and embody new ways of knowing so that they could lead to consistent and effective person-centred practice.

The greatest influence that guided me to remain person-centred and facilitative throughout the research came from my knowing and doing with the principle of authenticity. Like the root of the cherry blossom tree, for me, this root principle of person-centredness draws the nourishment that is required for 'being-in-the-world'.

For Lonergan, the question of the truth of human existence is the question of authenticity. Crucial to this lifelong commitment of being authentic are the precepts of 'being attentive, intelligent, reasonable, responsible and loving' [11] (p. 14). I will now expand on each of these.

As the researcher, being attentive helped me to be aware of my feelings in various situations. I could therefore pay attention to the feelings-based judgements I was making about people and situations. Fundamental to this whole process was the relational concept of agency [12]. Here, the focus was guided away from me, as the researcher, towards the participants in recognition of their personhood and the value of their agency in the research process. By perceiving and being with each of the participants as an agent like myself (i.e. an agent with the intention of transforming the culture of the nursing home into one that is more person-centred), I gained a deeper understanding of the participants' insights and behaviour through a deeper understanding of my own.

Being intelligent meant I had a constant passion to 'know' and become self-affirmed through the research process. 'This "becoming" encapsulates a host of actions such as "sensing, perceiving, imaging, inquiring, understanding, formulating, reflecting [and] grasping"' [13] (p. 343). It underpinned the detail of the action in the action cycles and supported the participants in their 'becoming' during the planning, acting, observing and reflecting aspects of the study. As I

worked with and facilitated the participants, they in turn, modified their leadership style to align it with the developmental level of the individual practitioners in their team.

Being reasonable meant that I needed to be consistent in my knowing and doing. In order to 'be reasonable' I underwent a process of reflective reasoning, capturing these reflections in my reflective journal so that I could consider the consequences of my actions. This helped me to make fair and sensible judgements about similar future situations in terms of what action may work, and what action may not. The principle of reflexivity became evident as I looked back at how I had described an experience and my feelings about that experience. I questioned and explored assumptions I made in order to recognise any ambivalence that may have arisen between my narrative of my feelings about the experience and what I truly believed to be the reality of that experience.

Being responsible unfolded through the critical and reflective conversations I had with the participants, which helped them develop their knowledge of self, and their being and becoming as leaders. Together, we co-produced practical and transformational knowledge that contributed to the nurturing and development of the individual team members, their person-centred practice and the quality of the residents' experience in the nursing home.

Commitment to being loving meant that throughout the research process, I had a deep and lasting respect for the participants, and I was open to learn from them. I was constantly aware of their values and beliefs and appreciated where they saw themselves in the existing situation.

At the outset of the project, I was unaware that some of my judgements were not in line with the principles of authenticity or agency. For example, when planning a workshop with the six leaders on the principles of observing practice, I had already made a decision about where I thought the observations of practice should take place and what the focus of those observations should be. My intention was to make my suggestions to the leaders at the end of the workshop—I had not considered consulting with them. During the course of the workshop, as the leaders became more familiar with the concept of observations of practice, they identified three main areas that they felt resonated more with a task-oriented ethos of care than a person-centred approach and suggested these areas should be the focus of the observations. I realised at that point that I would not have been honouring the relationship between us by offering my suggestions. I therefore needed to show them that I recognised their knowledge and experience and that I valued their agency in the research process. Whitehead describes how '*living theories*' [14] (p. 87) can contain a contradiction in terms of the values one espouses to be committed to but which are denied in their practice. Reflexivity became the key in helping me to see a true picture of myself and get an understanding of my own performance. Reflexivity helped me to develop an awareness of how, moment-by-moment, my knowledge, my style of facilitation and my role can have a significant effect on the participants.

8.5   Bloom Where You Are Planted: *Jill*

Research Summary: In order to understand the concept of dignity and as a basis for understanding the culture in an older adult residential setting, my aim was to develop a shared understanding of dignity with residents, care and nursing staff through the lens of Appreciative Inquiry.

Like the cherry tree requiring soil to grow, Appreciative Inquiry lies within the soil of social constructionism which recognises that the construction of knowledge emerges through the interaction of human beings and their world [15]. The constructionist practice of inclusivity, collaborative learning and deep personal reflection through meaningful conversations is used to make sense of what is happening enables people to increase their understanding of self. It also helps me to understand why others may have different understandings of situations. This is similar to the premise of person-centredness and the significance of person–person relationships in getting to know a person not only to understand their point of view but also to provide the best conditions so they can empower themselves to feel aligned to their own values and beliefs [3]. I adopted a person-centred approach through the creation of a space to enable participants to feel safe enabling them to speak their thoughts and feelings [16], and to facilitate meaningful conversations. Meaningful conversations can be accomplished by having an open viewpoint, asking generative questions and appreciating and listening meaningfully to each person's view, for participants to co-create and share their values and beliefs of dignity. This can change the power dynamics in a relationship, enabling participants to become conscious of and understand the relevance of what surrounds them and challenge and reshape the world they live in [17].

Initially, as a novice researcher, at times, it was difficult finding my voice to articulate the person-centred approach. It was here that the process of reflexivity and the prerequisite within the person-centred practice framework of clarification of beliefs and values [3] helped me to connect to my inner knowing and find my voice and self-identity of working authentically as an appreciative and person-centred inquirer. Clarification of beliefs and values assisted me to facilitate caring conversations by asking curious questions; listening sensitively to hear people's stories and to anticipate their concerns, needs and requirements. Shifting conversations by using appreciative inquiry-based conversations by looking at what works well rather than problems, the group collectively and gradually took ownership. I found this enabled the appreciative inquiry journey of a community of participants in a residential setting for older persons to share their understanding of dignity and promote an environment that flourishes and values dignity in practice. I

used a 4D model of Appreciative Inquiry with 'best of what is' (Discovery); 'what might be' (Dream); 'what could be' (Design) and 'what can be' (Destiny) phases [18]. This enthused meaningful engagement and stimulated positive actions promoting dignified practices in the residential setting community. For example, knowing and understanding the fears a person has of losing their identity when they move into a residential setting is recognised as a core dimension of care and fundamental to enhancing a person's dignity. Dignity knowledge is staying alert to threats to a person's self-esteem and knowing when a person is in distress. Using a tailored approach of focusing on people's strengths and involving a person in choices about their care with a freedom to express oneself decreases a person's fear of losing their identity. Identity of self can be affirmed, lost or stripped away due to medical conditions and illness. Recognising and accepting the ways of a person is at the core of people's identity and dignity. Returning to the cherry tree, I propose that for the tree to bloom, its roots must anchor the tree to the ground and transport nutrients and water to the tree. Appreciative Inquiry has five principles (Fig. 8.2) that are embedded in the soil of social constructionism and interactions to nourish and help it grow from theory to practice [19].

Integrating appreciative inquiry principles as I interpreted them, helped me, as a person-centred facilitator, work with participants to embrace their positive experiences of dignity thereby increasing our sense of knowing, being and becoming within their residential setting community, transitioning from a 'problem-centric' to a 'possibility-centric' organisation flourishing in dignity. Possibility-centric is the ends and the means to a flourishing care environment [19]. Authenticity occurs when one is true to one's beliefs and values. Just as the soil, roots and trunk give life and support the flowering of the cherry blossom tree, the process of appreciative inquiry and person-centredness blooms.

Contructionist principle: our worlds are created through language & conversation and human & organizational vision combined with social knowledge enables change

Simultaneity principle: seeds of change are rooted in what people talk about and question

Positive principle: focuses on valuing meaningful experience and what we anticipate can happen for sustainability

Anticipatory principle: focuses on the thoughts we hold and how they influence our thoughts and action

Poetic principle: encourages reconsideration authored by all involved so that we do not become complacent

Fig. 8.2 Principles of appreciative inquiry [19]

8.6   Conclusion

The intention of this chapter has been to share, through our three individual vignettes, how person-centred action-orientated research enables personal transformation through knowing, being and becoming. It is our belief that this approach facilitates the knowing, being and becoming of person-centredness to take root and blossom. It is both a means and an end to knowing self and experiencing individual and cultural transformation. Over time, human flourishing is enabled as the conditions for action and transformation are co-created. When beginning person-centred action-orientated research, it may be challenging to know how deep the roots may run; how fertile the soil may be or how wide the blossom canopy may spread—yet one thing is certain: we have experienced our own knowing, being and becoming and, as we look back, we understand 'the path is made by walking' [20]. We hope that you will get a time and space to have a similar experience.

> **Key Points**
> - There is no single methodological approach to person-centred action-orientated research. Just like the branches and flowers on a cherry blossom tree, we all grow in different directions and yet our roots remain as one, grounded in the core underpinnings and philosophy of person-centredness.
> - Engaging with cyclical and reflective principles is critical to understanding and articulating multiple ways of knowing, doing, being and becoming within person-centred action-orientated research.
> - Effective person-centred action-orientated methodologies are drawn from philosophical concepts such as authenticity and reflexivity, and translated into methodological principles such as being collaborative, inclusive and participatory.

8.7   Web-Based Resources

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- Machado, A. Proverbs and songs XXIX (Wanderer, You Make Your Own Road) [20]. Available at https://portalofconsciousness.com/wanderer-you-make-your-own-road/
- Knowing, Being and Doing: In the TEDxBaDinh, Narayan Silva shares his journey of finding the new way to educate people by learning through knowing, being and doing. He believes in the power of meaningful conversations and stories to build deep connections and bring the best out of human beings. Available at: https://youtu.be/2rpPQnDIFVs

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Phenomenological and Hermeneutic Approaches to Person-Centred Nursing Research

9

Karen Rennie, Caroline E. Gibson, and Elmira Saev

9.1   Introduction

We are Karen, Caroline and Elmira and we are three nurses who are engaged in PhDs with the Person-centred Practice Research Centre at Queen Margaret University (QMU), Edinburgh—although Elmira is registered at The University of Malta. In this chapter, we explore how phenomenological and hermeneutic approaches can offer one methodology to come to know and do person-centred research. We will take you, the reader, on a journey to show how we evolved the chapter; how we worked together, shared our experiences on how we believe phenomenological and hermeneutic approaches have strong connections to person-centred research. Within this chapter, you will hear the individual perspectives of the three of us. Yet will be able to feel how the three authors as unique individuals came together as one. We believe that three key messages emerge from this chapter. Firstly, phenomenology and person-centredness can be interwoven and intertwined through its strong connections for not only doing research, but our worldviews. Secondly, the hermeneutic process tries to see beyond what we take as obvious and straightforward. It encourages us to recognise alternative viewpoints and thus can shift our focus to what does it mean to be a person in the world. Thirdly, the process of becoming an engaged observer can help person-centred practice researchers to understand the importance of knowing who we are, knowing others, and developing practices as relationally based experience, which in turn contributes to meaning-making on the whole experience of being person-centred.

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Learning Outcomes

At the end of this chapter you will be able to:

- Understand how different philosophical ideas have shaped phenomeno-logical and hermeneutic traditions and methodological principles (Researcher Development Framework Domain A1).
- Appraise the connections and shared values between phenomenological and hermeneutic research and person-centredness (Researcher Development Framework Domain A1–A3).
- Develop knowledge of the contribution of hermeneutic and phenomeno-logical research to theory on person-centred nursing (Researcher Development Framework Domain A1–A3).

9.2   Our Process

Our first step in developing this chapter was to share our nursing backgrounds and research ideas with each other. This process, aided by our attentiveness with each other, enabled us to gain a deeper understanding of our own and each other's positioning on phenomenological and hermeneutic research, and how we believe it connects with person-centredness. We agreed that we needed time and space, individually, to write about our position and why we are conducting phenomeno-logical research. This process enabled us to openly share our methodological principles, as through our dialogue we came to better understand ourselves and other viewpoints [1]. A common thread was revealed even though each of the authors approached the reflections differently by focusing on three separate elements of the subjective or interpretive paradigm. This stimulated us to write this chapter.

9.3   Background to the Phenomenological and Hermeneutic Traditions

The philosophical underpinnings of phenomenology and hermeneutics ultimately seek to explore and describe phenomena and human experience [2]. Since the work of Husserl [2], phenomenological thinking has been developed further by philosophers such as, Heidegger, Gadamer and Merleau-Ponty who are concerned, in different ways, with the detailed exploration of human existence and understanding. The term 'hermeneutics' comes from the Greek language, meaning to utter, translate and explain [2] and involves the ideas of bringing to understanding and being in the world. Efforts to create a research methodology based on some of these philosophical underpinnings have been undertaken by scholars such as van Manen [3] and Flemming et al. [4]. Various approaches stem from the different philosophical traditions including transcendentalism (Husserl), ontology (Heidegger), embodiment (Merleau-Ponty), hermeneutics (Gadamer), feminism (de Beauvoir) according

to van Manen [3]. The main concern of phenomenological and hermeneutic research is to return to uncover fresh, complex, rich descriptions of human experience and phenomena [5], both we suggest are necessary and complementary to developing person-centred theory and practice.

An example of how phenomenological and hermeneutic traditions differ is the prominent debate around the extent to which researcher subjectivity should be incorporated in research. The issue focusing on how much attention researchers should pay to bringing their own experience and subjectivity to the foreground of the research has been divisive amongst phenomenologists [2, 5]. Some traditions emphasise that researchers should aim to become non-influential and neutral as possible by 'bracketing' their previous knowledge, past understandings and assumptions about the phenomenon. This, it is argued, enables researchers to focus on the phenomenon in its 'purest' sense and stems from Husserlian philosophy. Conversely, others argue that the ability to 'bracket' previous knowledge and assumptions about the phenomenon is impossible and even undesirable. Bracketing is never possible because of the intimate relationships persons have with the world [6] and human science always involves some self-knowledge [7]. In this viewpoint, researchers need to become aware of their pre-conceptions and beliefs, as this makes it possible to examine and question them in light of new evidence [4] new emotions and thoughts and even new perceptions. Such heightened and critical self-awareness of our subjectivity and assumptions can enable us to be conscious of our influences on the research process (reflexivity). Fundamental to person-centred practice and research is the principle of 'connectivity', which focuses on trustful relationships and co-action between participants and researchers [8]. If we approach phenomenological and hermeneutic nursing research through the lens of person-centredness, we are required to engage authentically and be sympathetically present with participants and the research [9]. Thus, we feel that 'bracketing' and enforcing a non-influential and neutral presence will prove incompatible for researchers to engage authentically with other persons involved in the research.

We now move on to discuss three elements of a phenomenological and hermeneutic paradigm by drawing upon our own individual reflections and experiences. We offer some critical and reflective questions for the reader, which we hope can stimulate thoughts, ideas and to trigger critical dialogue with the text (Box 9.1).

Box 9.1 Reflective Questions
1. How can understanding your worldview help you make connections with person-centredness?
2. How can you become more aware of the historical, cultural and personal assumptions that influence the way you make meaning from experience?
3. How does observing and participating with persons in their life-world give you the opportunity to sense them and provide a deeper understanding of their existence?

9.4 Ontological Connections Between Phenomenology and Person-Centredness

In our discussion, it became clear that we believed phenomenology and hermeneutics, and person-centredness was compatibly aligned. Karen's reflections illuminated this point as follows,

> *When I say they both fit well, I don't mean like two pieces of a jigsaw puzzle coming together or the mechanism of a lock and key. What I imagine is that person-centredness and phenomenology can come together, in a fusion or in harmony with one another, like two beautiful instruments playing classical music together – both instruments can be melodious and soothing on their own, but captivating and sensational together.*

Phenomenology and hermeneutics are concerned with our 'being' and the belief that persons are ontologically intertwined with the world. This requires the researcher to connect as closely as possible with the participant's experiences by attempting to look at the world through their body—and yet knowing that it cannot be achieved. This involves careful listening and engagement as Karen reflected: we should 'feel it with their hearts as far as possible'. We have taken this idea as a core principle of person-centredness. The writing of McCormack and McCance [9] encourage nurses to strive to achieve this within nursing practice, research, through relationship-based interventions with colleagues, families and friends emphasising the importance of working with person's values and beliefs, developing authentic relationships and being sympathetically present.

9.5 Karen's Reflection: Intertwining Phenomenology and Person-Centredness

Since the beginning of my PhD, which is exploring the phenomenon of sexual expression in persons living with dementia, I have situated myself in the philosophy of phenomenology. In fact, from early on in my PhD studies I realised phenomenology was not only guiding me on how I 'do' my research, but was guiding me on how I see my research, others, myself and the world around me. Going further, I am more and more situating myself in an existential phenomenological world.

I have been reading Merleau-Ponty's chapter 'The Intertwining – The Chiasm' in his unfinished work, 'The Visible and the Invisible' [10]. Rather than maintaining a traditional dualism in which mind and body, subject and object, self and other, and so forth, are discrete and separate entities, in The Visible and the Invisible [10], Merleau-Ponty argues that there is an important sense in which such pairs are associated. For example, he does not dispute that there is a divergence, or dehiscence, in our embodied situation that is evident in the difference that exists between touching and being touched, between looking and being looked at, or between the sentient and the sensible in his own vocabulary. On the contrary, this divergence is considered to be a necessary and constitutive factor in allowing subjectivity to be possible at all. However, he suggests that rather than involving a simple dualism, this divergence between touching and being touched, or between the sentient and

the sensible, also allows for the possibility of overlapping and encroachment between these two terms. Merleau-Ponty advances his ideas using the example of touch. For example, Merleau-Ponty has somewhat famously suggested that the experience of touching cannot be understood without reference to the tacit potential for this situation to be reversed. Touching and touched are not simply separate orders of being in the world, since they are reversible, and this image of our left hand touching our right hand does more than merely represent the body's capacity to be both perceiving object and subject of perception in a constant oscillation. From critically reflecting on the intertwining of touching and being touched, I started to feel that this is how I see phenomenology and person-centredness. From my perspective, they are intertwined. I believe I am no longer hunting to find out what are the shared values between phenomenology and person-centredness. Rather, I am realising that phenomenology can be person-centred, while at the same time person-centredness can be phenomenological.

9.6   Human Knowing and How We Come to Know: Epistemological Concerns

We discussed our orientation to the creation of knowledge. As social researchers we adopt a position that meaning cannot be derived in relation to an independent reality, rather we consider that as persons we are continuously creating our own knowledge through personal involvement. This, for example, is consistent with the philosophy of Gadamer who asserts that a person's understanding of the world is not purely theoretical but practical [11] and drawn from Aristotle who espouses that all philosophy comes from praxis (how persons relate to things in the world) [12]. From this perspective, objects disclose themselves through involvement but every act of seeing and putting the world together is influenced by culture and tradition:

> *Understanding is never a subjective relation to a given 'object' but to the history of its effect; in other words, understanding belongs to the beings of that which is understood.*
>   (Gadamer 2006, p. xxviii) [11]

The hermeneutic circle is the context within which interpretation and reasoning take place [13]. Understanding is achieved by interpreting within a circular process and movement from 'the whole to the parts' [14]. To understand a body of knowledge (such as lived experience on something), we must interpret the individual parts of the text as determined by the whole, yet the whole is determined by the individual elements of the work [15]. The hermeneutic process is a dialogical method whereby the horizon of the interpreter and the topic of interest are combined together to create new knowledge [16]. Thus, hermeneutic research is not concerned with generalisability or prediction, rather to exploring 'what' and 'how' issues about human concerns. The hermeneutic researcher helps to understand and communicate experiences and, therefore, enables us to understand what is significant to the person.

Caroline in her research seeks to explore and understand the experiences of older men who participate in cookery classes. In order to understand their reality or horizons, it is necessary to gain insight into the perspectives of the participants in

this study. Gadamer stresses that we have preconceived expectations based on our prior experiences. These are necessary conditions for understanding the present. Preconceptions or horizons of meaning, built through our individual history and experience of language, make understanding possible [11]. Preconceptions can influence our interpretations without us being aware of it. For example, this may be significant in relation to cookery classes as within contemporary western society shopping, cooking and planning meals have often been the role of women. Caroline aims to facilitate shared understanding through a process of dialogue and discourse that takes place around a kitchen table [17]. Therefore, careful attention to the language used within such dialogue will be important to help access and share meaning.

9.7   Caroline's Reflection: Unravelling and Playing with Knowledge

My interest in hermeneutics originally arose from literature and cultural studies where I became very interested in the interpretation of literary texts from the perspectives of different readers. Understanding is more than reproduction of knowledge, or simply repeating or recovering 'what the author meant'. Ricour referred to this as authorial intent. Authorial intent is the idea that the meaning of the text resided only with the author. I believe that when persons read research, review politics, analyse media, our interpretation and the way we make meaning is culturally, ideologically, historically and personally derived. As a person-centred researcher I am interested in what matters to the persons I care for. Rolfe [17] asserts that by exploring different people's truth, we are better equipped to help them. Within a hermeneutic philosophy a person's narrative, or story becomes the text and offers the nurse researcher opportunity to understand the meaning of the phenomena being studied. During my experience as a volunteer, and engaging with participants with diverse backgrounds and life experiences in a cooking class, I observed an interaction unfold in front of me while participants prepared and shared food. This powerful discussion gave me some insights into the backgrounds, histories and previous encounters of participants. I could see so many layers within the discussion and I felt that hermeneutics provided a way to explore what mattered to them and the meaning of cooking and participating in the class. From this trigger, I began to explore the way such talk, around a kitchen table, could help to engage in meaning making and to gain in-depth understanding of another's perspective.

9.8   Engaging Authentically with Participants: Methodological Richness

In our discussion, we debated the links between phenomenological and hermeneutic philosophy and method. In Elmira's study, which is looking at what it is to be a practice development nurse (PDN) in Malta, she drew on life existentials [18] from

the philosophy of Merleau-Ponty to provide a foundation for conducting person-centred research. The example below demonstrates how Elmira captures the existential of lived relation (relationality), lived body (corporeality), lived space (spatiality), lived time (temporality), mood and materiality [3] to explore phenomena in a heuristic manner. The role of the body, for Merleau-Ponty, is the primary source of knowledge and the driving force of being in and towards the world [18]. This understanding of the lived body assisted Elmira to construct insights into creativity and inter-subjective relationships in different situations. Drawing on Merleau-Ponty' philosophical explanation of corporeality, Elmira believes that being bodily engaged in the PDNs' life world helped her feel their energy and even their emotions and to be reflexive about how her body reacted to them over time. Time, for Merleau-Ponty, is a process or an action, which is emotional for people who are in the world and their lived experiences are embodied in it [18]. Temporality helped Elmira in the process of understanding the meaning of a particular word or an action and how she felt during the lived time. Time helped the participants in Elmira's study reflect on a particular moment and become deeply aware of their functions and perhaps this process may enable them to transform. McCormack and McCance [9] argue that being authentically engaged in a relationship means feeling people's emotions and knowing self. During the process of being a semi-participant observer Elmira tried to understand the participants as they were, avoiding any judgment, being honest to the other, which she felt as person-centred moments. The existential of relationality helped Elmira look at not only the inter-subjective relationship between PDNs and herself but also how other nurses and healthcare professionals and patients experienced their relationship with the PDNs. For example, how a PDN engaged with a nurse by enabling her to think and share their feelings. The existential of materiality helped Elmira understand how the PDNs, who spent most of their time working from an office, could discover nurses' learning needs in their clinical area. Body subjects are imbued with mood. During the observations and spontaneous discussions in the field with the PDNs, Elmira became aware of how mood might influence the PDNs' relationships. For example, the PDN's mood of frustration where the nurse and the PDN embodied different values and priorities in care processes.

9.9 Elmira's Reflection: Addressing the Significance of Creativity in Phenomenology

In 'But is it phenomenology' van Manen [19] argues that phenomenological text helps the reader recognise the unique meaning of the phenomenon gives itself. I sensitively described and interpreted PDNs' experiences as true to the lived story as possible. I achieved this by using the method of radical reflection combined with creative writing.

In my quest of learning I want to express my lived experiences and thoughts as a semi-participant observer creatively by drawing a picture and writing a poem. From being totally absorbed in my imaginations, the drawing in Fig. 9.1 emerged.

Fig. 9.1 Contemplating
the colours

This picture represents the imaginary images and feelings that I experienced during the observation moments. The images that came to me were trees with spreading branches and sun light filtering through them. Deep down I was attracted by the ground of the trees with their roots plunged firmly and deeply into the nourishing soil. Nourishment is also connected with the sun, transformational energy and warmth, and the falling leaves are the circle of life. I was looking at the trees, the leaves and the entire nature soaked view. My eyes were dazzled by the colours of the autumn. These figures I imagine as different personalities, inter-subjective relationships, workplace cultures, the physical environment and my bodily embodiment in the space, which make my experience as a semi-participant observer almost convoluted. I imagine myself as the sunlight, which struggles to trickle through the branches of the trees, which I imagine as persons such as nurses in charge, general nurses, patients and others, and reaches down to the thick and terrible roots that the PDNs as they talk about their lived experiences and emotions.

After drawing this picture, I felt the need to express my emotions in writing by using metaphors, which evoke images and emotions of my lived experiences as a semi-participant observer. I name this creative account "contemplating the colours" because it represents my feelings and endeavours to understand the meaning of PDNs' lived experiences of their role embodied in the shared space. Metaphorically, the colours are the PDNs, who try to accommodate themselves in ever evolving clinical context and trying to facilitate people to work together with shared values.

Contemplating the colours
*Staring at **the beauty** – the person*
***Nothing connected** seemed to be real*
Darkness
*Feeling **snarled** like the roots of a tree, which struggle to make their way through the*
fallen land of autumn golden rays of sun

*Feeling as if my breath was taken away from this **colourful silence** where all leaves, the branches of the trees and other plants moved in stillness*
*As if the whole nature was asleep and **wrapped in the veil** of one cordial sunny day*
Privacy
***Connectedness** with mind and emotions*
*Sitting on the bench, reflecting and writing **absorbed in the time** of describing and capturing stories*
***Feeling** worried, angry, proud….*
Rebellion
***Getting** the work done*
*What a **mess***
*Looking through the splits of the leaves and feeling **there***
*It is **hard**…*
Belongings
***Routines** seeped through the self during the years as a burden hung over the illuminated trees of the strokes of the dark-golden sun*
***And yet,** being proud of providing person-centred nursing care*

My reflections were drawn from van Manen's phenomenological methodology [3] because my aim was to appreciate (in a holistic way) the essence and the core meaning of PDNs' lived experiences—to better understand what a PDN role is about.

9.10   Conclusion

This chapter has told something about how we three doctoral candidates came together to share our experiences of doing phenomenological and hermeneutic research in person-centred nursing research. Despite us having vastly different research topics, different clinical nursing practice backgrounds and life experiences, what was clear is that we had shared values on how we each perceive and experience phenomenological and hermeneutical research through the lens of person-centredness. From our individual reflections, we believe that three key messages have emerged. Firstly, phenomenology and person-centredness can be interwoven and intertwined through its strong connections for not only doing research but also our worldviews. Secondly, hermeneutic process tries to see beyond what we take as obvious and straightforward. It encourages us to recognise alternative viewpoints, shifts our focus to what does it mean to be in the world. Thirdly, the process of becoming a semi-participant observer can help researchers to understand the importance of knowing self, knowing others, the power of shared values and developing practices as a relational experience, which produces sentiments that give meaning to the whole experience of being person-centred. Overall, we believe that phenomenological and hermeneutics approaches to person-centred nursing research give us the freedom to be who we are and to engage in an authentic relationship that takes into consideration the cultural and historical background of persons, which in turn helps shape our understanding of the world.

Key Points

- Having a sound philosophical understanding of phenomenology and hermeneutics enables researchers to distinguish various interpretations of phenomenological and hermeneutic research which increases methodological rigour.
- Through critical self-reflection, researchers can come to realise their own shared values between phenomenological and hermeneutic worldviews and person-centred practice.
- The Person-centred Nursing Framework can be woven alongside phenomenological and hermeneutic ontology to develop methodological principles.
- Creativity (imagery, poetry etc.) can assist the researcher's reflection and development throughout phenomenological and hermeneutic research.
- Working in small groups and sharing different perspectives and experiences can be very powerful in enabling learning and further inspiration in academia.

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The Contribution of Experimentation and Quasi-experimentation in Person-Centred Research

10

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10.1 Introduction

In this chapter, we present how we have drawn on the Person-centred Nursing Framework in our experimental and quasi-experimental research. Using the Person-centred Nursing Framework [1] or another theoretical aspect of person-centred nursing theory helps healthcare researchers to develop and provide high-quality research that contributes to theory development in person-centred nursing. Mostly, healthcare researchers are not yet aware of the benefits of applying a person-centred lens to experimental and quasi-experimental research and the possible benefits it can bring. Clearly, before drawing on person-centred nursing theory, researchers should 'know' the theory—for example the Person-centred Nursing Framework [1], as well as how to implement it into experimental and quasi-experimental research designs. Using a person-centred lens in experimental and quasi-experimental research offers the potential of new skills development for researchers, and it may contribute to the development of person-centredness in healthcare, globally.

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Learning Outcomes

The reader will:

1. be able to understand and demonstrate the benefits of a person-centred approach in experimentation and quasi-experimentation (Researcher Development Framework Domain A1)
2. be able to explain their worldview when using experimentation and quasi-experimentation in person-centred research (Researcher Development Framework Domain B1 and D1, and 2)
3. know-how to implement a Person-centred Nursing Framework in experimental and quasi-experimental research designs (Researcher Development Framework Domain A1 and 3)

10.2   Experimentation and Quasi-experimentation

Two of the most common research designs in healthcare research are experimental and quasi-experimental methodologies. These methodologies sit within a family of research designs that can be classified as active because they contain treatment or intervention. Examples of passive designs include cohort studies and longitudinal studies using observational data, but also non-equivalent groups design, propensity score matching, regression discontinuity design and reflexive comparisons [2]. The classic example of an experimental research design is that of the clinical trial, where one group of persons is given an intervention, e.g. a pharmaceutical agent or a nursing intervention. In contrast, another group of persons does not receive the intervention. Outcomes are studied in both groups in order to determine the effectiveness of the intervention. The most common experimental research design is called a randomised controlled trial. According to Polit and Beck, a randomised controlled trial contains three properties [3]: (1) *manipulation*—the researcher does something to the persons in the research project, usually called intervention group; (2) *control*—the researchers control the research by adding persons that do not receive the manipulation, commonly called control group and (3) *randomisation*—the researchers assign the persons randomly to each group in order to avoid bias.

The purpose of conducting experimental or quasi-experimental research is to test if an intervention causes changes in specific variables. In nursing research, our point of interest is usually persons. We do experimental or quasi-experimental research to gather evidence on whether nursing interventions work, and for whom they work. In experimental or quasi-experimental research, we claim to draw causal inferences, whereas this is not the case or as common in non-equivalent groups design, such as propensity score matching, regression discontinuity design and reflexive comparisons approach. Causal inferences can be drawn in experimental or quasi-experimental research as these studies allow the researcher to have control over what influences

the outcome; called confounding variables. The main difference between experimentation and quasi-experimentation is that in the experimental approach, the researcher has control over individual variables and operates on the principle of randomisation. In a quasi-experimental approach, the researcher has less control over the variables and does not necessarily follow the principle of randomisation.

10.3 The Worldview When Using Experimentation and Quasi-experimentation in Person-Centred Research

To provide high-quality person-centred care, it is important that we see persons as individual, holistic living beings with their own beliefs and values. A person's worldview is defined as the way they see and understand the world [4]. When working with a person, it is important to always strive for additional knowledge and discoveries that enable nurses to develop a person-centred approach, which includes a person-centred philosophy [5]. In nursing research, we should take the same view when we include persons to be a part of our research [6].

As researchers, it is important to acknowledge that our ontological assumptions and beliefs about reality and reason, particularly the reality that is the object of our research. Our epistemological and methodological assumptions influence the choice of research questions and methodological approaches we use when attending to our research project. These assumptions determine what knowledge we will be looking for when we define our research questions and decide upon appropriate methods to use. Furthermore, well-thought-out research must be supported by a theoretical framework which enables us to understand the research phenomenon with a broader view [6]. Our theoretical framework is a way to organise or guide our research project within a given level of resources throughout its lifetime. In order to obtain new knowledge and discoveries, the person-centred nursing framework [1] offers a useful theoretical lens through which to view persons as individual beings. For this reason, the Person-centred Nursing Framework is becoming an increasingly and internationally recognised model in healthcare practice, with more research being applied to the principles of this framework [5, 6].

Despite increasing research in the area of person-centred care (i.e. broader than just nursing alone), there is still a very small percentage of research that uses experimental or quasi-experimental designs. This is evident from the 2014 report by de Silva [7], which identified 921 studies, of which 503 studies measured person-centred healthcare and a further 418 studies that measured some elements of person-centred healthcare. The research methods used in the studies of person-centred healthcare were cross-sectional (59%), interviews or focus groups (10%), observation (6%), multi-method (5%) and other approaches (8%). None of the methods reported were, however, experimental or quasi-experimental. It seems that experimental and quasi-experimental approaches are relatively new and emerging within the person-centred research literature, but nonetheless, we argue they are both interesting and applicable.

Research in healthcare science will often use multiple methods and will be guided by different theoretical frameworks. Ideally, the evidence we produce through research should be generated from the approaches that best fit the claims and conclusions that the researchers aim to draw. Still, we must also consider the practicalities, resources available and ethical considerations. As person-centred nursing researchers, we also need to consider the core underpinning principles of person-centred healthcare research such as connectivity, mutuality, transparency, sympathetic presence and negotiation [8]. Thus, research designs often focus more on the appropriate type of research, perhaps more than on how to conduct research. Moreover, the rationale for choosing research designs should be selected based on the research question or hypotheses, as well as what type of research design, data collection and analysis methods will be used. It is important to note, however, that the kind of data to be collected is not specified by existing types of standard designs, for instance, different types of experiments. As stated by Gorard [2]:

> *A good intervention, for example, could and should use a variety of data collection techniques to understand whether something works, how to improve it, or why it does not work. Experiments can use any data throughout to help understand why the outcomes are as they are.*
> (pp. 237–252)

The researchers should, therefore, always begin by reflecting on the research purpose, the consequent research questions and the conclusions they want to state, whether these are, e.g. descriptive, correlational or causal. This order is important for two reasons. Firstly because any person-centred research should be driven by the overall aim of advancing the conditions for humanising healthcare and healthcare services for all persons involved, then followed by the consequent appropriateness of the research questions and methods. Secondly, the choices of research design should be driven by the research ends, and not the other way around, as unfortunately often seems to happen. Finally, the 'methods imply values and care; a matter of personal preference rather than the consequence of the problems to be overcome via research' [2] (p. 248).

10.4 The Implications of Using a Person-Centred Approach in Experimentation and Quasi-experimentation Research

A theoretical framework has an important role in person-centred research because it gives the researcher a guide through the research process, from the definition of the problem to the choice of methodology, presentation and discussion of the results and finally as the conclusions are drawn. Significantly, having a theory that is relevant to person-centredness enables the critique of existing theory and the moving forward of existing theory as well as the development of new theory. The Person-centred Nursing Framework, as a mid-range theory, articulates a clear set of attributes, also seen as

variables. The framework presents the relationships between these variables and the ability of healthcare professionals to manage the care environment in order to engage in effective person-centred practices. When integrating the Person-centred Nursing Framework in experimental and quasi-experimental research, it is important to include persons involved in the research to ensure the 'voice of the persons' as early as possible in the research process guided by person-centred principles, including decisions about the research question (e.g. 'what matters for them'?). While the research framework is organised into variables with clear linkages, the process of developing experimental or quasi-experimental research designs is an iterative and often 'messy' process. We have organised the components of the experimental and quasi-experimental research design into five parts (Fig. 10.1):

- Conceptualisation—Purpose, hypothesis and identification of key concepts derived through the lens of the Person-centred Nursing Framework as a whole or a part of it
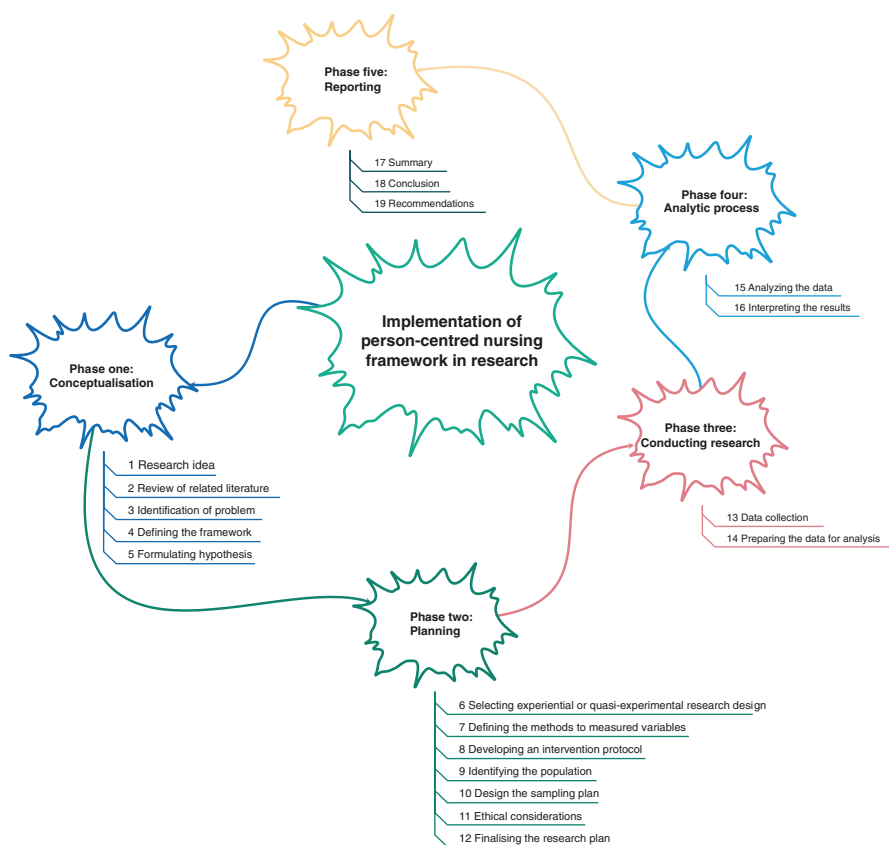
Fig. 10.1 Steps to implementing a person-centred nursing framework into experimental or quasi-experimental research

- Planning—The methodology including ethical considerations, and overall approach
- Conducting research—Data collection
- Analytical process—Data analysis, interpretation of the results
- Reporting—Forming a conclusion, including theorising and recommendations for practice.

In our view, strategies for effectively integrating the Person-centred Nursing Framework into experimental or quasi-experimental research should take into consideration the following aspects and associated questions:

1. Examine the research problem—*Where is the knowledge gap in the research topic, how will the research topic contribute to the existing body of knowledge on person-centredness? Does the* Person-centred Nursing Framework *assist exploration of the research problem, purpose and importance of the research? Does the framework inform the literature review? What are the primary and secondary outcome measures?*
2. Methods (brainstorm about participants, interventions, objectives, outcomes, sample size, assignment method, blinding, unit of analysis, statistical methods, key variables of person-centredness, hypothesis)—*What intervention will measure the variables? Which variables will be answering the hypothesis? What specific intervention or other manoeuvres will be given to the participants? What are the eligibility criteria for participants? What are the methods of recruitment of participants? Is the sample size adequate to support the measurement of outcomes? Is the sample size large enough to analyse statistically? How will the sample size be determined? How ethical approval from the participants and institution be obtained? What intervention of person-centredness will be given? How are subjects grouped during delivery? Who will deliver the intervention?*
3. Analytical process (take into the consideration participants flow, recruitment, baseline data and equivalence, numbers analysed, adverse events and interpretation of data)—*Will the proposed analytical or statistical methods analyse the outcome of person-centredness measure(s) appropriately? Are the analyses recognised and well-known, sufficiently described and sufficiently explained? Are results presented clearly, objectively and in sufficient detail to enable the reader to draw their conclusions based on the Person-centred Nursing Framework?*
4. Draw out the conclusions—*Does the Person-centred Nursing Framework underpin the conclusions and recommendations based on the results? Are the outcomes and results what the patient and the healthcare provider are interested in? Do the authors' conclusions match the data, analysis and statistical significance?*

Below, we present a practical example of how to implement the Person-centred Nursing Framework [1] into a randomised controlled trial study, illustrated in

Fig. 10.2. This is experimental research, involving healthcare professionals and persons receiving care in an emergency department. The overall aim of this randomised controlled trial is to implement and evaluate an intervention in order to provide more person-centredness in an emergency department. The intervention involves task-shifting of pain management in hip fracture patients, which means that specially prepared nurses perform a new task, which anaesthesiologists previously did.
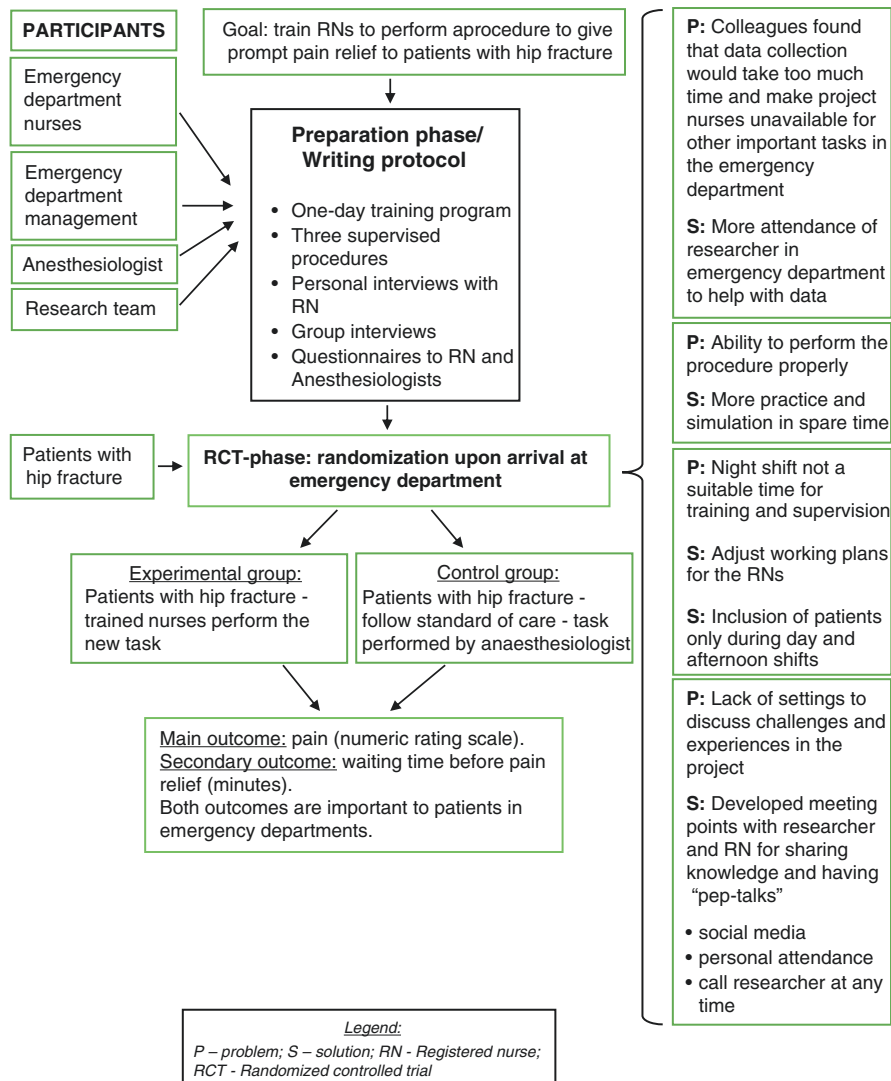

Fig. 10.2 Is an illustration of 'the messy process' of incorporating considerations from the Person-centred Nursing Framework into the planning of a randomised controlled trial. *P* problem, *S* solution, *RN* Registered nurse, *RCT* Randomized controlled trial

Persons diagnosed with hip fracture receiving the intervention are randomised into two groups upon arrival at the emergency department:

1. Experimental group—the prepared registered nurses perform the new task (ultrasound-guided single-shot femoral nerve block) shortly after the person arrives in the emergency department.
2. Control group—registered nurses do not perform the new task and follow the established plan of care (femoral nerve block performed by anaesthesiologists).

The trial thus included three groups of individuals: persons attending the service randomised into two different groups, specially prepared registered nurses and anaesthesiologists. In order to be as person-centred as possible, all three groups of individuals were considered and included in the planning of the trial-based research.

The initial literature review of persons' experiences in emergency departments indicated long waiting times and inadequate pain relief. When we asked, 'what is important to you?', reduced waiting time and prompt pain relief were the most frequent responses. Therefore, the main outcome for this study was chosen to be pain levels; measured on a numeric rating scale several times during the persons' stay in the emergency department [9]. Secondary outcomes were waiting time before pain relief, consciousness at admittance to the emergency department and incidence of delirium.

When considering the Person-centred Nursing Framework, the influences of the care environment in which the research takes place also had to be drawn out. The emergency department is known for being a busy and chaotic setting with high activity levels in which it can be hard to achieve person-centred healthcare and healthcare professionals are tasked to organise and care for several persons simultaneously [10]. Staff often experience their work environment as stressful and beyond their control [11] and expectations of the efficient workflow have led to an experience of care that is perceived as fragmented [10]. Thus, we focused on factors that are known to be of importance to persons such as respect for the individual and tailoring interventions to the person. The relationships between the researcher and the main participants (healthcare personnel) were gradually built up by frequent communication and establishing mutual trust to understand the needs and interests of all persons involved [12].

The intervention in the trial involves task shifting, which must involve people at different levels in the organisation in order to ensure patient safety [13]. To enhance a sustainable change in care, all involved health personnel were engaged in learning about person-centredness before the implementation of the intervention. Anaesthesiologists were involved early in the preparation of the research plan, and asked, 'what matters to you?' and 'how can this study be carried out?' This was a 'messy' process, going back and forth, and re-organising the study several times. We strived to give opportunities for the participants to take part in construction and changes in the research design based on their experiences and views. One example was health personnel pointing out that data collection would take too much time and would make the specially prepared registered nurses unavailable for other important work in the emergency department. This feedback resulted in planning for an increased attendance by the main researcher in the emergency department in order to help with data collection. Another issue was the lack of meeting spaces to discuss

challenges and experiences in the project. This resulted in us setting up regular meetings and social media groups to give information and share knowledge. Finally, there was important feedback during the initial phase concerning difficulties in performing the procedure. Based on this experience, the nurses themselves decided to use 'free' time to simulate the procedure and practice the skills needed.

10.5 Conclusion

The Person-centred Nursing Framework has embedded within it; multiple concepts that are highly relevant to many topics of nursing research, and that will also relate to broader fields of research in healthcare. For the development of person-centredness, the Person-centred Nursing Framework is the first choice when exploring new or already existing phenomena relevant to nursing practice, which enables us to treat whole persons and provide an in-depth look at the research topic. Researchers who undertake person-centred research should not overlook the instrumental power of correlational and causal relationships expressed in numbers and figures which, in theory, can make predictions related to desired events or the prevention of undesirable ones. This purpose has a contribution to play in developing person-centred nursing and healthcare more widely.

The research processes in an experimental or quasi-experimental study must create an environment to achieve person-centred outcomes for persons receiving care and healthcare professionals providing it. Theoretical embedded outcomes drawn from the Person-centred Nursing Framework in experimental and quasi-experimental healthcare research will have a significant impact in the field of person-centred healthcare at macro and micro levels and at the same time have a positive impact on the knowledge of healthcare professionals.

Key Points
- A theoretical framework has an important role in all research because it gives the researcher a lens to view the research process from the definition of the problem, choice of methodology, presentation and discussion of the results as well as the conclusions.
- The selection of a theoretical framework must be taken seriously, as it is an indicator of the type of knowledge, we as nurses want to emphasise and develop. The outcomes from person-centred experimental and quasi-experimental healthcare research help to improve experiences of healthcare, care environments and care outcomes.
- The outcomes from nursing care trials bring new insights from the two studied interventions to the existing body of knowledge in nursing. A person-centred approach sees each person as unique and values the knowledge that emerges from experimental and quasi-experimental methodologies.

10.6 Other Resources

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Multiple and Mixed Methods Research

11

Neal Cook, Donna McConnell, and Seán Paul Teeling

11.1 Introduction

Research methodologies that use a variety of data sources are often used to provide rich, often complex, sets of data (or evidence) necessary to answer complex research questions concerned with person-centredness. Indeed, multiple and mixed methods research can be applied within a person-centred theoretical context to answer questions that pursue person-centredness including developing our understanding about nursing practice. This chapter adopts a case study approach to focus on the distinct nature and application of multiple and mixed methods, building on previous chapters in this book.

> **Learning Outcomes**
> After reading this chapter, you will be able to
>
> 1. Distinguish between multiple and mixed-method approaches through an applied comprehensive understanding of methods and techniques (Researcher Development Framework—Domain A1, Domain C1).

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2. Identify factors that influence authentic engagement with people in research processes in pursuit of person-centred impact (Researcher Development Framework—Domain B1, Domain B2, Domain D1 and Domain D2).
3. Reflect critically on the core research skills that underpin a philosophically aligned approach to the use of mixed and multiple research methods (Researcher Development Framework—Domain A2 and Domain A3).

11.2   Introduction

It is possible to undertake research that has person-centredness at its philosophical and theoretical core and has foundations in multiple and mixed research methodologies to yield rich data sets that capture or pursue human experience. Further, multiple and mixed methods can build person-centred processes into the research methods. This chapter focuses on the distinct nature and application of multiple and mixed methods through a case study approach. Although the book is based on the Person-Centred Nursing Framework (see Chap. 2), both it and its derivative, the Person-Centred Practice Framework [1], are referred to in this chapter. The first case study will focus on multiple methods research, clarifying the particular characteristics of this approach and applying it to illustrate how it can lead to developing person-centred approaches to learning in practice. The second and third case studies will focus on mixed methods research, firstly applying this distinct approach in researching the nature of person-centredness in emergency departments and secondly in the context of process improvement methodologies and the contribution between them and the development of person-centredness. While multiple methods involve the use of multiple data sources and analyses to ensure rigour, mixed methods research emphasises the importance of the integration of both qualitative and quantitative data sets in creating knowledge that is not available from either approach alone. Figure 11.1 gives an overview of both mixed and multiple research methods.

Case Study 1 Multiple Methods in Emancipatory Pedagogical Action Research

Multiple methods research is when more than one source of data and one type of analysis is used to conduct a research study. Using a single data source and multiple methods with that data or the same method with a variety of sources of data does not qualify as multiple methods research. Davis et al. highlight that multiple methods are largely used to produce research results that maximise rigour as they can facilitate answering all aspects of the research question posed [2]. However, the rationale for using multiple methods research is more complex and theoretically informed than this view would espouse. There must be an alignment with the theoretical framework, and ontology and epistemology of the approach. The
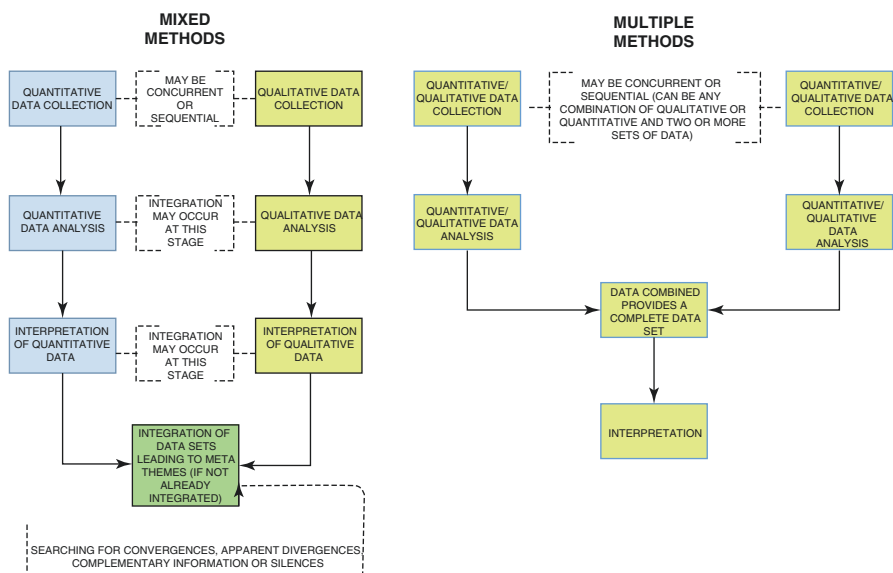
MIXED METHODS

QUANTITATIVE DATA COLLECTION

MAY BE CONCURRENT OR SEQUENTIAL

QUALITATIVE DATA COLLECTION

QUANTITATIVE DATA ANALYSIS

INTEGRATION MAY OCCUR AT THIS STAGE

QUALITATIVE DATA ANALYSIS

INTERPRETATION OF QUANTITATIVE DATA

INTEGRATION MAY OCCUR AT THIS STAGE

INTERPRETATION OF QUALITATIVE DATA

INTEGRATION OF DATA SETS LEADING TO META THEMES (IF NOT ALREADY INTEGRATED)

SEARCHING FOR CONVERGENCES, APPARENT DIVERGENCES COMPLEMENTARY INFORMATION OR SILENCES

MULTIPLE METHODS

QUANTITATIVE/ QUALITATIVE DATA COLLECTION

MAY BE CONCURRENT OR SEQUENTIAL (CAN BE ANY COMBINATION OF QUALITATIVE OR QUANTITATIVE AND TWO OR MORE SETS OF DATA)

QUANTITATIVE/ QUALITATIVE DATA COLLECTION

QUANTITATIVE/ QUALITATIVE DATA ANALYSIS

QUANTITATIVE/ QUALITATIVE DATA ANALYSIS

DATA COMBINED PROVIDES A COMPLETE DATA SET

INTERPRETATION

Fig. 11.1   Mixed and multiple research methods

following case example will illustrate how multiple methods research can be used in pursuit of a person-centred collaborative approach to pedagogical research.

Cook undertook an emancipatory action research study to co-create person-centred learning and development experiences in practice for an undergraduate pre-registration nursing curriculum [3]. His research was grounded in an ontological perspective built on Paulo Freire's work, where the reality and lived experience of education comes from the meaning that exists between the two and knowledge is not seen as fixed, but as ever-evolving and contextual [4]. In this regard, the reality is socially constructed and interdependent; it is subjective and requires the insight of others to be incorporated in order to understand the collective view and move towards transformation. As a result, multiple sources of data give as wide a view as possible and, in the context of this study, the approach to analysis also yields further data. Multiple methods research aligns closely to collaborative processes as it enables the diverse perspectives of different groups of people in society to be captured in a variety of ways through different data sources and various forms of analysis. What results is a rich matrix of data requiring cohesive and authentic integration to form a social view. However, there is still a need to approach this through a theoretical lens such as with principles of person-centredness. Whatever the lens, we argue that the relationship between person, health and environment in the metaparadigm of nursing is central to building the evidence base for transformation.

In adopting multiple methods research, Cook used the Portfolios in Nursing Education questionnaire [5], the Caring Dimensions Inventory (CDI-35) [6], and focus groups to gain a social view of student learning in practice and the factors that inhibited or enabled learning within a person-centred context. Figure 11.2 illustrates how multiple methods of data collection and analysis led to capturing this social view.

Analysis tends to lead to a rich pool of data, and how this data is brought together must be carefully considered by the researcher. In his research, Cook applied a collaborative, emancipatory, Freirean philosophical framework. This meant that a social interpretation of the collective data was fundamental to its
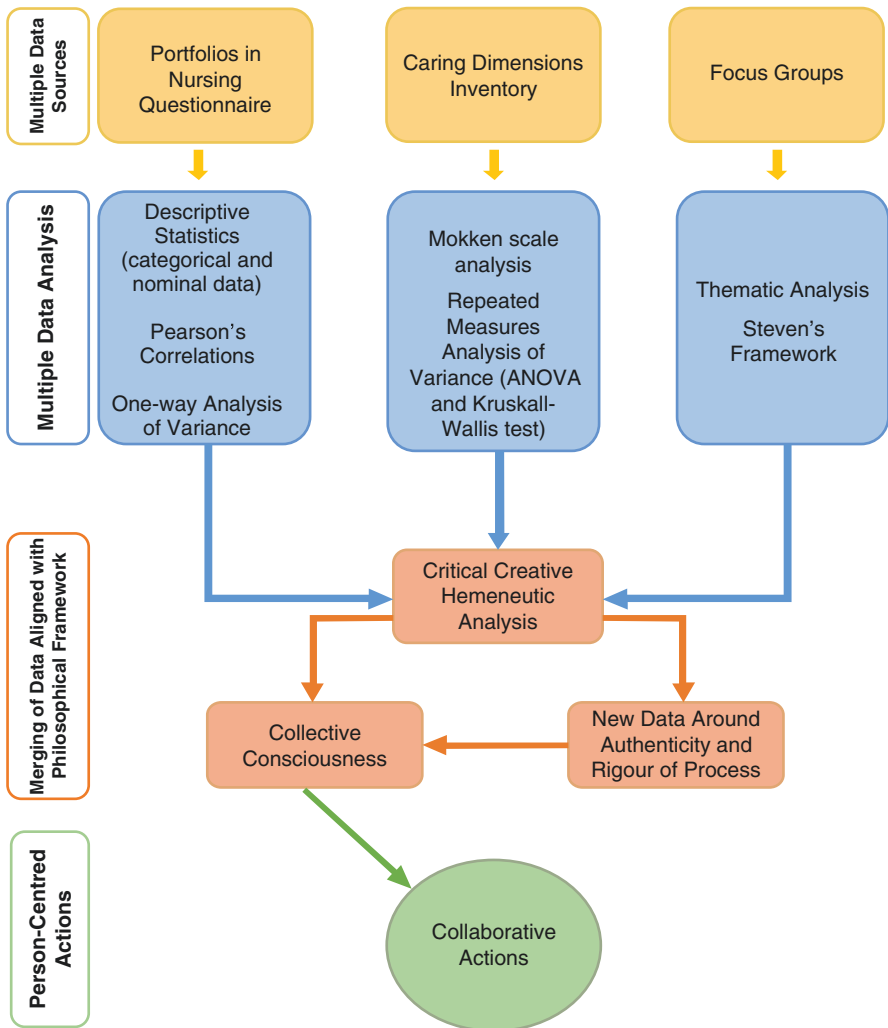

Fig. 11.2 Multiple methods in emancipatory action research [3]

authenticity; it is not the components of the data and their results that are in focus but rather the social interpretation of that data and its analysis. In this research, a further stage of analysis via hermeneutics was necessary for the collective data to become a new source of knowledge.

Critical creative hermeneutic analysis is a process of engaging in collaborative inquiry that accesses multiple ways of knowing to elucidate understanding of the social context from subjective experiences (in this case from multiple sources of data). Boomer and McCormack refer to it as a rotation of perspective [7]; the researcher and their view of the world are questioned by the data rather than the data itself being interrogated. This requires clarity and self-awareness, elements of the Person-Centred Nursing Framework, and Cook achieved this through adopting and adapting the critical creative hermeneutic analysis pioneered by Simons and McCormack [8] (see Fig. 11.3). In this regard, multiple methods research enabled not only the perspectives of stakeholders to be harnessed but also arrived at the social meaning of those multiple perspectives, thus bringing order and meaning to the multiplicity in methods.

Critical creative hermeneutic analysis draws on the work of Gadamer whereby individual and group interpretation of data is sought, meaning formulated and a critique of held beliefs occurs [9]. Two processes occur to achieve this [10]:

Individual parts of the text are referred to in order to establish an understanding of the data text as a whole [11]; the meaning of one is understood in relation to the other, creating a circular relationship between them.

Dialogic engagement occurs where our subjective, individual positionality is challenged or confirmed but leads to a fusion of interpretation that creates the wider, social perspective [4, 9, 10].
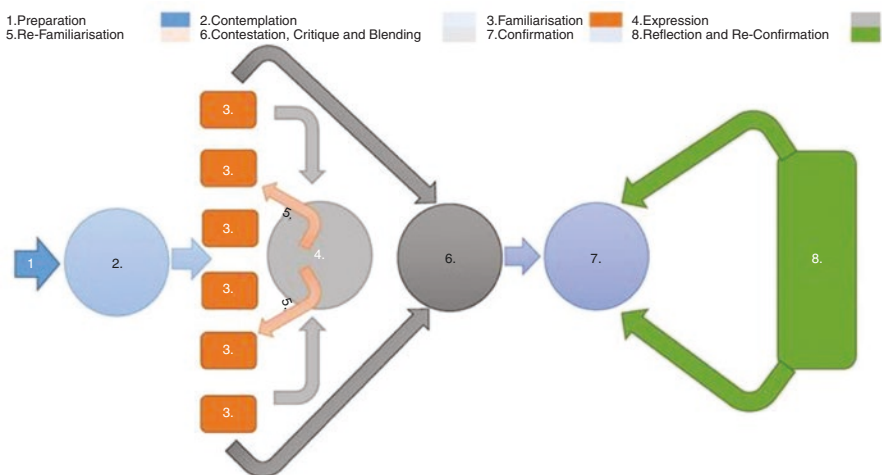

Fig. 11.3 Critical creative hermeneutics model

It is through these two processes that critical creative hermeneutic analysis is both a form of analysis and a process that creates new data. Through engaged critical dialogue, a collective perception of reality emerges and this is conducive to metamorphic actions, an essential element of action research. Engaging with creative methods surfaces embodied knowledge, which can be overlooked when using processes of analysis that rely on cognitive knowledge alone, circumventing the restrictive channels that semantic processes can limit us to. Figure 11.3 illustrates the steps of critical creative hermeneutic analysis, demonstrating how individual views of multiple data are brought together, thus engaging in a process that aligns with working with the values and beliefs of others, engaging authentically and leads to actions that are brought about through shared decision-making; these are core components of the person-centred nursing processes of the Person-Centred Nursing Framework. Additionally, the collective approach builds effective relationships in a process that shares power while bringing innovation to the fore through creative approaches which are fundamental to the care environment in the Person-Centred Nursing Framework. Ultimately, Cook's study showed that in a co-design of the curriculum, caring attributes can not only be sustained but also developed throughout a pre-registration nursing education programme grounded in theoretical ideas on person-centredness. ◄

Case Study 2 Mixed Methods in Exploring Person-Centredness Within the Emergency Department

Mixed methods research combines qualitative and quantitative approaches for the broad purposes of breadth, depth of understanding and corroboration [12]. McConnell designed a study, which demonstrates how mixed methods research can be used to explore the concept of person-centredness within the Emergency Department context [13]. The study was underpinned with the Person-Centred Practice Framework [1]. This study required a two-stage sequential mixed-methods approach. The methods undertaken were selected for their ability to address both the complementary objectives and the following factors influenced the design. The first objective was to explore the relationship between the constructs of three domains of the Person-Centred Practice Framework, namely the attributes of nurses and doctors, their engagement in care processes and the care environment from a staff perspective. This involved examining relationships between variables and therefore required a quantitative approach and an instrument to measure the relationships. The instrument used was the Person-Centred Practice Inventory (staff) [14], which was derived directly from the Person-Centred Practice Framework to measure relationships between the constructs of person-centredness. The second objective was to investigate how the relationships identified from objective one were experienced by staff and service users. A qualitative approach was best to hear their voices and to achieve this, semi-structured interviews were used. This stage had the further benefit of allowing staff to elaborate on, or clarify the quantitative findings, which according to

Creswell and Plano Clarke provide a more complete understanding of the research problem than either approach by itself [15].

The data sets from both stages were integrated at the interpretive stage. Statistical analysis of the quantitative data revealed that staff stated that they were person-centred and delivered person-centred care. However, thematic analysis of the qualitative data revealed an environment in which person-centredness was not being realised, and identified poor care experiences for staff and service users. The real understanding came from the integration of the findings. This was undertaken using what O'Cathain et al. term as the triangulation protocol, where the findings from each stage are represented on one page and examined to see where there are convergences, apparent divergences, complementary information or silences [16]. An example from this study can be seen in Fig. 11.4.

O'Cathain et al. highlight how searching for divergence between findings is an important part of this process as it is not a sign that something is wrong, rather it should lead to a better understanding. Additionally, she states this technique is the only one to consider silences that may lead to increased understanding or prompt the need for further investigation. This led to the development of meta-themes or key findings that cut across the findings from both data sets which, according to O'Cathain et al., give the process of integration credibility [16]. These key findings revealed implications for future policy, practice, education and research.

A key finding of this study was the interplay between the wider macro-context and the emergency department care environment, which had a powerful compromising influence on care delivery there. The problems, and therefore the
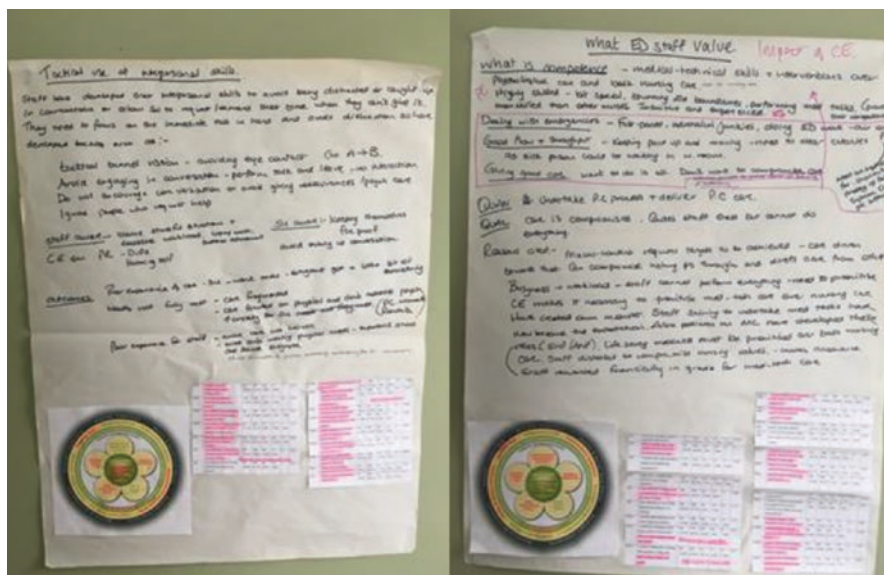

Fig. 11.4 Integration of two stages using the triangulation protocol [16]

solutions, to many of emergency departments' problems lie outside of it, and require a systems-wide approach. However, according to Laird et al., the practice context has the greatest potential to hinder or facilitate person-centredness [17], so provided there is a desire to accept person-centredness in practice, there are several more achievable aspects that could be addressed. Practice development is one approach that could create the conditions for staff to feel empowered and to lead and manage their practice environment. Strategies need to be developed to address staff stress and burnout as a result of working, in what they reported as, a chaotic environment with inadequate skill mix and staffing, variable staff relationships, a lack of power-sharing, top-down management and medical dominance and unsupportive organisational systems. In addition, staff need to be facilitated to identify their own personal values and beliefs. The collective value that was placed on technology, medical status and patient throughput over caring for persons, needs to be challenged to consider how this impacts on nursing practice, and could be modified. Future research should focus on how staff could be developed as leaders in their areas to enable them to realise person-centred practice in emergency departments.

A major strength of this study was the use of a mixed-methods approach. The two-stage quantitative and qualitative approaches ensured that the complementary aspects were measured to give a more complete picture. In addition, the qualitative findings were useful to illuminate and explain the quantitative data. The integration of the data sets produced new knowledge that would have been unavailable from undertaking a qualitative and quantitative study separately and therefore delivered 'more than the sum of the two parts' [15] (p. 13). ◄

Case Study 3 Mixed Methods Use in Realist Evaluation

Realist evaluation was the chosen methodology used to address the PhD research question—*whether, to what extent and in what ways Lean and Six Sigma in healthcare contribute to person-centred cultures.* Lean Six Sigma is a complex intervention when used in healthcare, being the combination of two process improvement methodologies originally developed in industry; Lean, developed in the Motor industry by Toyota, [18] and Six Sigma, developed in Motorola [19]. Westhorp et al. suggest realist evaluation is appropriate when the goal of the evaluation is learning about a program or when the program has not been evaluated before [20]. Realist evaluation facilitates analysis of interventions (in this case a University Lean Six Sigma education and training programme) through the means of adjudicating/evaluating realist programme theories, using both qualitative and quantitative research [21]. Realist evaluation has been applied in social policy, health and social work practice and more recently in evaluation of Lean Six Sigma healthcare programmes [22]. Realist evaluation design is well suited in assessing how complex interventions in complex situations work as it facilitates deconstruction of causal conditions underlying the intervention and its impact/influence [20].

    With little empirical work undertaken to understand how Lean Six Sigma influences person-centred cultures [23], it was important to develop theoretical explanations of how it is expected to work and to test these using empirically derived data. Realist evaluation provides a coherent methodology to achieve this and supports the use of multiple methods and data to test the theory. The lack of previous investigation into any potential influence of Lean Six Sigma on person-centred cultures means there is a lack of explanatory theories making it impossible to determine outcomes to evaluate. Subsequently, we considered that evaluation methodology informed by realist evaluation principles would both address the gap that had been identified in the literature, and offer the opportunity to develop and test theory, which is required for the enquiry.

    The study design comprised of an initial realist review of literature to identify initial Context, Mechanism, Outcome configurations. A Context, Mechanism, Outcome configuration can be seen as a hypothesis that a programme outcome (O) emerges because of the action of underlying mechanisms (M), which are activated only in particular contexts (C). Pawson and Tilley [21] see realist enquiry as enabling researchers to investigate the world from a realist perspective, with a focus on the development and refinement of these Context, Mechanism, Outcome configurations. Pawson sees social programmes as providing resources (e.g. the University Lean Six Sigma education and training intervention) that activate people's reasoning [24]—the mechanism (M). However, Pawson [24] further states that the activation of the mechanism is dependent on variables such as individual characteristics, circumstances and situations—the context (C), which leads to variation in outcomes (O). Within this research, three multi-faceted and complex Context, Mechanism, Outcome configurations were identified relating to patients, staff and the organisation.

    As part of an iterative approach to the construction and refinement of Context, Mechanism, Outcome configurations, Pawson and Tilley require that realist evaluators undertake wide and varied engagement with policy makers, practitioners and participants [21]. The research has focused on the Context Mechanism Outcome configuration relating to staff, as this was seen as being of the most value for local stakeholders to inform the identified patient and organisational Context, Mechanism, Outcome configurations. Data collection took place in the following sequence:

1. A series of facilitated workshops with participants ($n = 20$) to adjudicate the Context, Mechanism, Outcome configurations identified in the literature relating to Lean Six Sigma and staff. These workshops used person-centred processes to facilitate participant feedback and enable creative thematic analysis, congruent with McCormack and McCance's person-centred process of working with people's beliefs and values [25].
2. Individual interviews with workshop participants to further explore the themes that were developed in workshop 1 and to refine the initial Programme theory through individual adjudication of Context, Mechanism, Outcome configurations, using participants' chosen artefacts (Fig. 11.5) to facilitate what McCormack and McCance identify as 'engaging authentically'.
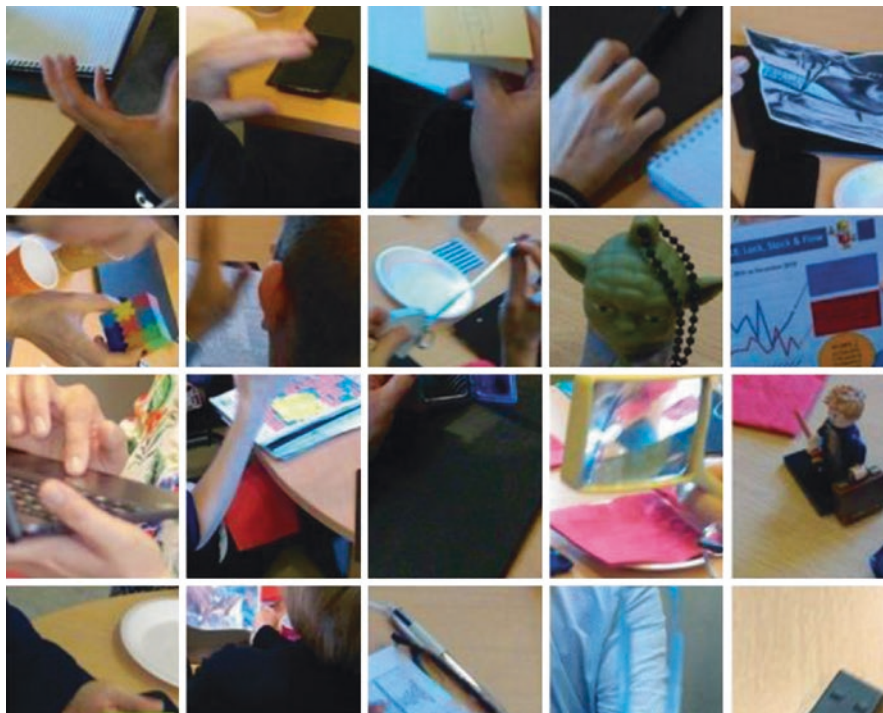
Fig. 11.5 Participant artefacts

3. A second series of facilitated workshops with participants to enable a final adjudication of the Context, Mechanism, Outcome configurations identified in the literature, refined in workshop 1, further refined in the individual interviews and now represented to the participants for further refinement. This workshop again used person-centred approaches to facilitate participant feedback and enable thematic analysis.

4. A review of quantitative data from each participants' Lean Six Sigma project work within their area of practice to source evidence of improved patient and staff experiences and patient outcomes.

• The above approach (in Fig. 11.6) is congruent with the use of realist evaluation methodology, with the study completed in iterative stages [21] using a combination of data collection methods, but in this case using person-centred processes to facilitate engaging with staff. With data collection completed and findings currently being disseminated, the combination of realist evaluation methodology with person-centred approaches to data collection has proven successful. ◄
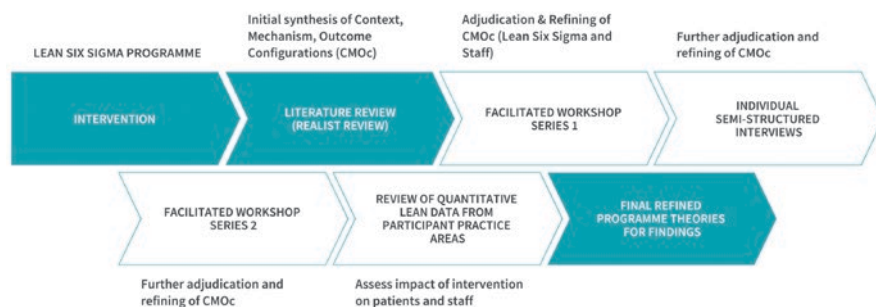
Fig. 11.6 Data collection process

11.3 Conclusion

The case studies in this chapter illustrate the differences in characteristics between multiple and mixed methods research and how either can be applied authentically within sound, rigorous and philosophically aligned research methodologies. The different modes of enquiry used in each study were chosen to specifically meet the aims of the research and answer the research question(s), providing rich and comprehensive data that could not be achieved when working with qualitative or quantitative data in isolation. While each has used mixed or multiple methods under different research paradigms, and remained rigorous in the application of the methodology, they were congruent with the principles contained within the Person-Centred Nursing Framework. Being true to an existing research methodology does not mean personhood is disregarded. Regardless of the research paradigm and philosophical framework, data can be collected in person-centred ways and be focused on answering research questions grounded in person-centredness. The use of collaborative, inclusive, participatory person-centred processes within our methods in these case studies was essential in both working with, and gaining an understanding of, the research participants' values, beliefs and experiences as they relate to the research question. What is essential is that there is an alignment between the philosophical underpinnings of the research and the deployment of the methodology and use of methods. These three case studies evidence the diversity of approaches and methods that can be taken while retaining a commitment to person-centredness.

Key Points
- Mixed and multiple methods research sits across a range of methodologies and can offer a multitude of possibilities in the pursuit of understanding person-centredness and moving it forward in practice.
- Multiple methods research involves the use of multiple sources of data that each has different methods of analysis, but which are brought together in a rigorous, analysis or synthesis, underpinned by congruent, cohesive methodological principles.
- Mixed methods research involves the integration of both qualitative and quantitative data to produce knowledge that would not be available from undertaking a qualitative and quantitative study separately.
- Engaging authentically with people, with the intention of creating the conditions for a collective consciousness within a social group, can be achieved through eliciting multiple perspectives contained within multiple and mixed methods, which are brought together in a cohesive, rigorous, philosophically informed way.

11.4   Web-Based Resources

- Critical creativity—https://criticalcreativity.org/
- Research Gate Debate on the difference between multiple and mixed methods research—https://www.researchgate.net/post/What_is_the_difference_between_multimethods_and_mixed_methods
- Bryman: Social Research Methods. Chapter 27: Mixed methods research: combining quantitative and qualitative research https://global.oup.com/uk/orc/sociology/brymansrm5e/student/weblinks/ch27/
- Realist Evaluation—https://www.betterevaluation.org/en/approach/realist_evaluation
- Realist Evaluation introductory resources—http://e-mops.ning.com/page/realist-evaluation-introductory-resources

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Person-Centredness in Nursing Education Research

12

Maria Mackay, Deirdre O'Donnell, Ailsa Espie, and Kristin Skei

12.1 Introduction

In this chapter, we consider the scope of published research on person-centredness in nursing education and acknowledge the Position Statement on Person-centredness in Health and Social Care curricula [1]. In addition, exemplars of emerging research on person-centred nursing education will be explored. Each of the authors will share a vignette to illustrate how their doctoral research is contributing to the further development of knowledge in this field. The vignettes reflect the progress of each of the authors in their doctoral research journey. It is anticipated that readers who are at similar points in their studies or who wish to consider doctoral research will connect with the contemporary approaches to person-centred nursing education research shared.

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12.2   Introduction

Person-centred nursing education research is a medium to generate knowledge about the process and practice of learning, both for those learning to practice from humanistic and transformational perspectives. For us, the vignettes also encompass some of the journeys to a becoming person-centred researcher and the development of associated pedagogies. This chapter explores the tension between the theoretical development of person-centred curricula and the operational challenges associated with curriculum development in a regulated profession, where curricula are then delivered across multiple agencies including academic and practice settings. We will argue that to improve the culture of nursing practice and healthcare internationally, nursing education needs to focus on enabling students to develop to their full potential as person-centred practitioners. This will require that all participants in nursing education have the courage to reflect in and on their practice in order to co-create learning that is transformational. It will also demand the further development of our understanding of the conditions for effective learning about person-centred practice.

Learning Outcomes
The learning outcomes for this chapter focus on Domains A, B and D in the RDF [2];

- To critique the current subject knowledge on person-centredness in nursing education (Researcher Development Framework. Domain A1, Domain A2).
- To challenge the inquiring mind by sharing innovative approaches to person-centred nursing education research including learning in university, practice environments and transnationally (Researcher Development Framework. Domain A2, Domain A3).
- To provide opportunities for the reader to appraise and reflect on the issues being raised and to make connections with their own research, learning and development (Researcher Development Framework. Domain B1, Domain B2, Domain B3, Domain D1, Domain D2, Domain D3).

While all persons are learners and learning is a life-long process, in order to create a shared understanding within this chapter, we will use the following terms to describe persons engaged in a learning relationship. Firstly, the term *student* will be used when referring to persons who participate in learning to gain a qualification. Secondly, the term *practice supervisors* will be used to describe registered nurses who facilitate the learning of students in practice. Thirdly, those persons who are primarily employed in higher education institutions will be referred to as *nurse academics*.

12.3   Person-Centredness in Nursing Education

While person-centredness has gained momentum in nursing practice with evidence of positive outcomes [3, 4], in comparison, the pace of development in nursing education has been less dynamic. A meta-synthesis of person-centredness in nursing curricula identified that whilst the importance of person-centred approaches to practice was widely espoused, there was limited published evidence of this being translated into nursing curricula [5]. Several challenges to promoting person-centredness in nursing education were identified. There was a lack of clarity as to the meaning of person-centredness. Although the term person-centredness was extensively referenced in the literature, it was generally not operationally defined. In addition, nurse academics reported that there was limited evidence about how to effectively facilitate learning about person-centred practice and how this could be positioned in the context of current systems including pedagogic principles, regulatory requirements and pragmatic issues. O'Donnell et al. identified that a range of teaching and learning approaches were reported to promote person-centredness in nursing curricula, including service user involvement, problem-based learning, the use of reflection and practice learning [5].

A key consideration when developing person-centred nursing education is to determine what nursing students understand by person-centred practice and how they learn this. Currie et al. concluded that students develop an understanding of person-centred care early in their nursing education [6]. However, they noted that in practice, students tend to focus on the nurse's role and how they should act and behave, rather than on the care experiences of persons receiving care. Other studies [7] have indicated that students' experiences of practice-based learning are a highly influential part of their education. Practice learning has been shown to affect the socialisation of nurses and has been described as the 'hidden curriculum' [8]. Further insights into how students develop an understanding of person-centred practice and their preparedness to practice in a person-centred way would extend knowledge in this field.

One of the ways in which person-centred education is evidenced is through creating transformational learning conditions to enable students to reach their full potential. Transformative learning theory as described by Mezirow [9] occurs when learners transform their learning perspective by creating an awareness of, and reflecting on, their habitual ways of knowing (meaning schemes) and their interpretation of assumption meaning perspectives. In considering transformational practice-based learning for students, the concept of belonging has been explored with students reporting they are more motivated to learn when they feel a sense of belonging and have a positive relationship with their practice supervisor [10]. Currently, there is a gap in understanding the impact of healthful relationships between students and practice supervisors on transformational learning. Healthful relationships in the context of the Person-centred Practice Framework [11] have been described as relationships that are underpinned by mutual respect, shared decision-making and trust.

Moving to a broader consideration of person-centredness in education is transnational education. This is the term used to describe programmes of education undertaken by students in a 'host country' which is different from the 'home country' [12]. Often transnational nurse education programmes are very similar to home programmes [12, 13] and as such can be developed with elements of colonialism, no matter how unintentional, which is most evident in the unequal relationships between the host and the home institutions [13]. There is much written about transnational education including evaluations of programmes/impacts of programmes [14], reviews of curricula processes [15], exploration of the factors that influence choice of transnational education [16] and ways that transnational education can contribute to international relationship building [17]. There is however scope for further research to explore how person-centred curricula could be developed and what they would like as well as much more rigorous exploration of broader cultural influences on transnational education programmes.

12.4 Emerging Research and Future Priorities

Internationally, nursing curricula aim to educate students to become competent professionals according to expected quality standards. These standards are underpinned by professional bodies, health care policy, strategic plans, core values and priority areas consistent with the priorities within each country and educational institution.

The understanding and positioning of person-centredness in nursing education raise certain challenges. On one hand, the inconsistent use of theoretically informed definitions and understanding of person-centredness has led to a lack of clarity in how the concepts, theories and principles are operating in nursing education. On the other hand, having one singular notion of person-centredness creates a risk of reducing this complex phenomenon to a lesser status. In order to assist curriculum developers, the ICoP position statement [1] has been developed. The statement identifies core dimensions of person-centred curricula, important considerations for curriculum planning teams and key questions to inform cohesive and integrated curriculum design. Furthermore, the ICoP position statement highlights the current scope of published papers relating to person-centredness in health and social care education and priorities for future research. We suggest that the following areas are key considerations for future research in this field: an exploration of the role and contribution of the metaparadigms to person-centred nursing education; how nursing prerequisites influence the professional practice of nurses; and, how person-centred learning cultures can be incubated to nurture the development of nurses who value, recognise and enact person-centred practice.

Each of the contributors to this chapter has identified a gap in our knowledge and from this, we suggest our doctoral theses will progress knowledge in the field of person-centredness in the curriculum. The following vignettes provide an overview of each of our doctoral studies. Each study is at differing stages of development corresponding to the progress made during each candidate's doctoral research journey.

12.5 Emerging Research on Person-Centredness in Nursing Education

Vignette 1: Person-centred facilitation for reflective inquiry by Kristin.

It is acknowledged that learning is a social process, a reflective inquiry [18] where supervisors and students reflect together, addressing the supervisors' understanding of their supervision and students' understanding of their learning. The practice supervisor's role is to enable students to develop to their full potential. The aim of my reflective inquiry-based study is to examine the competence of practice supervisors when supervising nursing students in clinical practice. It explores what characterises this competence. Findings will be used to develop person-centred practice supervision so that the needs of students can be consistently met.

Learning is both an individual and shared-with-others process and consists of situations of not knowing, trying to understand and lacking the overall picture, which often leads to anxiety of performance [19]. In this reflective inquiry study [18], I will ask participants to share and reflect on personal experiences, risking putting them in vulnerable positions. The quality of the findings of this study depends on participants providing free and honest accounts of their experiences. As a person-centred researcher, I need to understand this situation and be aware of how power relations and conceptions of feeling safe may influence an open and honest dialogue. In order to address this, data collection will be guided by one of the main principles of person-centred research, i.e. connectivity, which relates to attentiveness and dialogue, empowerment and participation and critical reflexivity [20]. The facilitated discussions in my study will therefore be cognisant of the issues and considerations as shown in Table 12.1.

Vignette 2: Crafting person-centred learning relationships for students and practice supervisors from Maria.

A gap exists in the current literature on what are the elements of a healthful relationship between students and practice supervisors. Hidden within the relationship is the notion of 'belongingness'. There is some understanding of the meaning and impact of belongingness for students, however, this is focussed on 'fitting in' rather

Table 12.1 Issues and considerations in achieving connectivity in person-centred dialogue

Issues	Considerations
Invitation	Creating interest and a feeling of wanting to contribute What are the motivational factors?
Clarify intentions	What is the purpose of the study?
Create understanding of the setting	Clarify the location, equipment, number of participants, participants' role Understanding of what confidentiality entails
Trusting premises	Present myself, my role, my intentions, my driving force Be authentic, attentive and respectful What are participants' expectations?
Power relations	Articulate different roles and positions Address the individuality each person holds in relation to own experiences and the value of all contributions

than challenging and supporting students to belong to their true selves (i.e. to grow their personhood). My research considers the impact of true belonging and healthful relationships within transformative learning in a non-classroom setting. The aims of this study are to:

– Understand what a healthful relationship between practice supervisors and nursing students looks like and feels like.
– Explore how healthful relationships between practice supervisors and nursing students influence transformational learning in clinical practice.
– Explore how healthful relationships between practice supervisors and nursing students contribute to the development of person-centred learning cultures in clinical practice.

I am using a person-centred and therefore, participatory approach to explore with students and practice supervisors, the elements that create healthful relationships between them and how this influences transformational learning during a placement experience. As co-researchers, we used creative methods including the use of emoji as a descriptor of emotional touchpoints within an exploration of the elements of healthful relationships. A question that emerged and still remains for me, is how do person-centred researchers become truly participatory in research?; particularly, how do we achieve authentic participation in developing the research design prior to submitting an application for ethical approval. I developed a process that enabled students and practice supervisors to have a voice in the development of the methodology and methods. The use of emoji that features in the research came from potential participants and interestingly, this enabled me to explore and gain an understanding of the use of emoji in research and to gain an understanding of how their use influences participants to connect to their emotions. Without participating with students, this would never have happened.

Vignette 3: Nursing students' perceptions of their person-centred practice having experiences of a person-centred nursing curriculum by Deirdre.

I contend that a fundamental way to promote person-centred practice in the healthcare workforce is to embed humanistic approaches to practice in the education of health and social care professionals [1]. Since 2012, nursing curricula at Ulster University have been underpinned by the person-centred practice and nursing frameworks (see Chap. 2) [11]. The aim of my study was to explore nursing students' perceptions of their person-centred practice having had experience of a person-centred curriculum. The study was aligned with the philosophy of pragmatism which holds that the meaning of knowledge is based on its practical relevance as demonstrated in and through human experience. It was therefore proposed that one way to determine the efficacy of a person-centred nursing curriculum is by the extent to which students perceive their practice to be person-centred.

The study involved a multi-phase, sequential, explanatory mixed-methods design. In Phase 1, an instrument to measure person-centred practice in healthcare professionals [21] was adapted for use with student healthcare professionals. Phase 2 involved a quantitative survey using the adapted instrument (Person-centred

Practice Inventory–Student) (PCPI-ST), which was tested with a cohort of under-graduate nursing students ($n = 532$). The survey generated data on students' percep-tions of their person-centred practice. In Phase 3, I facilitated five qualitative focus groups with nursing students across 3-year groups to gain further insights into the survey findings. The integrated findings of this mixed methods study have provided new knowledge about students' understandings of person-centred practice, stu-dents' views on the extent to which they perceive their practice to be person-centred and aspects of the curriculum that enabled or inhibited their learning.

This study makes an original contribution to research methods through the devel-opment and testing of the PCPI-ST, which is theoretically derived from the Person-centred Practice Framework [11]. When tested with this population, the adapted instrument demonstrated acceptable psychometric properties and confirmation of fit which endorsed the robustness of the Person-centred Practice Framework [11]. The study also contributes to nursing education and practice by identifying key themes relating to students' understandings of person-centred practice and provides insights into students' views about the efficacy of the curriculum in facilitating learning about person-centred practice. The findings from this study form the basis of a con-ceptual framework on learning to become a person-centred practitioner.

Vignette 4: An ethnographic study exploring if in-country culture influences the interpretation and delivery of transnational education programmes from Ailsa.

My doctoral work, based in Egypt, is designed to consolidate knowledge about transnational education and to explore from the perspective of the nurse academics involved how they make sense of, and deliver the transnational education pro-gramme. I place high value on honesty, respect, trust and in developing and sustain-ing relationships in which all persons are valued equally and, where connections between persons are held within an I–Thou relationship of reciprocity and mutuality [22] and these principles underpin my ways of being and doing as a researcher. There are many expected challenges when undertaking ethnographic research; I have selected two areas that surprised and rewarded me as a developing person-centred researcher.

The first challenge was my exposure to opposing views on the best way to under-take research in nursing education. I became aware, through the questions I was being asked by Faculty participants, that they expected that I would be undertaking a quantitative study. I therefore spent considerable time, learning to articulate the value of my ethnographic study, while respecting the views of others. It has been through these honest and open conversations that I have had the opportunity to engage authentically and to learn about the espoused beliefs and values of persons in the Faculty.

The second area relates to finding the balance between building relationships and keeping the research focus. I was aware that there were times during my research activities on the site where participants wanted to share information or talk about matters that were important to them but were not related to my research. As a researcher I am keen to keep these encounters as 'conversations with a purpose', however, as a person making connections and building friendships, I am striving to be attentive to participants' needs, to be present with them and to hold them in an

I–Thou relationship. I am learning, through shared decision-making processes with participants, to become a person-centred researcher so that these relationships are healthful for all involved.

12.6 Person-Centred Nursing Framework

The four vignettes have a strong relationship to the Person-centred Nursing Framework [22, 23] in that they consider the preparation of nurses from a lifelong learning perspective with an emphasis on creating an awareness of person-centredness internationally. Building on the existing Person-centred Nursing Framework [23], these PhD studies will add to what is known about approaches to the education of nurses and developing appreciation of the embodiment of person-centred practice within our current and future workforce. Finally, the vignettes have considered the framework in the development of educators and researchers as person-centred practitioners and consider the impact they have on our own practice. We now encourage future researchers to consider the vignettes and how they contribute to person-centred educational research in nursing.

12.7 Conclusion

In this chapter, we have suggested that there is a need for more research on person-centred curricula. We have drawn upon our own experiences from our doctoral work to showcase how we are adding to that body of knowledge. The vignettes reflect two key areas of scholarship and demonstrate different approaches to person-centred education research. These are research into embedding aspects of person-centredness within curricula and, developing an understanding of becoming a person-centred researcher in nursing education. Our belief is that to prepare nurses to be person-centred practitioners, their educational experience must be completely immersed in the ideologies of persons, personhood and person-centredness. Throughout pre-registration nursing education and subsequent learning, including life-long engagement (e.g. with professional development), the ethos of person-centred practice must underpin everything we do as nurse academics. This ethos must be evident in who we are, how we interact with others, what we do and how we transform our own personhood. We recognise that person-centredness in nursing education research is a dynamic process that incorporates an understanding of self, being knowledgeable about person-centredness, being an effective facilitator of learning and becoming a person-centred researcher.

> **Key Points**
> - Person-centredness in nursing education research is multi-faceted but fundamentally relates to a variety of factors that influence the learning experiences of nursing students and those who facilitate such learning.

- Nursing curricula that aim to promote person-centred approaches to care, should be underpinned by theoretically derived principles of person-centred nursing.
- Nurse education requires the facilitators of learning to be person-centred if we are to influence the preparation of person-centred practitioners.
- A person-centred researcher mirrors the ontological and epistemological framework of person-centred research, developed from the same domains and constructs of the Person-centred Nursing Framework [21] substantiating the humanistic values of person-centeredness.
- Nurse academics, practice supervisors and students engaged in transformational learning are always in a state of becoming as persons.

12.8 Other Resources

The following links explore;

- the use of emoji as a means of sharing our emotions https://www.youtube.com/watch?v=Ca8t9JMxLwc
- what it means to be in an I-Thou relationship https://www.youtube.com/watch?v=16Cr82mLhkw
- instruments for measuring person-centred practice https://www.cpcpr.org/resources.

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Adopting a Person-Centred Approach in Doctoral Supervision

13

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13.1 Introduction

In person-centred research, research supervision also needs to be person-centred. Research supervision is part of the research culture and the nature of research supervision acts as an indicator of how person-centred the culture is within a research context. This means that supervisors and novice researchers explore the ontological and epistemological philosophical ideas grounding supervision and the contributors engage in a shared learning process as learners. In person-centred research supervision, any exploration (such as an evaluation) of the relationship processes in the supervision alongside the content of supervision will reveal critically, creative reflection and ultimately, personally meaningful, depth learning. In turn, depth learning is essential for developing maturity in identity and transformation within

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personhood. Both attributes we consider core to the person-centred research experience and growth of personhood. Essentially, the research supervisor is a facilitator of person-centred learning as well as being a co-learner with their own development. The learning space and other conditions necessary for depth learning are held within a person-centred relationship. In particular, building meaningful connections is central to person-centred research supervision. We think of this as a form of vital energy:

> *I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.*
> Brené Brown [1] (2010)

Learning Outcomes

To consider the contribution of knowing self, perseverance, integrity, self-confidence that can be nurtured through person-centred research supervision (Domain B Personal Effectiveness; personal qualities).

To critique ways of engaging in research supervision (Domain D Engagement Influence and Impact; working with others).

In this chapter, we offer three reflections on person-centred supervision relationships to illuminate the learning outcomes set out above. They are ordered in a way we feel makes sense, however, you can read them in any order or separately.

13.2 Negotiating Rough Terrain

Our first reflective account is drawn from a shared experience between the doctoral candidate (Emma) and research supervisor (Tanya) that illuminates the importance of being and staying connected in the supervisory relationship, whilst negotiating the rough terrain that often characterises the PhD journey. Undertaking person-centred research requires the development of person-centred supervisory processes and relationships in PhD supervision that may look different for each candidate. Some supervisory relationships take place in close proximity with one another, and others involve collaborations across the globe. However, in order for the supervision relationship to be person-centred regardless of the geographical location, key principles of person-centred research are essential [2]. Despite person-centred ways of working, connectivity can be challenging to develop across different contexts, continents and time zones, which was the case for the supervisory relationship recounted here.

The journey for us commenced in 2016 with a supervisory team, comprising Tanya, a researcher from Northern Ireland, and two researchers from Emma's home country, Australia. This particular journey started at a conference in Switzerland in

September 2018. It was the first time after nearly 2 years of interacting across the world through technology that we had both met face to face. Whilst the working relationship had been fruitful thus far, and there was a sense of connectedness and getting to know each other, there was a shared appreciation for the opportunity to meet face to face. Being physically present enabled us to engage in different conversations and provided the opportunity to get a truer sense of person. Emma was planning to undertake a study visit in Northern Ireland after the conference and at the conference dinner Tanya extended an invitation to join a mountain trek with some friends and family during her stay in Northern Ireland. Without understanding the height of the mountain or forecasted weather conditions, Emma enthusiastically accepted the offer to climb the Mourne Mountains.

The morning of the trek arrived, and it was pouring with rain. Each year prior the sun had shone, but this year the conditions were far from ideal (Fig. 13.1). Regardless of the weather, people drove in convoy to the meeting point. Concern was voiced about the level of challenge due to the wind, rain and poor visibility, but all of us were committed to the journey and its significance. The trek began with the mountain nowhere to be seen. The wind was strong and icy and within minutes of walking to the base of the mountain we were soaked from rain and ankle deep in water from streams that had developed. The trek was led by an experienced hiker and scout leader, and the conditions meant there were parts of the journey that had to be walked in single file, at times only able to see a few metres in front. Not long into the trek there was conversation expressing shock in the conditions and concern for the journey ahead. However, comfort was taken in that most of the climbers had experience climbing this mountain before, had prepared well and that the poor weather conditions added a new level of challenge to the experience. It was important for Emma as a novice climber (and researcher) to be attentive to the direction of Tanya as supervisor and also to the needs/conditions of those around us as we climbed.

Fig. 13.1 Photograph taken on the day of the climb by Emma. Image used with permission of Emma Radbron

On reflection, the principle of attentiveness and dialogue outlined by Jacobs et al. [2] was very evident in this experience as both of us had to be attentive to self, others and the context in which we were climbing. Dialogue about the situation and our shared reflections led to a level of connectivity that took us both by surprise. Parts of the journey had been spent walking with/behind different people, some spent in discussion and others in silent reflection. During the climb we talked about many different things that revealed what mattered to each of us in our lives, making explicit values and beliefs that were shared. This resonates with the understanding of being as persons as described by McCormack [3] and in particular 'being in rela-tion'. This emphasised the importance of relationships and the interpersonal pro-cesses that enable the development of relationships and 'being with self', reflecting our fundamental human need to be recognised and respected for who we are as a person. Emma continues:

> *As we had been walking up the mountain, we had both been individually reflecting on the parallels between climbing a mountain and completing a PhD. We discussed how like climbing a mountain, the journey to complete a doctorate can be challenging with unpre-dictable conditions. The importance of walking the journey in close proximity with others and the need for trust and openness between researcher, supervisor/s and those who had undertaken the journey before became apparent. The reality that it is important to prepare well, pack light and take breaks to refuel. Whilst difficult to see the way forward sometimes, there are varied gradients along the way. Going at your own pace and looking at the next step in front of you is helpful for progressing in the journey, but pausing to look up and appreciate where you've come from is equally valuable. When we shared these insights with one another we were astounded by the synergy in our thinking and reflection. Climbing a mountain together under such conditions created the perfect experience to recognise the metaphor between the journey and undertaking my doctorate. It emphasised that this expe-rience had fostered connectivity between us as candidate and supervisor through efforts to connect with oneself (critical reflection), other persons (attentiveness and dialogue) and context.*

During the descent, the weather cleared, and the beauty of the mountain was vis-ible behind us. Areas that could only be imagined before were now able to be visu-alised and experienced. This brought greater insight to, and appreciation for, the journey. Shared experiences out of the norm, mean the relationship between those who connect in this way never goes back to what it was before. We found that con-necting through this physically and mentally challenging experience certainly took our supervision relationship to new heights and opened up a trust for new possibilities.

13.3   Principles for Person-centred Supervision

In this second section, Camilla Anker-Hansen and Brendan McCormack have cho-sen to use five principles for person-centred research', originally developed by McCormack [4] and further elaborated by van Dulmen et al. [5]

13.3.1 Informed Flexibility'

In the supervision team, we paid attention to facilitating an engaged relationship with an open dialogue characterised by authenticity and sensitivity to 'life challenges'. The unexpected often occurs, and when challenges arose, both professional and personal, we focused on adopting the person-centred process of engaging authentically in order to figure out the best response to the particular challenges, whilst remaining focused on the work to be done. Camilla reflects,

> *I always had a certainty and confidence that there was flexibility in the changes that occurred in the wake of the unexpected. Knowing this created the foundation for a positive, trusting relationship.*

At the heart of this way of working was the time we spent in creating connections as persons. Getting to know the person is at the core of being person-centred and this is no less the case in a supervision relationship. Indeed, the importance of knowing persons has been reflected in other supervision literature, such as clinical supervision by Mackay et al. [6]. Knowing our values and how these manifested in our ways of working was central to bringing informed flexibility to life. This enabled each member of the team to be authentic in expressing how we felt, what we expected to happen and what support and help we could offer. So, in essence, the flexibility and understanding of changes along the way were based on mutual understandings among the team.

13.3.2 Mutuality

Camilla reflects,

> *As a novice to the person-centred perspective, it was of great value for me to understand how Brendan transformed the principles of person-centredness into practice and to identify the connection between life and learning. In practice, this meant that I was met with a deep understanding of me as a unique person, not just another PhD student.*

The challenge in any doctoral supervision relationship is ensuring progression of work set within the rules and boundaries of the programme and the individual working style of the candidate. Values are critical to this balance. Working with the person's beliefs and values is a key person-centred process, and this process needs to be given due consideration in establishing ways of working in the supervision team. Even though we came to know each other well in the team and what our individual and collective values were, we still encountered 'road blocks' associated with misunderstanding expectations, working with English as a second language and differing perceptions of 'the right thing to do'. It would have been easy to apply technical, procedural and departmental rules to these situations, but instead we chose to work with the 'moments of crisis' [7] in order to understand and be understood. Becoming a person-centred researcher is not just the objective of the candidate in a doctoral

supervision relationship, as this state of becoming is something that all researchers concerned with person-centredness need to be attentive to. We continuously strived to understand and be understood and this was achieved through a mutual willingness to learn through our relationship while working with the perceptions and understandings of each other.

13.3.3 Transparency

In any supervision relationship, and especially in doctoral supervision, the giving and receiving of feedback is a foundational practice, but is possibly one of the most challenging to achieve in a way that is acceptable to all team members. As the literature suggests, one of the biggest challenges a doctoral candidate experiences is 'confidence in their own voice' [8]. In doctoral work, that voice is both the verbal expression of subject and methodological knowledge and the written word. Doctoral supervisors need to establish clear ways of working that focus on how feedback is given and received. It is our contention that it is in the process of giving and receiving feedback that all five of the person-centred processes come into play (i.e. working with beliefs and values; engaging authentically; sharing decision-making; being sympathetically present; and, providing holistic care). Being transparent about our 'intentions and motivations for action' is critical to working with these processes and ensuring the feedback is experienced as productive and growthful. As Camilla reflects,

> Confidence has been one of the cornerstones of our supervision relationship, without which the other conditions would have lost their value. This has laid the foundation for being explicit and clear about my own understanding of complex feedback, suggestions and discussions.

13.3.4 Sympathetic Presence

For many supervisors, how they approach supervision is based on their experience of being supervised as a doctoral candidate themselves. Despite this experience sometimes being many years previously, the impact of the experience lives on as something very real in supervision practice. Evidence suggests that many of the resulting practices are not conducive to supervising, i.e. how we experienced supervision as a doctoral candidate is not always transferable into how we supervise others [9]. Indeed, it can be detrimental to the relationship [10]. In most countries, supervision training and development are an explicit and required part of doctoral programmes and there are different ways of helping supervisors learn and develop 'relationship-specific' methods. It is proposed that moving towards person-centred research supervision practice may enhance the research environment, as healthful relationships between supervisors and postgraduate students may lead to increased postgraduate research outcomes [10]. Camilla reflects:

How did a person-centred supervision relationship arise and function? I think models and theories are effective resources to help stay focused; however, ultimately, how they are implemented in practice, affecting how the relationship is unfolding is the primary issue. To me it was crucial to obtain development support during processes that were incredibly demanding and challenging on so many levels. It was reassuring to have a safe space where I could share premature thoughts and ideas, which were discussed, challenged, deconstructed, reconstructed, sometimes rejected and other times further developed.

Brendan considers that being sympathetically present rejects the idea that we can know another's experience because of our own previous experience (such as how I might have been supervised). Instead, the work of supervisors is to come to know the particular situation of the doctoral candidate and pay attention to the 'cues' that they may be giving in response to different experiences and situations. Engaging in reflective authentic questioning is critical to this way of being in supervision and as Titchen et al. [11] have previously articulated 'listening with soft eyes' is so important—essentially being non-judgemental. When Camilla experienced doubt, she was encouraged to expand her ways of knowing through high challenge with high support, and ultimately, she was challenged to learn and grow as a person-centred researcher.

13.3.5 Negotiation

Participation is a key factor in all research, despite the dominant methodological focus. Of course, the research design determines the extent to 'how' participation is facilitated, managed, enabled or controlled. In a doctoral supervision relationship, active participation is critical to successful supervision. This can be as procedural as ensuring that regular meetings are set, that candidates produce work in advance and that supervisors read that work and come prepared to actively engage in constructive dialogue. However, it also relates to the quality of the relationships in the supervision team. In hierarchical models of supervision, the 'lead supervisor/principal supervisor' controls the agenda and tends to be less conducive to person-centred ways of working. We experienced team supervision as our ways of working, ensuring that all voices are equal and all inputs relevant. Such a culture encourages and enables active participation and engagement. It is through these ways of working that the team enabled Camilla to transition to being a doctoral candidate as she reflects here,

A particular challenge I experienced during the PhD process was shifting from a professional identity as a clinical leader to an academic identity, the process of becoming a person-centred researcher. I was unsure of how to situate myself in the text, how visible my own person could be and whether there really was any space for creativity. Being brought up in a tradition leaning to the positivist side and attempting to deviate from it was a real struggle. While wrestling with identities, the support from monthly supervision sessions was of immense importance. At times it felt like my perspectives were fluid, but this was always met with a curiosity to explore and clarify my thoughts and values at that moment and to negotiate the way forward.

If we were to summarise the essence of our experiences of supervision from a person-centred perspective, we would suggest it can be summarised as a sense of being connected, supported, accepted and inspired, while together embracing the core values of person-centredness. In addition, we did not lose sight of the time-bound research outcomes [10].

13.4   High Challenge and High Support

In their contribution Karen Rennie and Jan Dewing reflect on the dynamics of high challenge/high support as a two-way street or process within person-centred research supervision to demonstrate the shared learning process that sits implicitly within supervision and which both the supervisor and candidate engage in.

A core question accompanying us throughout the whole doctoral supervision relationship is: *What makes our research supervision person-centred?* Related or secondary questions at this time and pertinent to this chapter are:

1. How does high challenge and high support, as a methodological principle for transformational learning, work within person-centred research supervision?
2. What does high challenge/high support look and feel like for each of us in this supervisory relationship?
3. What does high challenge, high support achieve?

High support and challenge sit within facilitation of the doctoral learning experience in which the novice researcher (the doctoral candidate) becomes more effective and evolves their sense of motivation, autonomy and connectedness. Evidence shows candidates to be heavily dependent on the support that they receive from a supervisor or supervisory team [12]. Further, Severinsson [13] suggests that a relationship in which the doctoral researcher can trust and communicate well with their supervisor is necessary for transformational learning. The quality of our research supervision is dependent on mutual trust, respect and obligation. The demands on person-centred supervisors to offer the best conditions to enable candidates to engage with transformational learning are substantial. With a focus on high challenge, high support, we will now share how we feel our doctoral candidate–supervision relationship has been person-centred and enables transformation (Fig. 13.2).

Our starting point as persons committed to being person-centred and doing person-centred research was to co-construct a person-centred supervisory relationship, one that over time would possibly continue after the doctoral programme had ended. Through clarifying our ways of working we set out the aim very early on that we wanted our supervisions sessions to be provocative, understanding, (re)assuring, stimulating and ultimately contribute to transformation. To achieve all these things, we were conscious of the fact that we needed to work in a way that offers a combination of high challenge and high support [14, 15]. High challenge/high support is a principle which includes several methods and is regularly used in person-centred initiatives such as practice development [15].

Fig. 13.2 High challenge/
high support grid. Effective
challenge is non-
aggressive, non-combative
and deeply supportive with
the intended outcome of
enabling learning. Adapted
from "Anne Brockbank,
Ian McGill (2004)". The
Action Learning
Handbook. Powerful
Techniques for Education,
Professional Development
and Training. ISBN
9780203416334,
Routledge Taylor &
Francis Group

High Challenge / High Support Grid

Retreat	Growth
Stasis	Confirmation

High ↑ challenge, Low, Support
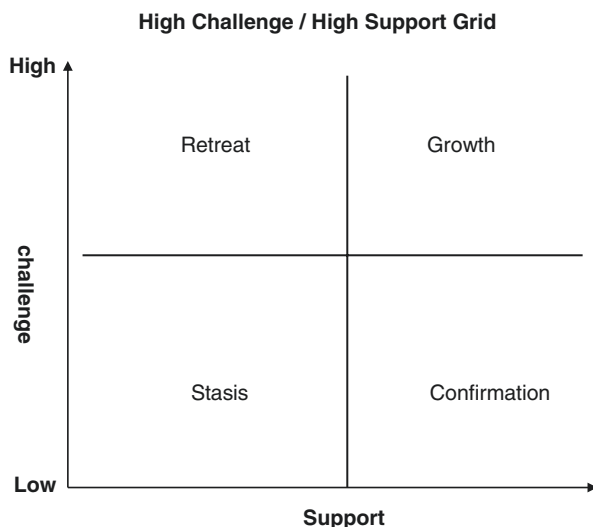
We could not assume high support; high challenge was present just because we
had talked about it and included it in a learning contract. We both recognised that
we needed to build in space to the supervision sessions for reflection on our experi-
ence. Karen took the lead for evaluating each of her supervision sessions and we
both separately reflected on specific aspects of the relationship and the relationship
as a whole; sharing our reflections through haiku poems on a regular basis.

We believe that high challenge and high support contribute to having an effective
culture that includes the potential for transformational learning. However, we also
suggest that practising high support and high challenge needs a person-centred cul-
ture in which to operate and be effective. We created a process where at the end of
every formal supervision meeting, we each individually reflected on the session and
noticed what stood out or seemed significant to us. We shared what this was and the
main emotion we experienced. We rated and plotted high challenge/high support on
a quadrant graph (Fig. 13.2).

Our aim was to always strive to be in the upper right quadrant where the combi-
nation of high challenge and high support was most evident. This allowed us to
regularly discover what aspects of the doctoral and/or supervisory process were
experienced as challenging and supportive (or not). With this insight, we continue
or revise how we approach our supervision sessions and how we connect with one
another. We saw this as attending to our 'micro-culture'. What we feel is an impor-
tant point to make is that this culture was not purely for the benefits of the doctoral
candidate. In our experience, high challenge/high support is a two-way street in
which the supervisor must also be open to being challenged in a supportive way. For
example, when Karen was initially exploring her philosophical underpinnings and
her ontological perspectives of what is a person, we both engaged in a critical con-
versation where we were challenging each other's position of personhood. Reflecting
on this conversation, Karen recalls she talked about this discussion feeling like an

enjoyable tennis match, where we were aiming critical questions back and forth with one another. Karen also challenged Jan at times where Karen felt the process of getting feedback was not what she needed to develop her thinking and research. Due to the fact that there was a high challenge/high supportive culture in the team, Karen felt comfortable approaching Jan with the challenge of reviewing how feedback was given. Over time, the nature of the support and challenge has evolved as Karen progressed through her doctoral programme and becames more independent. We feel that our doctoral–supervisory relationship has reached a level where high challenge is a common occurrence and a core principle, and we both have an understanding that challenge is a healthy process that aims to stimulate discussions and thinking and transform both the candidate and the supervisor. We move almost effortlessly back and forth between candidate and supervisor and being colleagues. More importantly, the experience of giving and receiving high challenge is also embedded in a person-centred relationship and is most often experienced as encouragement, trustfulness and kindness.

13.5   Conclusion

Person-centred, creative and learning focused research supervision enables novice nurse researchers to learn how to become competent researchers as set out in the Vitae Researcher Development Framework [16]. Person-centred research supervision is embedded in a person-centred relationship. The persons involved attend to the relationship process by learning together, drawing in theoretical ideas and models to help shape the process and to reflect on it, evaluate it with the subsequent learning put back into enhancing the relationship further. We believe these are vital presses in developing transformational doctoral learning.

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Progressing Person-Centred Nursing Research

14

Jan Dewing, Brendan McCormack, and Tanya McCance

If we knew everything ahead of time, all would be dictation not creation.

Gertrude Stein

14.1   Introduction

In this book, we have curated an exhibition of scholarly work by members of an international community passionate about person-centredness and nursing research. Much of it is still research in progress and much is still to be created. We begin this chapter by echoing and supporting the message set out in the Person-centred Healthcare Research book, that in the twenty-first century, to do valuable research in healthcare means doing research in a person-centred way [1]. The different chapters in this book have given an indication of the continuum of doing research in a person-centred way, from dipping of toes in the waters, all the way along to fully immersed person-centred research.

To ensure fully immersed person-centred research, by default means that a person-centred research culture complete with a strategy, is required. Culture in the workplace is in part, influenced by the sum of the individual personalities and personal-professional attributes. Further, it is shaped by management, leadership, policies, use of resources, traditions, expectations and standards, approaches to risk and reward and by how staff and end users are valued or not. A person-centred

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culture will not 'emerge' naturally; it needs defining and shaping through person-centred and therefore participatory processes. At the same time, the workplace culture is being actively developed by a team, members of that team are simultaneously working on their own personal endeavour towards becoming–being–becoming more person-centred, so things may not be perfect. The systematic development of a workplace research culture must have a strategic intention and design for it to be effective and have active endorsement and support from macro-level systems and leaders in the organisation.

Person-centred research in nursing can no longer be ignored or sidelined as a 'phase' or even dismissed a something 'we already do' [2]. Often those who claim we already do it are mistaking patient-centredness for person-centredness. National [3, 4] and international policy [5] clinical and care practice [6] and even education curricula [7] are embracing notions of person-centredness and its implications. Nursing, therefore, needs to respond to these multi-faceted agendas and strategic priorities and to influence these agendas by contributing person-centred research from across all the nursing disciplines and fields. In this book, we have opened up the field of person-centred nursing research for further consideration by the profession and to encourage others to learn how to do it, facilitate learning about it and build person-centred research cultures into nursing curricula at all levels [7]; enabling nurse learners to have it as an option in dissertation modules and post graduate routes.

In this chapter, we will bring together some of the key messages raised by authors in their chapters and draw on these to highlight aspects of person-centred nursing research that need more attention as we further develop person-centred nursing research methodologies, methods and outcomes.

14.2   Summarising the Chapters

As a research community we are committed to enhancing care experiences for persons receiving care or services from colleagues (such as student nurses). For many of the authors, a key message for readers of this book is that person-centred research starts with us—i.e. who am I as a person? The chapters generally highlight two arguments in which this is necessary. First, novice researchers need to give themselves permission to 'strike out' from the often rigid text book recipes on well-established research methodologies and how to operationalise them [8] to design more personalised and flexible clusters of methodological principles. To do this well does, however, require the researcher to first come to know the formal methodologies before deconstructing them. It also necessitates liberal amounts of imagination and creativity. We can see, through multiple chapters, how creativity has been core to research; for the researchers own reflexivity and as part of the research methods. Research needs to enable personal and authentic expression by the researcher; a very different position to the image of the bland invisible, traditional researcher. Second, person-centred researchers must systematically consider their own personhood. Person-centred nursing research is primarily an ontological process. Therefore, the lens of

personhood needs to be central to the person-centred nursing researcher. We are not suggesting that it is purely ontological. Indeed, it needs to be combined with other philosophical and theoretical ideas to create broader lenses for practice-based research. In many of the chapters, the authors discuss their ontological foreground and in some cases, we can get glimpses of the way in which they have dwelt on particular aspects, for example, on their own enlightenment and empowerment. We also get a sense of the vulnerability of person-centred researchers in how they learn to position themselves as a person in their research to enable different sorts of connections with other persons taking part in the research.

In many of the chapters, we get a sense of the ways in which the authors conceptualise the complex problems for nursing and it is evident that these are not suited to tightly constrained study designs [8]. Person-centred nursing research is about the potential and underlying intent that working in a person-centred way as a (co-) researcher provides, rather than any one methodology. That said, quasi and experimental research designs still have opportunities for moments of person-centredness, which must not be dismissed.

We are reminded of a powerful message offered by Thorne [9]:

> As we continue to expand upon and develop technique beyond the conventional research approaches of our cousins in the natural and social science research family, of their inquiry approaches and the intelligence of their study design modifications. Toward this end, we need to educate a new generation of nurse scholars with not only the capacity to fluently speak the language of conventional research methodology, but also the confidence and proficiency to lead an ongoing dialogue about when and how to break down the walls of convention.

14.3 Personhood

We are in a philosophical quagmire partly due to the lack of value and space given to philosophy in nursing curricula [10]. Person-centred nursing practice research will be enhanced when nurse educators address this situation. We argue that person-centred research should feature in all research training programmes for nurses. Persons and personhood are central to all activities in nursing and persons clearly feature as the primary construct within the nursing meta-paradigm [11]. It is therefore reasonable to assert that we should have a much clearer focus on it, by now, including its philosophical history and attributes. While a human being and person are often positioned as one and the same, in law and moral philosophy, they are differentiated [12, 13] by a person having certain moral status or being the source of certain capabilities and rights. However, these rights are often conditional on certain valued capabilities such as agency and cognition [14–16].

We see in person-centred nursing research that person and personhood as the core meta-paradigm for nursing, is given serious philosophical and theoretical consideration [7, 17] as a means to better understand the contribution of nursing. However, it is important for nursing research to acknowledge that no one perspective and definition of personhood can apply, particularly if it is Western or

westernised in origin [18]. To say we need to be much better at critiquing the Eurocentric nature of postmodernist understandings of personhood including conceptions of self and selfhood, is an understatement.

Cultural diversities around the globe mean that other philosophers and philosophical assumptions must be drawn on. For example, McMillan et al., while supporting the concept of person-centredness as universal, argue both person-centredness and ultimately personhood have very different meanings in Indigenous cultures [19]. Here, the individuality of the person is not privileged. In sharp contrast, by way of an example, the notion of personhood in Australian Indigenous communities is not defined by individuality, but by a deep connection to the notion of 'Country'. Also, unlike modern westernised notions of agency lying within the individual, agency for Indigenous people is with the community. Individuals have choices, but without the community as the vehicle, choices cannot be realised. The authors stress, it is important that Westernised person-centred care approaches do not repeat the fundamental errors of the Western biomedical approaches [19] by: (1) assuming universality of models and frameworks; (2) assuming theirs is the only or dominant discourse; (3) valuing individuality over collectivism and (4) imposing these frameworks on Indigenous communities. Moving forward, we will see more consideration given to non-Western ways of seeing person and personhood and seeing how this shapes nursing research paradigms.

14.4   Nursing's Metaparadigm

Looking at the metaparadigm of nursing in the Person-centred Nursing Framework in this book, we can see that understandings of nursing, the person, the environment and healthcreate the macro context for person-centredness to flourish. Global healthcare policy positions such as that of the WHO [5] have 'persons' and people centredness at the forefront of their strategy. Across the world, healthcare policies in different countries are also attributing person-centred care as the foundation for safer, higher quality health care [3–6]. As McCormack and McCance [17] maintain, humanising healthcare has therefore come [back] into focus and efforts are being made to develop systems, processes and practices that prioritise 'human factors'. Yet, as Phelan et al. [2] remark, it is somewhat ironic that lived experience is simply itemised as a 'human factor'. While there are pockets of nursing research about the benefits of person-centred nursing, further research evidence is needed about the benefits and longer term impacts of person-centredness in the shaping of nursing theory and practice at a global level. Thus nursing requires future generations of researchers to collaborate and build a convincing impact narrative that demonstrates how growing a person-centred nursing knowledgebase can re-shape nursing's global narrative.

National policy and financial investment across the globe indicates overwhelming support for building research capacity in healthcare systems. However, creating research environments that have a focus on capacity development requires considerable attention as it is approached differently around the world. Even within the same countries, capacity building is often done in parallel across different sectors of

research or between different disciplines in the same sectors [20]. We are a long way from being able to say what the complete set of researcher competence is needed for all nursing research for the longer term. There is a growing realisation that in a context where knowledge work is central to improvement and innovation, establishing effective research careers is vital and that this must comprise a long-term partnership between researchers, employers and organisations and funders [21]. Person-centred nursing researchers therefore need to take account of these and other emerging policies and frameworks and draw on them for their own career development and when leading teams of researchers. For example, in the United Kingdom, the Vitae Researcher Development Framework contributes to doctoral researcher programmes and then ongoing researcher development by providing a framework that supports the implementation of good research practice and governance. We have shown in this book, how the Vitae Framework [22] is relevant to person-centred researchers and can be applied to a wide range of person-centred research. Giving careful attention to the constructs that comprise nursing's metaparadigm through a person-centred lens enables us to consider the key characteristics of an effective person-centred nursing research culture–one in which the doing of research, the being of researchers and their potential to 'become' are given equal weight and prioritisation.

14.5   Person-Centred Research Culture

For individuals and research programmes to thrive requires a combination of knowledgeable, skilled researchers who can contribute at the critical moment when it is needed and a thriving workplace culture. Researchers need to thrive and flourish as persons and work play a major role in making this happen [23]. Positive psychology offers a contemporary perspective on human flourishing. In particular, Seligman proposes PERMA PLUS as a simple model to understand flourishing [24] (see Fig. 14.1). On its own, this model is not enough as it does not account sufficiently for the micro culture(s) persons are immersed in and the macro cultures surrounding people.

If we look to Virtue Ethics, a school of philosophy, we can better appreciate the nature of human flourishing. Living a life well depends on persons being facilitated to learn what this is and how best to do this in each and every situation. Therefore, being educated in formal knowledge is not enough; we need to have knowledge in how to acquire the skills set or a practice that is fit to promote flourishing. Thus, sharing knowledge and enabling others to learn are vital for flourishing. Indeed, Edmondson [25] suggests that for knowledge work to flourish the workplace must be one where people feel able to share their knowledge (p. xiv). Yet sometimes this does not happen. There are many workplaces including those where research takes place, where individuals feel unable to have a presence let alone a voice or to have different perspectives from others they work with or from managers. The notion of diversity is often tokenistic or superficial. A person-centred culture needs a diverse workplace and this must go beyond the acceptance of diversity—as this usually has elements of neutrality [26] and toleration in it, to an authentic positive inclusion of diversity [27] (see Fig. 14.2).
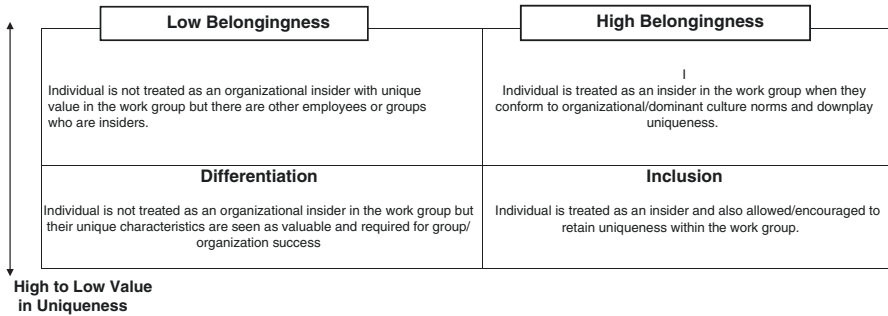
Key

P = Positive Emotion

E = Engagement

R = Positive Relationships

M = Meaning

A = Accomplishment

V= Vitality

Fig. 14.1 PERMA and well-being (V) Adapted from Seligman. Key: *P* Positive Emotion, *E* Engagement, *R* Positive Relationships, *M* Meaning, *A* Accomplishment, *V* Vitality

Fig. 14.2 Inclusion is defined as the degree to which an employee perceives that he or she is an esteemed member of the work group through experiencing treatment that satisfies his or her needs for belongingness and uniqueness (Shore et al. 2011). With permission from Shore LM Randel AE Chug BG Dean MA Ehrhart KH and Singh G (2011) Inclusion and Diversity in Work Groups: A Review and Model for Future Research. Journal of Management 37(4) 1262–1289

Psychological safety is currently thought of as a prerequisite for other workplace enablers to 'kick in' [25]. For example, shared decision-making and risk-taking (combined with the ability to make mistakes), being challenged by choice [28] even having curious and brave conversations in the workplace [28, 29]. Moving to this position can challenge conventional thoughts on psychological safety. Not everyone can feel safe all the time if the culture is to evolve [30]. Arao and Clemens suggest that feeling safe becomes equated to being in one's comfort zone. Being cosy in our comfort zone means we are not fully facing the future, nor fully engaging in challenging conversation and dialogue. This immediately places many more limits on new possibilities. This would have a limitation knock-on effect on research practice too. There are only a small number of research teams and research centres who have both the person-centred research culture and are strategically working on person-centred research. There are many more 'lone' nurse researchers working away on their own trying to do person-centred research. As we look to the future, a future facing, differentiated and inclusive culture is a necessity in order to create research impact, growth and sustainability. A variety of evidence about the current state of many nursing workplace cultures suggests that we continue to have much to do here.

In case there is any doubt, while we remain mindful of the dominance of positivism in healthcare research, we argue that this continues to exist mostly influenced by other professions, policy and politics. However, person-centred research will lead nurse researchers to challenge some of the remaining conventions in nursing research and to push forward boundaries in several aspects of healthcare research as we work with persons receiving care and colleagues from other professions. We need to continue to build cultures that enable pluralism, the blending of worldviews and research paradigms. Further, person-centred nursing research will inevitably challenge much of the standardised 'text' book approach to research methodologies and methods and may ultimately challenge the metaparadigms of nursing.

14.6 Final Words, for Now

Person-centredness in nursing practice is becoming more mainstream and nursing research does need, with a degree of urgency, to ensure it contributes to a body of knowledge that enables person-centredness to flourish across nursing and not just in pockets. Re-humanising healthcare is a continuous agenda and applies to all nurses regardless of context and role. We have shown in this book that person-centred nursing research has a contribution to make to nursing and nurses. Further, theory testing and building of theory in person-centred nursing are supported by the conceptual frameworks being developed in nursing research such as we have set out here and of course by the Person-centred Nursing Framework. As the framework is a mid-range theory it lends itself really well to testing in multiple contexts, at multiple levels in nursing and healthcare systems and across all the domains of the framework itself. The revised iteration of the framework in this book (see Chap. 2), offers the most up to date version to take forward in a wide-scale agenda for person-centredness in nursing research. We suggest that it is the core beliefs and values we

share as nurses that means person-centred nursing is every nurse's business. On the basis that philosophy is a practice, we suggest the practice of being and becoming a more healthful or flourishing person lies at the heart of person-centred nursing research.

> There ain't no answer.
> There ain't going to be any answer.
> There never has been an answer.
> That's the answer.

Gertrude Stein

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