

Symposium Title: Learning communities of practice for person-centred care: insights from and for daily nursing practice.

Chair/presenters:

- Margreet van der Cingel, professorship Nursing Leadership & Research, University of applied sciences NHL Stenden/Medical Centre Leeuwarden, the Netherlands (chair).
- Heleen Reinders- Messelink, Rehabilitation Center 'Revalidatie Friesland', the Netherlands
- Gonda Stallinga, Nursing Science, University Medical Centre Groningen, the Netherlands.

Background: As much as nurses want to provide person-centred care (PCC), today's healthcare practices, often driven by organizational routines, are an obstacle. Therefore, a learning culture at the workplace is needed. Learning communities of Practice (CoP's) are considered promising to facilitate such a culture. However, there is yet not enough insight into factors that contribute to successful learning in CoP's nor their contribution to PCC.

Aim: To share the outcomes of the ZonMw-funded research project 'LeerSaam Noord' in which CoP's are implemented.

Set up: Insights are presented from monitoring local CoP's (a university hospital, two centers for rehabilitation and a long-term care organization) which lead to four studies addressing how CoP's can contribute to: (1) learning of professionals; (2) what actually is being discussed related to person-centred care; (3) daily functioning of patients; (4) patients experiences with shared decision making (SDM).

Implications and future perspectives: To enhance the focus of nurses on person-centred care, including shared decision making and daily functioning of patients, a toolbox with guidelines was developed. Further research should address how the toolbox, representing the overall findings, can be implemented.

Session 1. Learning communities of practice in care, a study into contributing factors for professional learning of nurses. Presenter: Margreet van der Cingel

This session describes what learning in CoP's looks like in various healthcare contexts during the start-up phase of the project. A thematic analysis of eleven patient case-discussions in these learning communities took place. In addition, quantitative measurements on learning climate, reciprocity behaviour, and perceptions of professional attitude and autonomy, were used to underpin findings. Themes about learning emerged from the data such as: the perceived urgency, collegial support and the way professionals show cooperative behaviour during meetings. Reflective questioning and choosing patient cases in which there appear to be conflicting interests between the care recipient and the professional, are of importance for successful learning. Strikingly, there seems to be an inner conflict of professionals between what is perceived as patients' self-management and professional responsibility.

Session 2. Person-Centred Care in communities of practice: a study on how nurses discuss patient situations. Presenter: Heleen Reinders

PCC is often characterized by concepts such as a holistic approach, the uniqueness of a person, and patient participation within the care relationship. We studied what elements of PCC are demonstrated by nurses in CoP-meetings, each discussing various patient situations. Concepts of PCC found in a preliminary literature review were used as a conceptual model to support analysis. Nurses demonstrated aspects of PCC such as emphasizing a holistic approach as in having compassion for their patients and being able to see the uniqueness of patients. Nurses also endorse the importance of patient autonomy and active involvement in their own care, being the

participative aspect of PCC. PCC seems a natural way to deliver nursing care. Leadership, knowledge about and practicing how to communicate the issues important for patients is necessary to further improve PCC. Methodical dialogue in CoP-meetings seems of added value in this professional development and improving PCC.

Session 3. Patients' functioning discussed in nursing learning communities: a qualitative deductive content analysis using the International Classification of Functioning, Disability and Health. Presenter: Gonda Stallinga

The aim in this study was to describe whether, and if so, which aspects of patients' functioning, in terms of the International Classification of Functioning, Disability and Health (ICF) are addressed in CoP's. Patients' functioning, in the biopsychosocial model, is one of the central concepts in PCC. We performed a content analysis on 23 learning community discussions. They were deductively analyzed to identify themes related to patients' functioning by using ICF. Patients' functioning is addressed in all CoP's discussions with the exception of one. In total 49 unique ICF codes are represented. Most codes are in the ICF chapter 'mental functions', in particular 'emotional and cognitive functions'. Codes related to participation, environmental factors and structures are less represented. The discussions demonstrate that nurses do address patients' functioning but are mainly focused on the biopsychological part. To make further improvements in person-centered care, it is recommended to develop tools picturing person's body, mind, situation and context in the holistic perspective for which the ICF has the best credentials.

Session 4. Patients' experiences of shared decision-making in nursing care: A qualitative study. Presenter: Heleen Reinders

To explore patients' experiences of SDM in nursing during their stay in a healthcare institution we performed this study employing a descriptive design. Twenty participants were interviewed from participating care organisations. A constant comparative analysis method was used. The main unifying theme was 'feeling seen and understood', which seems to be a prerequisite for SDM. The themes included the importance of a positive nurse-patient relationship as a foundation for SDM. Next to that, patients experienced collaboration which was influenced by verbal and non-verbal communication. Other themes revealed that patients often felt overwhelmed during their stay affecting SMD and that many decisions were not made through SMD processes. Also the study highlights patients' perspectives on their role in decision-making. For nurses this implies the importance of building a good relationship, effective communication, collaboration and empowerment, acknowledgement of patients' feelings and circumstances, and awareness of other ways of decision-making.

References:

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