Exploring curiosity in nursing practice in the NHS

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Curiously wrought enhancement and development of practice
• Teams were self-selecting, decision to own, engage with and lead improvement processes was theirs
• Change and improvement at clinical level was supported by NHS ‘Modernising & Empowerment’ discourse
• 1999- 2006/7 - Many teams successful – felt empowered, inspired and rewarded through leading learning, knowledge integration & practice change
Problems

• 2007/08 (time of significant reform of UK NHS-efficiency and effectiveness) began to notice lack of curiosity and deliberative engagement and little evidence of reflective/reflexive activity

• Openly explored my perception with nurses

• Their voice – world of constantly changing demands, relentless change, pressure towards compliance and prescriptive forms of practice

• States of critical reflective and reflexive inaction, perceived oppression, impotence
Modernising Narrative?

• Distinguishing feature of a modern organisation or body is in the ability or propensity of its members to reflexively interrogate, integrate, generate and apply new knowledge (Giddens A. 1991 *Modernity and Self Identity: Self and Society in the Modern Age*. Polity Press, London.)

• NHS narrative – engagement with quality improvement, innovation, leadership & learning – liberation and empowerment

• Centrality of nursing narrative on primacy of nursing work, empowerment and professional habitus - creation of a body of nursing knowledge, theories and models and their application - scholarly practices of life long learning, reflective and reflexive practice - EBP

Counter narrative?

NHS - compliance to pre-prescribed cost containment, efficiency and productivity - targets, guidelines, protocols, pathways

? act as competing knowledge sources

? Is there a need for curiosity

What is the reality for nurses?
Literature Review

• No research on curiosity in nursing practice or healthcare

• Theories on curiosity still emerging and under debate - psychology and behavioural sciences - experimental designs undertaking factor and construct analyses

• Curiosity as: state, trait, perceptual, appetitive, intrinsic or extrinsic, interest or deprivation, depth or breadth, momentary or sustained, diverersive or specific
Despite the theoretical differences

Curiosity is a cognitively critical motive which stimulates mindful and deliberative reflective and reflexive action to interrogate, integrate and build knowledge. It is epistemic in its intent.

Contextual Factors

Crucial contextual factors can moderate the nature and extent of curiosity; deliberative engagement in curiosity rests upon prevailing mental models, world views and conditions that support combined cognitive, social and developmental elements (Silvia & Kashdan 2009).
Rationale for study

Considering:

• relationship between curiosity, learning and integration of knowledge sources into practice
• experiential tensions
• moderating conditions created by institutional boundaries and caveats
• No research conducted in nursing practice or NHS context

Primary aim – to explore the use of curiosity in nursing practice
Considering conflicting discourse, constant change and competing knowledge sources

Objectives of research are to:

• Understand the lived reality of nurses experiences of curiosity
• Understand the factors which may enable or inhibit curiosity
• Explore the nature of curiosity in nursing practice
Research question:
In an environment of constant change, conflicting discourse and competing knowledge sources – how and when do nurses engage in curiosity?
Methodology

• Majority of current research has utilised experimental designs to determine constructs of curiosity and test a plethora of measurement tools.

• Exception: One grounded theory study exploring ‘trait ‘ curiosity experiences of individuals and impact it had on their lives (Levitt et al 2009)

• Qualitative inquiry into it lived realities of curiosity, with consideration of paradoxical factors and contextual variants, which enable or inhibit curiosity have not yet been undertaken
**Narrative methodology**

Fundamental scheme to link contextually situated personal accounts of motives, experiences, events and actions of individuals into interrelated aspects of an understandable composite (Holloway & Freshwater 2007, Polkinghorne 1998)

Potential to highlight complex and contradictory elements and layers of meaning, to create rich archive for understanding how personal, relational, social and political realities are being constructed (Tambouku 2008)
Philosophical stance

Foucauldian perspective

- narratives emerge in contexts saturated by power/knowledge relations or discursive practices, which determine conduct of individuals and submit them to certain ends or domination and act as active practices of self-formation – the subjective capacities being developed to resist domination, subvert power and exercise freedom (Tambouku 2008)

- Encourages and inspires researcher reflexivity to look through the lens of curiosity to reveal contradictions, gaps, fragmented and incomplete sketches of the self – to be aware of the emergence of self, as power and knowledge are embodied in the production of narrative and in their effects (Squire et al 2008)
Research Design

• Mapping critical voices on curiosity
• Self narrative on personal experiences of curiosity
• Literature review
• Open form conversational interviews x 6
• Conversation on curiosity built across all 6 interviews
• Reflective diary kept by researcher
• Analysis – emerging themes during individual transcription of interviews
• Thematic analysis of all transcripts
• Discussion of analysis with all participants as one group to promote fidelity of interpretation and help shape collective narrative
• Shaping of the narrative
Ethics, sampling, recruitment & consent

• Ethical approval granted by University and local R&D access granted by 2 participating UK NHS Trusts

• Purposive sampling of 6 participants – NMC registered and currently practising RN’s

• Participants recruited through existing NHS contacts and via nurse managers from across 2 participating Trusts

• Consent obtained at first interview
Data collection

• Total of 6 unstructured, depth interviews were conducted from May 2013 to November 2013
• Interviews lasted for up to three hours each – resulting in 18 hours (212 pages) of continuous participant data
• Interviews audio recorded and transcribed verbatim
Data Analysis
Thematic narrative analysis

Catherine Kohler Riessman 2008
No rules, no pre-determined frameworks – principles

- Analysis is guided by prior theory – here Foucauldian
- Focus on the ‘told’ not on the ‘telling’
- Content is the exclusive focus
- Keeps an intact ‘case’ perspective – interpreted as a whole
- Theorise from the ‘case’ – rather than from component themes across cases as in grounded theory
- Primary attention is on what the narrative is communicating to uncover lived reality
- Attends to macro context
Data analysis

• During data collection – similar themes emerging by interview 3. Themes noted and explored with subsequent participants during interviews

• During Transcription – emerging themes – noted

• In depth reading and re-reading of transcripts– themes noted, cross referenced from transcription themes and coded
Curiosity by Invitation

‘If you are asked to get involved when there are new projects to develop things, that kind of work enables me to satisfy my curiosity, to see if my ideas work I can test things out…. I feel much more empowered.

It is so motivating asking the sort of questions... is this any use? will it improve patient care? Using your curiosity and actually taking action to change things.. That’s rewarding .......... You learn so much ....

..... But it can lead to a false sense ... you go back to the day job when the project ends and feel cheated... nobody on the ward is interested in exploring practice.... ....

If you continue being curious you are seen as a threat. I’ve been called a ‘goody two- shoes’.

So, if you’re not careful you can get marginalised....people avoid you.....

It seems like your curiosity has been time limited, bounded.....’
‘With the project I was asked to get involved in everyone felt valued. Your curiosity was fired up, ignited. It fuelled your soul... gave me energy and purpose.

It was a really positive empowering experience. The work was challenging and stretched you... and even when things didn’t go to plan, we re-grouped and shared our knowledge and learnt as a team ......we went to conferences and shared the new model of care we had done and the outcomes on patient care....there was an air of optimism and inclusion. It was an inspiring time.

Then just one day out of the blue our manager said we had to stop all the development work. We were told that improvements are not the role of clinical teams - that any decision or improve or to change things is managerial not clinical.

That was difficult to swallow as **** (manager) had encouraged us in the first place...... even came with us to conferences...... The lead consultant went ballistic...

For all of us, it was like bursting a balloon.... so deflating...

I felt like it was all a seduction. We were seduced......You know..... ‘Come, come.. be curious, have a lollipop’...

......then it was like suddenly your curiosity was locked up... like putting us all in a cage......
A fragmented world of mechanistic compliance

‘Everything is separated…. Protocol for this, assessments for that, tick boxes everywhere…..don’t think, don’t deviate. Care plans that don’t join up…… it’s meaningless…… It (nursing) is so fragmented. Your curiosity is silenced, inhibited, put in a dark corner……..no need for it.

It (compliance) cramps your professionalism and your judgement. It is not person centered care. It’s fragmented…..not got patients’ individual needs at heart. Patients have their idiosyncrasies .... You have to incorporate that.. Be curious about them as individuals .... But it’s a one size fits all!

I really worry about the future of nursing ..... What are we becoming? Where are we going? Are we in fact going backwards.... to task based practice?

Where is the space and voice for my curiosity... for my practice? Where is my professional knowledge in all of this stupidity?.....
'Forget curiosity, forget holistic person centered care. You don’t need nurses to be curious to fill in boxes and pro-formas. You just need to be an automaton – one day they could put it all into a computer programme and replace you with a computer or robot...........or a monkey. You could train a monkey to do what we are asked to do. But you’ve got to have that curiosity, you can’t nurse by numbers and tick boxes. You can’t have checklists to say ‘are the teeth done?’. Unfortunately, we do.... .....you’ve got to be curious.. look under things. Think differently.... pull on all the knowledge you have and more besides. Find unique solutions for unique situations... ‘cos every patient is unique. But the way things are now, it’s actually reducing curiosity, we are becoming automated .... It’s like a production line ... you may as well be a ‘check-out chick’ in Tesco.'
Curiosity Contained

‘You have to be really mindful of what can happen to your curiosity. You have to siphon it. Contain it. Otherwise you would go mad.

You are bled dry on a daily basis. It’s like working on a production line that is speeded up on an hourly basis. It just keeps ratcheting up. .....the system stifles it (curiosity). Stops it. ........It’s a feeling of us being distressed and in crisis.

.......it is very time pressured .... There’s no time to get together, be reflective and talk about cases, to see how we could improve things. We did try and set time aside for reflective practice, but it didn’t work out. There’s always somebody saying: ‘You need to come and see this person right now! Why haven’t you seen this person?! This person has ‘gone off’ while they have been here! It will be your fault if anything untoward happens!.....

It’s all about risk..... Everybody is just so obsessed with efficiency and targets. Targets, bloody targets... just obsessed.

In respect to my professional development, I’m going nowhere. It is just making me feel more and more despondent. My curiosity doesn’t have a space here. Sometimes I just want to escape nursing... just escape. .................

I go home, get in a warm bath and pull down the shutters.’
‘I’ve got some great ideas for improving our practice, doing things differently...... ...it’s all there (points to corner of room) .... I’ve got a pile of stuff there (indicates to desk) ... got it from a conference... it’s been on the back burner for twelve months now..

I try and pretend it’s not there...... I put my curiosity on on the back burner, cos it’s just like opening Pandora’s box. You know, ‘do I or don’t I open it all up’?

You know, what’s it going to reveal? What am I going to have to do about it?.. and if you haven’t got the time or you know you will have to do battle with the staff........ And it’s often a serious battle........ So sometimes you have to ‘triage’ your curiosity

And we are told to just get on (by managers), not to rock the boat, not challenge the status quo. Literally.

What could have been a good improvement for patients just stays there. We are mediocre really.......

I suppose I have now resolved to become mediocre - on the surface - at least and that’s an avoidance .......... It’s a way to cope.’
'I take my curiosity outside work. Like with my allotment, I’m always looking for different ways....
Take my carrots for instance. I found some drain pipes and thought; ‘I am gonna mix some sand, peat and soil and grow them in the drainpipes’. I can keep the carrots above the carrot fly that way and so they have room to grow long roots. ..... hopefully they will be p-e-r-f-e-c-t.’ (laughs)

‘I go to the library to fuel my curiosity .......... take myself off the ward..... I don’t read nursing journals or anything like that... no.. ....not the research either..... I just like learning about the history of **** ... there are some great pictures and documents from way back....... And I can use the internet to take me to far flung places and see what’s going on ---- took myself to the wreck of the Titanic last week.... got so absorbed... was fascinating...there’s so much I didn’t know!’
Curiosity by Stealth

‘….let me just say.. you can get where castor oil can’t…… you creep around the corners…find an inroad....use your curiosity for your patients’ advantage...use the system .. ......yes.

....Like when my patients need more input but I am being pressured to discharge them... to meet the numbers game... and that’s what it is... a game...... I use my curiosity and find ways to help them... to keep them in the system. It’s about being mindful about their needs.

Thing is, I know my patients. They will be back in a week or less in a worse state .....and they have to start at the beginning of the system again .... and that’s not good for patient care...... or a good use of resources.

I’ll never be dishonest or misleading. I do have my moral compass. But there are ways to use your curiosity to get what your patient’s really need. Even if you do have to go all around the houses to get there. You have to know how to play the game – it’s like a cat hunting a mouse...’
‘We find ways of ‘completing’ the set assessment......tick the all the boxes ...... but there is, shall we say, a certain creative craft to it.... Stuff is done under the radar.......... You have to be constantly curious to find ways to care for people in a meaningful way. It can be exhausting!’

 ...... There’s one part of it (assessment) that asks about diet and appetite and you are supposed to ask all the questions and write down the outcome. You are supposed to do that with ALL patients – regardless of circumstance.

 It’s all bollocks really ...... ......

 ..........if you have someone who has just jumped of a fucking bridge, you don’t ask them if they’ve got a good appetite or what they’ve had to eat that day, do you?! You subvert it all......tick the box and do some creative writing!’
‘Curiosity is done by stealth. It destabilises the systems and generates sub-systems and that’s exactly what the NHS is trying to inhibit ..... any kind of irregularity... something that is not tick box, protocol, pro-forma or pathway ..... people buck against the algorithm. The NHS is not influenced by reality.

People are constantly trying to weave ways around the corporate compliance line. It’s the only way we can provide what we know and understand to be really good practice..... really good meaningful care... that’s what nurses do....that’s who we are......

.....but practice is done and developed in ways which is hidden and covert....... by stealth .... And that’s dangerous. We (Nurses) need to capture and validate the knowledge from our curiosity not hide it.’
Tentative Insights

• In situations where discursive practices are inclusive and embrace practitioner led innovation and practice change, nurses engage freely and wholeheartedly with their curiosity and find reward through learning, knowledge generation, integration and emancipatory action.

• When such discursive practices are un-sustained, arrested, absent or are diametrically opposed, curiosity can become inhibited, resulting in anxiety and withdrawal. Uncertainties regarding nurses’ professional identity, knowledge and future purpose are raised. Acts of containment mediate the existential impact on inhibited curiosity.

• Personal independent action can be taken externally to the professional role as an enabler for curiosity, which may act as active practices of self formation and preservation.

• Acts of resistance to dominant compliance discourse are evident. Nurses engage in curiosity on a moral, but covert basis in an attempt to provide meaningful person centered care. Dominant power structures are subverted in attempts to exercise professional freedom.

• Concerns are raised as to ‘knowledge lost’, which may be generated from covert curiosity practices.
Limitations of the Study

• Small sample size – findings not generalizable across nursing communities
• Contextual variants in other healthcare environments/economies nationally and internationally may have produced different results
• Theoretical framework determines boundaries of narrative – isolates data within framework – can exclude other explanations/insights
References


