Nurse Education in Practice 17 (2016) 193–199

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/nepr

Facilitating values awareness through the education of health professionals: Can web based decision making technology help?

Rosemary Godbold [a, 1], Amanda Lees [b, *]

[a] School of Health and Social Work, University of Hertfordshire, Hatfield, Hertfordshire, AL10 9AB, UK
[b] School of Public Health and Psychosocial Studies, Faculty of Health and Environmental Sciences, AUT University, Private Bag 92006, Auckland, 1142, New Zealand

ARTICLE INFO

Article history:
Received 10 September 2014
Received in revised form
29 October 2015
Accepted 6 November 2015

Keywords:
UK
Web-based technology
Nursing workforce
Values

ABSTRACT

Recent events in the health care landscape have focused nursing's collective mind on the role of values in health care delivery. For example, in England, the government has issued a mandate to health educators that places primacy on developing a workforce who prioritise and implement the core values of the National Health Service. In the current environment in which 'values' have become common currency, this paper begins by asking what values are, arguing for greater understanding and recognition of their intrinsic role in driving decisions. It then reports on research carried out in New Zealand exploring the potential of the Values Exchange web based educational technology to promote and facilitate a values aware health workforce. Qualitative thematic analysis from a cohort of pre-registration health professionals revealed new understandings about values through the facilitation of deeper, multi-layered thinking. The unique online space provided a safe pre-registration environment for deliberating complex cases, with students readily identifying advantages for future practice and patients. For lasting and meaningful change to occur, a fundamental shift is required in our understanding of values and how they ultimately impact on the way we individually and collectively deliver care to our patients. The Values Exchange may offer a contemporary and timely vehicle for achieving these goals.

Introduction

Recent events in the United Kingdom's (UK) health care environment have brought the values of nurses and the nursing profession under close scrutiny. For example, the Francis Inquiry, which investigated poor care practices at Mid-Staffordshire National Health Service (NHS) trust from 2005 to 2009, ultimately concluded that finances were prioritised over patients (Francis, 2013). This led to a mandate from the government to Health Education England to develop a workforce who prioritise and implement the core values of the NHS (Department of Health, 2013). How are nurse educators to achieve this important and necessary goal? In the current environment in which 'values' have become common currency, this paper begins by asking what values are and why are they important, arguing for greater understanding and recognition of their intrinsic role in driving decisions and behaviours. It then considers the potential of the Values Exchange web based decision making technology (VX) to promote and facilitate a values aware health workforce in education programmes which are often dominated by skills, knowledge and evidence based ideologies.

A previous, small-scale research project with post-registration health professionals suggested that the VX offered health professionals an engaging way of understanding complexity within decision making, encouraged thoughtful reflection, and promoted recognition of the integral role that values play in decision making (Godbold and Lees, 2013). Building on these findings, this paper assesses the educational potential of the VX to achieve values awareness with pre-registration health professionals enrolled in an undergraduate ethics paper. VX response data from students shows that the VX can provide students with new understandings about how values are instrumental in decision making, what their own and others' values are, and how their values will impact on their professional practice. This paper concludes by considering the implications of these findings for a new era of values awareness and values transparency in nurse education, and potential benefits for patients. This study took place in New Zealand, and both its

* Corresponding author. Tel.: +64 9 921 9999x7647.
E-mail addresses: r.godbold@herts.ac.uk (R. Godbold), amlees@aut.ac.nz (A. Lees).
[1] Tel.: +44 759 7076030.

http://dx.doi.org/10.1016/j.nepr.2015.11.003
1471-5953/

findings and the ideology that underpins the use of the VX in the education of health professionals has international application, particularly in England where recent events have highlighted the need for a values aware work force to deliver optimal health care.

Background

The importance of shared and appropriate values in underpinning acceptable standards of care delivery was emphasised in England by Robert Francis who opens his report into the now well documented events at Mid Staffordshire NHS Trust by describing his inquiry as a story of "appalling suffering of many patients" which he ascribes in part to a culture which tolerated poor standards, and management and leadership which prioritised financial targets over acceptable standards of care (Francis, 2013, p.3). His recommendations are suffused with calls for a re-prioritisation of core, shared values by all those involved or responsible for patient care including "putting the patient first", and ensuring "a culture of openness, transparency and candour throughout the system about matters of concern" (p.4). As well as the focus on values within the Francis report, the post-Francis response has been dominated by declarations of how values should be re-prioritised. 'Hard Truths', the governments formal response to the Francis Inquiry, is saturated by values, including calls for a re-commitment to the NHS' core values (which include working together for patients, compassion, and respect and dignity) and a declaration that "targets or finance must never again be allowed to come before the quality of care" (Department of Health, 2014, p.9). In addition, in nursing in England we have the now familiar 6 C's which underpin the 2012 Chief Nursing Officer of England's vision and strategy for nursing: care, compassion, competence, communication, courage and commitment which provide an agreed values base for 'putting the people we care for at the heart of everything we do' (Department of Health, 2012, p.13). All of these important documents highlight values which no one would disagree are important for the delivery of high quality nursing care. Now the challenge for educators is to ensure that these agreed, shared values are actually implemented for the optimisation of quality health care by those working in health care. An important first step is to develop an understanding of what values are and how they actually function to drive and inform how we behave and the decisions we make, without which it is hard to see how we can collectively move to a meaningful values based model of care.

So what exactly is a value? Conway (2007) regards values as diverse; a benchmark to gauge uncertain action. Rokeach (1979) uses a number of descriptions: "The term values has been used variously to refer to interests, pleasures, likes, preferences, duties. Moral obligations, desires, wants, goals, needs, aversions and attraction, and many other kinds of selected orientations" (p.16). He affirms the notion of 'preference' as underpinning this list, an approach shared by Seedhouse (2005) who defines a value as "a human preference for a thing, a state or a process" (p.xxiii). Put simply, a value is just that, something that we personally or collectively have a preference for, be it a principle like compassion, candour or courage, a material possession like our house or our car or other things important to us, like our education or our friends and families.

Each decision we make is an inseparable mix of evidence and values and there is a growing body of literature that recognises this duality (Fulford et al., 2002; Godbold, 2007; Newcombe, 2007; Petrova et al., 2006; Seedhouse, 2001; Godbold and Lees, 2013). However, the dominance of evidence based ideologies in health care and the education of its workforce has led to assumptions that our decisions can be purely objective, and the integral and instrumental role of values in guiding our decisions and our behaviours is not always recognised. Unlike evidence, values are often not visible so their contribution to decisions are not always understood or considered (Seedhouse, 2009). An example of this was the international debate about government funding for the breast cancer treatment drug Herceptin for early stage breast cancer in the mid-2000's. The UK, US and New Zealand governments all had access to the same evidence base. The US medicines regulatory body granted approval for the drug in 2006. NICE, the UK's regulatory body followed suit in 2007, but was rushed into this "by patient pressure" (Gabe et al., 2012, p. 2358). However, PHARMAC, the New Zealand funding agency remained 'unconvinced' of the case for funding until a general election saw one of the major parties pledging to overturn their decision and fund the use of Herceptin. The National Party won the election and funding was finally available in New Zealand in 2010 (Gabe et al., 2012). Despite the same evidence, different values driving decisions led to very different outcomes for patients requiring Herceptin in the UK, the US and New Zealand at that time.

"What people believe will almost always influence their actions, and values therefore drive the behaviours that people are naturally and automatically motivated to do" (Sobieraj, 2012). As humans we are in a constant state of appraising and reappraising our experiences through the values we hold, regarding things as good or bad, beautiful or ugly, true or false and ultimately using our values as the selection criteria for our actions (Rokeach, 1979). The Francis report identifies values which drove the behaviours of those working at Mid Staffordshire, including secrecy, defensiveness, a lack of consideration for others, acceptance of poor standards and a failure to put the patient first (Francis, 2013, p. 65–66). When we accept the fundamental role of these values in making decisions and driving behaviours, given this value set, the events of Mid Staffordshire appear inevitable. If we accept that decision making is a mix of evidence and values, that our individual values drive our behaviours, and that values are an often hidden partner in this process, then education is needed to facilitate values awareness with all those engaged in the delivery of health care. The VX is one tool that may facilitate this (Godbold and Lees, 2013).

The Values Exchange

The VX is a networked web-based community supporting users from diverse disciplines to think deeply about ethical issues in their practice (see Figs. 1 and 2). It provides a unique online space for students to integrate both evidence and values in their decision-making; authentic opportunities to explore the complexity of practice based decision making and foster reflection on the thinking and decision making of both self and others. At the heart of the VX lies the Think Screen. Based on Seedhouse's Ethical Grid and Rings of Uncertainty (Seedhouse, 2001), the Think Screen incorporates elements of traditional ethical theory but also practical considerations (see Figs. 3–5 showing the initial proposal question followed by the Reactions and the Reasons sections of the Think Screen. See also Godbold and Lees (2013) for a detailed description of the Think Screen decision-making process). The VX's primary goal is values transparency.

Users of the VX are provided with cases relevant to their professional practice and asked to deliberate the case (see Fig. 6), providing the thinking for their decisions using the Reasons and Reactions screens. For example, a group of physiotherapy students were asked to consider a case where a patient swore the physiotherapy student to secrecy, revealing that they were contemplating suicide. In this small scale study, the students effectively identified and worked through the inherent tension between autonomy and beneficence in this case as they used the VX to balance the patient's