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Exploring the utility of a 'PRAXIS' evaluation framework in capturing transformation: a tool for all seasons?

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ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Exploring the utility of a 'PRAXIS' evaluation framework in capturing transformation: a tool for all seasons?

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Abstract

An evaluation approach, developed for the purpose of capturing greater understanding of transformational change in healthcare contexts, is presented. PRAXIS evaluation is an innovative framework that aims to capture the dynamic subtleties of individual, team and organisational transformation within the complexity of contemporary healthcare contexts. The PRAXIS evaluation framework offers a collaborative process for evaluating healthcare practice change and takes into consideration the influences of workplace culture. An ultimate intention is to further inform new knowledge creation and its subsequent transfer into critically informed, considered, practical action; i.e. praxis. The intention is to provide examples of using the PRAXIS evaluation framework for planning, implementing and delivering an evaluation project that pays attention to capturing and exploring, in depth and in detail, both process and outcome evaluation data alongside inter-relational issues that are often hidden or ignored. The PRAXIS evaluation framework aims to expose, critically consider and utilise, multiple issues in a systematic approach that captures the relational dynamism of the environment alongside participants' own influential contribution to healthcare transformation.

Keywords: praxis, innovation, evaluation, transformation, archaeology

Introduction

The notion of PRAXIS as a framework for evaluation was first devised by a group who belong to a broader collective known as the International Practice Development Collaborative. Our initial developments are captured in a book chapter (Wilson et al., 2008) as part of the *International Practice Development in Nursing and Healthcare* (Manley et al., 2008) publication. The book chapter is a compass reference point for this paper, and offers a more detailed discussion of the PRAXIS evaluation framework's theoretical development, alongside other evaluation approaches. However, what we can now add to the debate is an outline of our experience of using PRAXIS evaluation as a framework within education and practice settings with healthcare teams and stakeholders who directly experience healthcare.

The focus of this paper is therefore to reveal how PRAXIS, an inclusive and collaborative evaluation approach has emerged and been tested in healthcare contexts. To demonstrate its versatility for

evaluation, PRAXIS evaluation is presented as both a mnemonic tool that can aid practitioners in the investigation of the impact and consequences of their practice and a sensitive and robust evaluation framework that works well within the complex environment of healthcare settings. Whilst PRAXIS evaluation is non hierarchical, relational, inclusive and dynamic in nature, such flexibility has both benefits and some disadvantages, which are outlined in the working examples presented. We outline how PRAXIS evaluation has been implemented when working with clinical teams, individual practitioners and within healthcare education and show how it enables participants to engage with transformational change, as it occurs, as well as concentrating on intentional healthcare outcomes to be captured as part of an evaluation of transformational practice change. From the work to date and practice experience, we propose PRAXIS evaluation offers an initial practical tool, a purposeful evaluation framework and collaborative approach to further explicate 'praxis', as critically informed action. These claims may sound as though the PRAXIS evaluation framework is indeed a tool 'for all seasons'.

The PRAXIS evaluation framework encourages consideration of all aspects of evaluation, not only data that is readily captured through any other form of evaluation, but also considers what potential data might be found, through paying attention to what is happening 'beneath the surface'. For example, recognising and capturing the nuances and implications of espoused values in healthcare professionals' approach to care delivery. Identifying how these values then become embedded in the principles of care delivery can be seen, heard and experienced by stakeholders who live, work and experience the multi-faceted elements of workplace culture (Drennan, 1992; Manley, 2004). Therefore, to aid understanding, archaeology as a metaphor is used to help further 'unearth' what PRAXIS evaluation entails.

Archeology as a metaphor is used not only in practical terms, (i.e. outlining stages of the inquiry process) but also as a means to capturing the imagination around how to creatively and constructively utilise PRAXIS evaluation's versatility through using a critical creative example (Titchen and McCormack, 2008). It is used to aid understanding of the creative potential for utilising PRAXIS evaluation. For example, PRAXIS evaluation was 'unearthed' through the drawing together of many theoretical and philosophical ideas such as transformation (cf. Habermas, 1991; Hegel, 1998; Freire, 1973), praxis (cf. Connor, 2004) and evaluation (cf. House, 2000; Pawson and Tilley, 1997), within the very practical world of healthcare. It is intended to use archaeology as a means to organise discussion and not to get carried away with a fascination of times past.

Complex healthcare contexts: undulations in the landscape

Attempting to understand, influence and innovate within contemporary healthcare is a global phenomenon, with research interest targeting how best to capture and apply best evidence into practice changes (Drummond et al., 2005). However, measuring and evaluating healthcare, from the perspective of those who are in receipt of and engaged with the delivery of care, remains a methodological challenge (Patrick and Yen-Pin, 2000). Attempts to overcome this problem have been recognised within participatory action research (cf. Koch and Kralik, 2006), where the inclusion of wide stakeholder participation is identified as a key element required for achieving sustainable innovation in the constantly changing and challenging world of healthcare (Evashwick and Ory, 2003; Minkler and Wallerstein, 2008).

Warne et al. (2007) discuss how a modernisation agenda in health and social care settings has resulted in a '*constantly turbulent organisational and practice environment'* (2007, p 947) and that staff oscillate between engaging with the rhetoric of organisational drivers for improvements, demand for evidence through quality orientated targets and their own personal struggles experienced in response to daily clinical reality (cf. Menzies-Lyth, 1960; Smith, 1992; Hardy et al., 2002). Finding a suitable evaluation framework to attribute and measure the complexities of

organisational change within healthcare remains a problem (Pawson and Tilley, 1997; Redfern et al., 2003; Wilson, 2005). Wilson (2005) argues for a different approach to evaluation, one that is concerned with emancipation and the ever changing environment of clinical practice. She concludes, '*There must be a willingness to engage in thinking about that which goes beyond what is seen as 'real' in evaluation and make the leap towards 'sociological imagination*' (Mills, 1959) *which enables a creative, innovative and scholarly debate to emerge*' (Wilson, 2005, p 19). Achieving this and the ability to engage with and recognise all the different facets involved in effective healthcare delivery has most often been associated with 'expert' practitioners (Hardy et al., 2009); whereas PRAXIS evaluation provides a structured framework that enables a rapid mechanism for identifying separate facets into a relational wholeness.

Furthermore, within the context of transformational change, use of the PRAXIS framework offers a collaborative, inclusive approach to evaluation. Consideration is given to including participants' personal values and ontological (values based) debates which have subsequent impact on project decisions as collaboratively informed actions. When identified as a transparent, articulated critical process, critical reflexion and a willingness to consider issues via an inclusive debate can in itself be used to further inform and capture evidence of how to achieve and sustain practice innovation, whilst drawing from a broad range of stakeholder opinion.

PRAXIS evaluation and transformational change

It is well recognised in fields of education and practice development that personal and professional transformation is achieved through enabling learning to take place via a process of critical reflection on lived experience (Manley, 2001; Titchen, 2000; Binnie and Titchen, 1999). Fay (1987) identified that when practitioners engage in a process of critical inquiry they move along a continuum of initial *enlightenment*, through *empowerment*, then on towards *emancipation.* Another purpose of emancipation is not only the development and transformation of the individual, but also has relevance to whole groups or communities (Titchen and Binnie, 1993; Kemmis and McTaggart, 1988; Whitehead and Foster 1984).

> *'The intention is to give persons the power to act to bring about change by generating knowledge through rational reflection on personal experience'* (Grundy, 1982, p 24).

Emancipation for Grundy (1982) is *praxis,* described as an action freed from the dominant constraints of the environment. Fay (1987) argues that it is the act itself (of research, evaluation and/or reflection) rather than the product of the act that is emancipatory. The development of enlightenment is also present in Mezirow's (1991) concept of perspective transformation, more specifically achieved through theoretical reflexivity (i.e. critical reflexion).

PRAXIS: a mnemonic tool

The word PRAXIS is written in capital letters as it is a first letter mnemonic, in itself a memory tool, to help people remember to include all key elements involved in constructing a collaborative, participatory and inclusive approach to evaluation. Each letter represents one separate element, but only when these are brought together, allowed to interweave and interact, does the relational aspect of the evaluation framework take shape; rather like an archaeological excavation of fragments of pottery. One or two fragments can offer up an idea, or an informed guess as to what the original artifact might have been used for. Whereas, when pieced together with more of the separate elements, exploring these within their surrounding context (i.e. where they were found in the ground and how they were unearthed), a far clearer identification of the pot's utility begins to reveal itself. Archaeologists can then make a more informed statement on the pot maker's identity and place of origin etc.; all of which can be used to reconstruct understanding of the specific

community's activities, rituals and how these interacted and were affected by environmental surroundings.

Provoking PRAXIS

Most people are drawn to starting any evaluation with consideration of the evaluation project's **P**urpose, then move through all the letters of PRAXIS in order. For example, once **P**urpose is clear the team then move sequentially onto consider **R**eflexivity; as identifying collaboratively created critical questions to inform and challenge insight, assumptions and understanding. Once the **P**urpose and key critical **R**eflexive questions are identified, the third issue; choice of **A**pproach to gathering evidence is considered. This in turn can lead to a recognised need to re-consider all three previous elements (**P, R** and **A**) alongside the practicalities of the conte**X**t, within which the evaluation work is taking place. For example, when is the best time to engage staff in an evaluative exploration when their main focus is the immediacy of patient care delivery? Whatever **A**pproach is chosen, the final choice will need to be appropriate to both the conte**X**t, **R**eflexive critical questions and the project **P**urpose.

The fifth element of PRAXIS is one many groups find the most difficult to differentiate from **P**urpose: the notion of **I**ntent. **I**ntent identifies the (intentional and unintentional) motivational drive to undertaking and engaging with evaluation. Clarifying **I**ntent is potentially an aspect that other evaluation frameworks overlook, or leave until much further into the evaluation process. Some evaluation approaches consider for example, the evaluators own reflexive musings at the close of the project. Democratic evaluation approaches (cf. House, 2000), consider understanding project **I**ntent through encouraging introspective discussion of the notions of 'insiderness' and 'outsiderness', or use psychological notions of 'subjectivity' and 'altruistic drives'. Whereas within the PRAXIS framework, critical reflexivity of the notion of **I**ntent is explicitly and collaboratively explored at the outset and continues throughout the evaluation process. Explicit exploration of **I**ntent enables participants to consider via a critical framework, how (not only their own but their colleagues and other) stakeholders involved will all significantly contribute to the evaluation.

Identification of participants' ontological beliefs and how these influence choice of **A**pproach will directly influence how an evaluation takes place, what and how people wish to engage, and where and how to identify and recognise different sources of evidence. Clarification of participants' (personal, political or professional) **I**ntent overarches and interacts with **P**urpose, which links back and forth with **R**eflexivity, which in turn informs choice of **A**pproaches, and so on. All of this interaction becomes a part of the evaluation data, to be mapped out in terms of how each element influences not only the evaluation process, but also potential and intentional outcomes. It is here at this crossroads, that some participants decide not to continue to engage with the PRAXIS framework. This is perhaps due to their personal preferences becoming exposed and open to challenge. Yet, for many this is the very start of a transformational awakening, a first step in the process towards praxis; practicing creative activity and developing practical knowing to inform transformative action (Titchen and McCormack, 2008). These early awakenings to a transformational process can be then taken further, through consideration of the sixth element of PRAXIS.

The sixth element, left here to last but considered as relational to all other aspects of the evaluation being explored (as outlined above), is explicit consideration of inclusive participation with **S**takeholders. Engaging **S**takeholders within critical debate brings potential for broadening further a creative consideration to an evaluation. Engaging with a wide **S**takeholder group can lead to incorporation and consideration of alternative perspectives and of what might constitute different types of evidence. In addition, **S**takeholder engagement leads to consideration of the how, when and where these forms of evidence are best captured, which in itself draws upon a person centred intent to engagement and collaboration (McCormack and McCance, 2010).

In Boxes 1 and 2 below, is an example taken from a group of clinicians, working within an acute NHS Trust in England, who wanted to better understand what effect their work on identifying and introducing evidence based practice standards had achieved on patient care outcomes. The inner city based NHS Trust had provided a small amount of funding to help the unit undertake the project, so the team were keen to provide a robust account of what impact the project work had on patient experience. What the two boxes reveal are how the group worked through PRAXIS as a mnemonic tool to shape their ideas for commencing an evaluation of their project outcomes. This process also led them through a reflexive cycle of critical questioning, that in turn led to a decision for a more inclusive approach to patients and their representatives (as key **S**takeholders) in the final evaluation process.

As seen from this example, when working with PRAXIS as a mnemonic tool it can be observed that as teams arrive at the **S**takeholder involvement element, they soon realise the need to return again, to re-consider issues around **I**ntent, **P**urpose, **R**eflexivity and choice of **A**pproaches. The process of reconsideration, as outlined in Boxes 1 and 2 occurred within the same meeting, and offers a process where insight, awareness and a far clearer recognition of potential to further enhance critical debate is achieved promptly, in the attempt to attain praxis, as critically informed action.

Box 1. Example of PRAXIS evaluation developed by clinicians on Unit 5 at the start of their project to introduce evidence based practice	**Box 2.** Second round of questions on Clinical Unit Five revealing evidence of a more focused and inclusive evaluation approach can be seen to be emerging
PURPOSE: How to introduce evidence based practice (EBP) standards on Clinical Unit Five?	**P**URPOSE: How to evaluate the introduction of evidence based practice (EBP) standards on Clinical Unit Five: How have the EBP Standards effected care delivery? What have patients experienced during their time on Unit Five? How can we use the patient experience to further inform what standards are to be developed next?
REFLEXIVITY: What helps practitioners use research evidence to inform their practice? What are the barriers to EBP on Clinical Unit Five?	**R**EFLEXIVITY: What helps practitioners use research evidence to inform their practice? What are the barriers to evidence based practice on Unit Five? What effect does working from EBP standards have on patient experience?
APPROACHES: What evidence do we need? Focus group interviews. What evidence have we already got? EBP staff meeting minutes, journal club review data.	**A**PPROACHES: What evidence do we need? Focus group interviews, patient survey with option of face to face interview. What evidence have we already got? EBP staff meeting minutes, journal club review data.
CONTE**X**T: Clinical Unit Five as a new team of newly qualified staff, how can we engage them at the start of their time on the unit to implement and work with research evidence to inform their practice and develop practice standards? The EBP group have met now for six months, what have they achieved in that time?	CONTE**X**T: Unit five as a new team of newly qualified staff, how can we engage them at the start of their time on the unit to implement and work with research evidence to inform their practice and develop practice standards? The EBP group have met now for six months, what have they achieved in that time? Patient group in hospital maximum of five days post operatively, when is the best time to offer them the survey?
INTENT: To be able to report to Trust Board that patients receive best care and have evidence to prove this. To report back that the EBP group have introduced EBP standards, but still have to provide an evaluation of the outcomes on patient care and staff practices.	**I**NTENT: To be able to report to Trust Board that patients receive best care and have evidence to prove this. To report back that the EBP group have introduced EBP Standards, but to provide an evaluation of the outcomes on patient care and staff practices.
STAKEHOLDERS: New intake of staff, clinical lead, registrar, link tutor, EBP group members. How to engage patients and their families in the outcomes? Is that or could that be a second phase of our follow up evaluation project?	**S**TAKEHOLDERS: New intake of staff, clinical lead, registrar, link tutor, EBP group members, invite a volunteer patient or family representative.

The impact of using the PRAXIS evaluation framework is offered in another example of working with people with experience of using mental healthcare services as project leads. The project team's aim for the evaluation was to help enlighten practitioners in how their verbal interactions to distressed individuals could be delivered in more sensitive and restorative ways. The project team's particular **A**pproach and **I**ntent were made explicit around a desire to prevent any additional distress being placed on any research participants as a consequence of being asked about their experiences of using and engaging with mental healthcare services. The project **I**ntent was very different to the original **P**urpose, which had been initiated by professional staff who wanted a service user led review of service successes. Therefore the process of clarification meant a need for re-engaging in discussion with project sponsors (i.e. professional staff) to include the project team's project **I**ntent. This process provided opportunity to influence how and why interviews were subsequently being conducted. As a result, staff were able to make connection between their own behavior and interactions with service users. Over time these interactions were observed to subtly alter, and were raised as a consequence of an increased awareness of the critical debates staff had experienced with the service user participants that enabled new insight and exploration of **I**ntent to be brought to the surface (Taylor and Hardy, 2009).

Another working example of using PRAXIS evaluation as a framework captures the personal transformation of individuals and their perception of self knowledge. This example comes from experiences and impact of a Practice Development Facilitation Masterclass, held in Australia (Hardy et al., in press). Each participant worked with the PRAXIS evaluation framework to identify three key evaluation questions (see Box 3) that would be used to guide gathering of data over a six month programme. However, by the close of the programme and through revisiting the PRAXIS evaluation framework, participants were able to recognise where their initial evaluation questions had failed to capture the broader transferable outcomes of their learning. They jointly made the decision to resolve this omission by formulating additional questions (see Box 3.) which, in so doing, revealed and confirmed to participants an altered state of awareness in their knowledge and was a process that they could recognise helped further emphasise their personal learning journey. As a result of engaging with the PRAXIS evaluation framework they were able to articulate an altered perspective and were subsequently clearer in recognising the wider implications and impact of engaging with each other and through the full extent of the impact of engaging with the masterclass programme.

Box 3. Practice Development Facilitation Masterclass, Victoria; Evaluation Questions (Hardy et al., in press)

How has the Practice Development Facilitation masterclass been able to provide:

1. An opportunity to learn more about: own facilitation style, develop and practice new skills, gain insights based on different styles and opportunities for learning, and a sound theoretical basis?
2. A safe and trusting environment where new ways of working can be explored and avenues for personal growth/capacity as a practice development facilitator?
3. Opportunity for sharing and using different methods and approaches, materials and resources to enhance learning and improve confidence to work with practice development through to attaining the vision?

Following a return to the PRAXIS framework additional evaluation questions were added:

4. How has the masterclass prepared participants to create opportunities for sustainable and strategic directions for practice development in Victoria?
5. How has participation prepared participants to create opportunities for sustainable and strategic directions for practice development in Victoria?
6. How are the masterclass participants working together?

Within other forms of evaluation, the integration of such transformative enlightenment is largely left unrecognised. Using the PRAXIS evaluation framework, identification and inclusion of participants' critical contributions in a process of 'learning to unlearn' (McDonald, 2002), enables the development of a greater integration between professional ideology, stakeholder opinion and integrating these to critically inform practice change (praxis). Exploration of this kind, as the examples reveal even at the start of an evaluation, can be enlightening, as participants consider their own ontological preference, motivational drivers and can recognise how these might influence what are the intended outcomes of engagement. Engaging in a process of non-hierarchical consideration is, in itself, an opportunity to explore, problematise and provoke a praxis potential for an ongoing diffused way of articulating ways of working.

Disadvantages: key challenges of engaging with the praxis evaluation framework

When introducing and working with the PRAXIS evaluation framework, it is perhaps the more linear/logical thinkers who find the fluidity of the framework initially a de-stablising experience. Using the framework with healthcare teams, it has been shown how quickly project teams engage with each other in exploration of project **P**urpose and **I**ntent. It is perhaps due to the time spent clarifying expectations (around participation, project purpose, methods and intended outcomes), alongside increased awareness of own and others' roles plus how these influence both process and outcomes of the evaluation that enables project teams to come together quickly in a cohesive way.

Provoking participation using a PRAXIS evaluation approach has the potential in itself for transformative action by relationally mapping out fields of action, areas of conflict or confusion, then working towards clarification of informed action and collective decisions.

> '*This inquiry is meant to provoke an archipelago of questions that try to uncover the relevance of spatial and architectural expertise; how in the remit of institutions, these can generate an alternative knowledge production*' (Miessen, 2010, p 22)

Whether new to evaluation, or for those more familiar, achieving a robust approach to evaluation within health or social fields of inquiry can prove a demanding experience. Particularly as the context within which a project (i.e. clinical contexts, of the kind described here) often takes place, is under a constant state of urgency and flux.

Engaging in a critical creative approach to evaluation, such as using the PRAXIS evaluation framework, can in itself be challenging. Most people have experienced the process of learning about facts, which have an ordered rank and level of objectivity. Healthcare science, in particular, is driven by information that relies on measurement, statistics, physical examination and quantification. Whereas for many, drawing from creativity, means throwing caution to the wind, embracing chaos and discomfort. Kemmis (2006) argues learning requires and involves a process of being unsettled, otherwise education becomes merely a bureaucratised and legitimised repetition of accepted 'social evils'. According to McDonald (2002) the process of transformational change is a process of 'unlearning'; a disestablishing of convention, with consideration of how dominant discourses may be in themselves blocking transformation.

Participants at first find the mnemonic PRAXIS tool confusing, but once they have been guided through all six elements and begin to see how these are best used to intertwine and interconnect, they then recognise its value as a framework to enable active participation (with colleagues and other **S**takeholders), taking them through a process of structured critical debate that can quickly bring together knowledge creation, management and transfer (Øvertveit, 2005).

In contrast, a merit of PRAXIS evaluation as a framework is its systematic use as a project planning tool, through a structured, collaborative formulation of project activity. Working with the PRAXIS evaluation framework has been experimented with, over several years, within an International Practice Development School; a five day introductory programme that takes place annually in Northern Ireland, England, Europe and Australia. Each time the PRAXIS evaluation framework has been introduced, participants have reported it to be a useful process for systematically thinking and working through complex issues. A working example, often raised by healthcare practitioners during this exercise, is wanting to introduce evidence based practice changes into their particular clinical field; a long standing issue of contention in healthcare (Muir-Gray, 1997; Rycroft Malone et al., 2004).

Eventually, when the full 'PRAXIS' picture is drawn out, then reconnected and pieced together, participants recognise that what the PRAXIS evaluation framework offers is a dynamic, robust mechanism for ensuring the 'human factor' (Watson, 2005) can remain at the heart of an evaluation process. This is achieved, through cognisantly promoting team working, through clear expectations and systematic processes for critically reflexive communication, all of which can be achieved through facilitating teams to explore and examine the six key elements of PRAXIS.

Potential finds

This paper aimed to outline a theoretical and practical exploration of PRAXIS evaluation as a sensitive and robust framework for capturing and working with and enabling transformational change. The melding of various theoretical influences has been outlined and examples of how the PRAXIS evaluation framework can be utilised have been offered. Preliminary evidence (outlined in the examples given above) reveal how working with PRAXIS evaluation provides a systematic framework for critical participatory inquiry. It also provides a structured process for engaging and working with a participatory and inclusive process for evaluation that is able to include diversity of stakeholder perspectives. Through bringing diverse groups together to initiate an evaluation, using PRAXIS as a mneumonic tool, can rapidly bring to the foreground issues and conflicts that may influence or even disturb the process of transformation being monitored, evaluated and achieved.

What the PRAXIS evaluation offers then, is a framework for exploration, articulation and consideration of deep critical reflexion as a collective and interpersonal process of evaluation itself. What we have seen in using the framework is that it not only provides a process for further informing participants' understanding of the personal, practical and relational issues as they arise, but also an explicit process to ensure these subtleties are captured and monitored in how they impact and influence transformation. The PRAXIS evaluation framework enables exploration of influences and impact on the broader aspects of social change. It provides a critical exploration of the transformational process, through providing participants the potential to interconnect with their tacit knowledge alongside consideration of more conventional dominant discourses. All of this is achieved within a structured, yet flexible process for understanding and gaining new insights into the complexity within and across healthcare contexts.

PRAXIS evaluation aims to provide a critical and creative framework to allow and capture diverse evaluation data, whilst maintaining clear focus and purpose. What has yet to be explored in detail is how the PRAXIS evaluation framework can be utilised outside of healthcare contexts through, for example, other forms of social interaction (e.g. schools, social networks).

Conclusion

The PRAXIS evaluation process recognises that throughout any inquiry into practice 'fragments' can be significant to understanding the process and outcomes of transformational change. Through uncovering and mapping out fields of complexity, to reveal the relevance of an alternative knowledge production, new insight and knowledge generation and utilisation can be used to further inform 'praxis' as critically informed transformation. The PRAXIS evaluation process we propose is a framework for undertaking a collaborative, inclusive and participatory approach to evaluation that can transform and integrate all forms of knowledge into critically transformed healthcare practice (i.e. praxis).

The PRAXIS evaluation framework can be utilised by anyone who wishes to engage in a process of knowledge and practice transformation. The process of PRAXIS evaluation can provoke transformation, through capturing, provoking and sustaining transformation at individual, team and potentially through to an organisational level of cultural change. We continue to work with and test the PRAXIS evaluation framework within the field and hope this paper stimulates other colleagues and disciplines to consider its versatility.

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