

## CONTEXT ASSESSMENT INDEX (C.A.I)

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## The Context Assessment Index (CAI)

For each of the following statements, please put a cross in one box only.

A – Strongly agree; A – Agree; D – Disagree; SD – Strongly disagree

HCP= Healthcare professionals

	SA	A	D	SD
01 Personal and professional boundaries between HCPs are maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02 Decisions on care and management are clearly documented by all staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03 A proactive approach to care is taken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04 All aspects of care/treatment are based on evidence of best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05 The nurse leader acts as a role model of good practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06 HCPs provide opportunities for patients to participate in decisions about their own care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07 Education is a priority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08 There are good working relations between clinical and non-clinical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09 Staff receive feedback on the outcomes of complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 HCPs in the MDT have equal authority in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Audit and/or research findings are used to develop practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 A staff performance review process is in place which enables reflection on practice, goal setting and is regularly reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Staff have explicit understanding of their own attitudes and beliefs towards the provision of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Patients are encouraged to be active participants in their own care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 There is high regard for patients privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 HCPs and healthcare support workers understand each others role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 The management structure is democratic and inclusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Appropriate information (large written print, tapes, etc) is accessible to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 HCPs and patients work as partners providing individual patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |    |  |                          |                          |                          |                          |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 20 | Care is based on comprehensive assessment  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Challenges to practice are supported and encouraged by nurse leaders and nurse managers  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Discussions are planned between HCPs and patients  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | The development of staff expertise is viewed as a priority by nurse leaders  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | Staff use reflective processes (e.g. action learning, clinical supervision or reflective diaries) to evaluate and develop practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | Organisational management has high regard for staff autonomy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | Staff welcome and accept cultural diversity  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | Evidenced-based knowledge on care is available to staff  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | Patients have choice in assessing, planning and evaluating their care and treatment  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | HCPs have the opportunity to consult with specialists  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | HCPs feel empowered to develop practice  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | Clinical nurse leaders create an environment conducive to the development and sharing of ideas                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | Guidelines and protocols based on evidence of best practice (patient experience, clinical experience, research) are available      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Patients are encouraged to participate in feedback on care, culture and systems  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | Resources are available to provide evidence-based care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | The organisation is non-hierarchical   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 | HCPs share common goals and objectives about patient care  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | Structured programmes of education are available to all HCPs   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Guide to Using the  
Context assessment index (CAI)**

## **About the Context Assessment Index (CAI)**

The aim of the CAI is to enable health care professionals to assess the context within which care is provided in clinical areas. It can be completed by one person such as a specialist or ward leader, or the tool can be complete by each member of the team. It is recommended that one person coordinates the process.

### **Context**

Context is defined as the setting or environment where people receive health care services. Three elements have been identified that form the context to ensure there is person centred practice (McCormack et al 2001). These elements are: culture, leadership and evaluation.

The CAI assesses these three elements. Each element has characteristics assessed along a continuum from 'weak' to 'strong' (Table 1). For an effective culture that is receptive to change and has person centred ways of working, the three elements all need to be 'strong'.

Each element is described briefly below:

### **Culture**

The culture is seen as the 'way things are done around here' (Drennan 1992). The culture cannot be seen but is based on the beliefs, values and assumptions held by those at an individual, team and organisational level. The culture of a practice setting needs to be understood if meaningful and sustained change and person centred practice is to be achieved (McCormack 2002).

### **Leadership**

The focus of effective leadership is on transformational leaders who create a culture that recognises everybody as a leader of something. They inspire staff towards a shared vision of the future, as well as a number of other processes such as challenging and stimulating, enabling, developing trust and communication (Schein 1985). Transformational leaders have emotional intelligence, rationality,

motivational skills, empathy and inspirational qualities etc. These qualities mean that a transformational leader can alter the culture and create a context that is conducive to innovative and person centred practice.

## **Evaluation**

The evaluation of practice can take many forms from the use of 'hard' data such as cost effectiveness, length of stay and 'soft data' such as the patient's experience of practice. In an effective culture the health care professionals use evidence gathered through a variety of sources to make decisions about individual and organisational effectiveness, which is then used as an integral part of accountability frameworks and staff appraisal strategies. This culture embraces peer-review, user-led feedback and reflection on practice, as well as evidence derived from systematic reviews, meta-analysis and audit of effectiveness. Measurement is a vital part of the environment that seeks to implement evidence into practice.

## **Benefits of using the tool**

By completing the CAI you and the team will be able to assess whether the context in your clinical area is conducive for person centred practice and the level of receptiveness of the context to change and development. The tool will provide evidence of any changes that need to be made in order to create a strong context.

The following is a guide to using the CAI. Remember as with anything that is new it takes time to learn and become proficient in.

1. The CAI can be completed by any health care professional that is working in the clinical area or has working knowledge of the area.
2. If there are different answers between team members this does not mean that one person is right and the other is wrong but it reflects your individual experience of working within the clinical area/team

**Table 1**

**Characteristics of context**

Continuum

Elements	Weak indicators	Strong indicators
<b>Context</b>	<ul style="list-style-type: none"> <li>• Lack of clarity around boundaries</li> <li>• Lack of appropriateness and transparency</li> <li>• Lack of power and authority</li> <li>• Not receptive to change</li> </ul>	<ul style="list-style-type: none"> <li>• Boundaries clearly defined (physical, social, cultural and structural)</li> <li>• Appropriate and transparent decision making processes</li> <li>• Power and authority understood</li> <li>• Receptiveness to change</li> </ul>
<b>Culture</b>	<ul style="list-style-type: none"> <li>• Unclear values and beliefs</li> <li>• Low regard for individuals</li> <li>• Lack of consistency</li> </ul>	<ul style="list-style-type: none"> <li>• Able to define culture(s) in terms of prevailing values/beliefs</li> <li>• Values individual staff and clients</li> <li>• Consistency of individuals role/experience to value;                             <ul style="list-style-type: none"> <li>○ Relationship with others</li> <li>○ Team working</li> <li>○ Power and authority</li> <li>○ Rewards/recognition</li> </ul> </li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Traditional, command and control leadership</li> <li>• Lack of role clarity</li> <li>• Lack of teamwork</li> <li>• Didactic approaches to teaching/learning/managing</li> </ul>	<ul style="list-style-type: none"> <li>• Transformational leadership</li> <li>• Role clarity</li> <li>• Effective teamwork</li> <li>• Enabling/empowering approach to teaching/learning/managing</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>• Absence of any form feedback and information</li> <li>• Narrow use of performance information sources</li> <li>• Evaluations rely on single rather than multiple methods</li> <li>• Poor organisational structure</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback on individual, team and systems</li> <li>• Use of multiple sources of information on performance</li> <li>• Use of multiple methods, clinical, performance and experience.</li> <li>• Effective organisational structure</li> </ul>

## How to use the CAI

1. Please read each of the statements.
2. Do not dwell too long on each statement but go with your gut feeling for each.
3. Select the response that best describes your view/opinion by placing one mark for each statement.
4. Answer each question as you feel they relate to your experience.
5. Answer all the questions.
6. The tool should take a maximum of 20 minutes to complete.

Further reading: McCormack B, Kitson A, Harvey g, Rycroft-Malone J, Titchen A, Seers k (2002). Getting evidence into practice: the meaning of context. *Journal of Advanced Nursing*, 38(1) 94-104



## **INTERPRETATION PROCESS**

**Context Assessment Index  
(CAI)**



## Step 2: Plotting the results

In Step 2 plot your scores for each element along the appropriate continuums (lowest score to the highest score you can achieve for each element)

Plotting scores along the continuum from weak to strong will indicate the existing context of the clinical area that is being assessed. Refer to the description of each element provided in the user guide for further information.

### Culture



### Leadership



### Evaluation



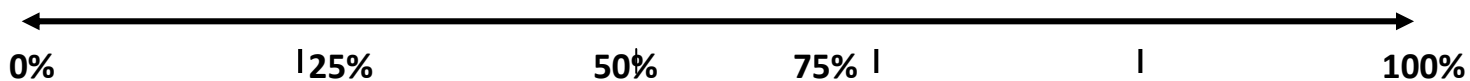
## Step 3: Overall individual score

The next step is to determine the overall score in order to identify the characteristics of the existing context that enhance or hinder person-centred care and the receptiveness of the clinical area to change.

Add together the scores for each element above and divide by 3

Total % Score =

### OVERALL CONTEXT



Weak context

Strong context



**Step 2**

Note the questions that the team has consistently scored low. For this team the questions were;

Questions 3, 12, 14, 15, 21, 22, 29,

- 03 A proactive approach to care is taken
- 12 A staff performance review process is in place which enables reflection on practice, goal setting and is regularly reviewed
- 14 Patients are encouraged to be active participants in their own care
- 15 There is high regard for patient's privacy and dignity
- 21 Challenges to practice are supported and encouraged by nurse leaders and nurse managers
- 29 HCPs have the opportunity to consult with specialists

**Step 3**

This has illustrated the contextual areas the team agrees are weak. The team can now use the information to develop an action plan that focuses on addressing areas of weakness.



**Option 2: Reflective questions** These questions aim to enable you/the team to reflect on a way forward in developing an action plan from learning about the context of care. You can use these questions to built on option 1 or move directly from the scoring to this option.

Reflective questions	Elements	Weak characteristics	Strong characteristics	Reflective questions
<p><i>What is the team’s consensus on the important beliefs and values they hold about person centred care?</i></p> <p><i>Are their opportunities for the team to reflect on their practice?</i></p> <p><i>What is the team’s understanding of their work based culture?</i></p> <p><i>What do you/team see as the barriers to change in the area?</i></p> <p><i>How does the team gain the views and thoughts of patients about practice in the area?</i></p> <p><i>How does the team ensure the views of staff and patients on patient care and wider organisation are integrated into practice development plans?</i></p> <p><i>Have other tools been utilised (e.g. observation of practice, patient stories), in your areas as a means to understand present practice?</i></p>	<b>Culture</b>	<ul style="list-style-type: none"> <li>• Lack of clarity around boundaries</li> <li>• Unclear values and beliefs</li> <li>• Low regard for individuals</li> <li>• Task driven organisation</li> <li>• Lack of consistency</li> <li>• Not receptive to change</li> </ul>	<ul style="list-style-type: none"> <li>• Boundaries clearly defined (physical, social, cultural and structural)</li> <li>• Able to define culture(s) in terms of prevailing values/beliefs</li> <li>• Values individual staff and clients</li> <li>• Promotes learning organisation</li> <li>• Consistency of individuals role/experience to value; <ul style="list-style-type: none"> <li>○ Relationship with others</li> <li>○ Team working</li> <li>○ Power and authority</li> <li>○ Rewards/recognition</li> </ul> </li> <li>• Receptiveness to change</li> </ul>	<p><i>How does the team/you disseminate their achievements with other areas?</i></p> <p><i>Does the team/you reflect on the key factors which have enabled a strong culture to develop and focus on developing these?</i></p> <p><i>Are the values and beliefs the team hold about their practice documented and share with others?</i></p> <p><i>Is there a practice development plan for the area?</i></p> <p><i>What processes have been used to develop a strong culture?</i></p>
<p><i>Is the team familiar with the theory of transformational leadership?</i></p> <p><i>Does the team understand the</i></p>	<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Traditional, command and control leadership</li> <li>• Lack of role clarity</li> <li>• Lack of teamwork</li> <li>• Didactic approaches to</li> </ul>	<ul style="list-style-type: none"> <li>• Transformational leadership</li> <li>• Role clarity</li> <li>• Effective teamwork</li> <li>• Enabling/empowering approach</li> </ul>	<p><i>Does the team understand the term transformational leadership?</i></p> <p><i>Have the team explored in</i></p>

<p><i>impact of different leadership styles on practice?</i></p> <p><i>Do team members engage in clinical supervision as a team or individually?</i></p> <p><i>Have the clinical leaders ever undertaken 360 degree feedback with support of their supervisor/manager?</i></p> <p><i>Do the registered nurses have clarity about their roles?</i></p>		<p>teaching/learning/managing</p> <ul style="list-style-type: none"> <li>• Autocratic decision making processes</li> <li>• Lack of appropriateness and transparency</li> <li>• Lack of power and authority</li> </ul>	<p>to teaching/learning/managing</p> <ul style="list-style-type: none"> <li>• Enabling/empowering approach to learning/teaching/managing</li> <li>• Appropriate and transparent decision making processes</li> <li>• Power and authority understood</li> </ul>	<p><i>action learning/clinical supervision leadership strengths and weakness to gain individual/team insight into the impact of their leadership on practice</i></p> <p><i>Is the practice of the area shared with other clinical areas?</i></p> <p><i>Is there clear succession planning of clinical leaders taking place in the area?</i></p>
<p><i>Is feedback gained about practice from patients such as, patient stories, questionnaires or a patient forum etc?</i></p> <p><i>How is data used to inform practice development e.g. audits of practice, length of stay etc?.</i></p> <p><i>Are staff and patient forums used for the feedback of information from audits, complaints etc?</i></p>	<p><b>Evaluation</b></p>	<ul style="list-style-type: none"> <li>• Absence of any form of feedback and information</li> <li>• Narrow use of performance information sources</li> <li>• Evaluations rely on single rather than multiple methods</li> <li>• Poor organisational structure like what? How do you judge?</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback on individual, team and systems</li> <li>• Use of multiple sources of information on performance</li> <li>• Use of multiple methods, clinical, performance and experience.</li> <li>• Effective organisational structure</li> </ul>	<p><i>Have findings from own area been compared with other areas and evidence of best practice</i></p> <p><i>Have successes been documented and disseminated?</i></p> <p><i>Are patient's forums used to ensure the voice of the patient is heard?</i></p>