

## FROM THE EDITORS - Margaret McMillan and Jane Conway

### USING RESEARCH AND EDUCATION TO CHANGE PRACTICE

All the papers in this *AJAN* focus on research and education as mechanisms for changing practice and improving the quality of health care.

In recent times there has been renewed emphasis on concepts of quality, efficiency and effectiveness in health services. However, the rhetoric has changed from one which focuses on the performance of individual professions, to that which has been considered a more patient-centred orientation in determining quality of health care.

A recurring theme in the discussion of improved patient-centred outcomes is the concept of the effective multiprofessional health care team. It has been argued that the increasingly complex world of health service delivery is dependent upon effective functioning of teams involving a range of professionals. In this editorial we wish to challenge nurses to consider the implications of this for the nursing profession. The assumption that health care delivery is enhanced by meaningful interaction among members of a multiprofessional team raises a number of issues:

How patient-focused are measures of multiprofessional team effectiveness?

What governance structures best support the implementation of multiprofessional health service delivery?

To what extent do existing structures limit the capacity for nurses' contribution to decision making, planning and organisational development to be recognised and acknowledged?

A number of strategies have been proposed to facilitate the delivery of patient-focused health care that is reliant on enhanced integration of the health care team. These include:

- creating environments conducive to change,
- ensuring effective communication among structural components,
- extending the evidence base across education, management and practice,
- using formal authority appropriately,
- responding to complexity by making decisions in a timely fashion,
- including clinical leaders in decision making processes,
- capitalising on technology to integrate systems and gathering information to inform clinical and management processes,
- showcasing excellence in micro and macro level activities, and,
- ensuring education is inclusive of patient centred service delivery and models multi-professionalism.

Clearly these have a number of implications for all facets of nursing. Nursing is moving from its reliance on

hierarchical structures to potentially becoming a leader in networked health service delivery. Evidence from case studies written by nurses tell us that 'the advanced nurse instigates, maintains and uses collegial networks in a mature, confident and assertive manner to achieve positive client outcomes' (ANF Competency Standards 2000). However, we question the extent to which nurses are adequately prepared for or supported in undertaking this and suggest that structures and processes in health service delivery may constrain nurses operating in a way which meets this competency standard.

A number of authors identify that leaders can be both highly visible or as Henney suggests 'a bit offstage' (1999, p.85). The current emphasis on multiprofessional practice will necessitate nurses moving closer to centre stage. Inherent in this movement are a number of responsibilities. There is a need to develop a capacity for 'citizenship' within the contemporary health care team. This requires a level of responsibility and participation that is focused on political integration (Scott 1999, pp. 135-136). Too often, nurses have been included in multiprofessional teams, at all levels, through tokenism or imposition.

The challenge for the nursing profession is to establish practices which reflect a valuing of the strategies outlined above, along within nursing, while simultaneously committing to being a 'good citizen' within the multiprofessional team. The indicators of good citizenship in nursing are well articulated within the ANF *Competency Standards for the Advanced Nurse* which acknowledge that the element of collaboration is complex and involved 'and requires' using maturity and political astuteness to deal effectively with issues.

There is a substantial body of evidence of good management and examples of leadership in nursing. However, there is a need to broaden the focus of social movement towards professionalism in nursing to explicate what 'good citizenship' means to nurses working in the multiprofessional team. Publication of papers in journals such as *AJAN* provide examples of the capacity of nurses to engage in the debate around developments in pursuit of quality health care. The last critical step for nurses as leading citizens is the provision of evidence of actions that centre on the broad implementation of what is found in pockets of excellence.

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